

Unfiltered, uninhibited... just the gruesome truth

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# Reject



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## Inspector soldiers on two decades later

By JOYCE CHIMBI

Ali Amri Mlalanaro, 51, was living his dream as a Constable with the Kenya Police Force in 1984, life held great promise for the young and ambitious police officer.

Six years later, already a husband and father of six, a job transfer from Lamu in Coast province approximately 702 Km from the capital Nairobi, to Mombasa some 342 Km from Lamu would begin a series of event that would change life as he knew it.

### Appearance

"My wife refused to join me in Mombasa. Her father was sick and she refused to leave him. I divorced her and begun a relationship with another woman. Many people, including my mother and sisters were against the relationship," Mlalanaro explains.

"They said that her partner had died of AIDS. But the woman appeared of good health to me. She was not thin or had boils and sores as we had

been told was typical of a person infected with HIV," he adds.

He therefore dismissed the concerns and went on to marry the lady in question. These were the 1990's, HIV/AIDS awareness was at an all time low, stigma and discrimination against those living with HIV was very prevalent.

"Those who found out they were HIV positive kept their status a secret and prepared themselves to die. Most did, it was a very difficult period to be living with HIV," he explains.

Mlalanaro, now a police Inspector at Island Division Majengo in Mombasa County began suspecting that he may be infected with HIV in 1994 but did not confirm his status until 1998. During this time, statistics by the National AIDS Control Programme show that from a single reported AIDS case in 1984 in this East African nation, HIV adult prevalence had raised to 13.5 percent in 1999. The President at the time declared HIV/AIDS a national disaster.

This was before the Industrial Property Act 2001



and generic drugs could not be imported "ARVs were only for the rich. But I was determined to live. His wife was not so confident, on learning that she too was HIV positive, she became depressed and died three months later," he says.

**Ali Mlalanaro has embarked on a campaign to ensure that more and more people know their status.**

Photo: Courtesy

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# Anti drugs campaign gets boost

By OMAR MWALAGO

The war on drugs in the Coast has intensified with religious leaders joining the bandwagon.

Pastor Isaac Maina of Gospel Revival in Ukunda has been urging the residents of Kwale County to come out and identify the drug barons and cartels.

The pastor lamented that the drug menace was not only destroying lives of the youth, but it was also targeting children as young as 8 to 12 years of age.

Pastor Maina says most of the drug dealers are known by the residents who have shied away from alerting the authorities so that they could be arrested and prosecuted.

## Expose

Said the priest: "Most of these drug dealers are well known to the residents, but they have declined from exposing them to the authorities."

Speaking at the Red Cross hall in Msambweni, Pastor Maina said that a single demonstration by residents against the drug dealing would expose and shame them leading to their arrest.

"It will be easier to deal with the root cause of the drug menace by arresting the traffickers instead of keeping quite and allowing drug users who are our children to be misused,"

***"Most of these drug dealers are well known to the residents, but they have declined from exposing them to the authorities."***

— Pastor Isaac Maina

he said.

Maina was addressing Kwale Community Anti-Drugs Coalition where United States of America officials attended a forum to discuss how to fight the menace which is also a national problem in the West.

Kwale community anti-drugs coalition chair person, Katiba Mkungu, revealed that children as young as 9 years old to 18 have been affected by drug menace.

He lamented further saying that primary school children from as low as class three to class eight were currently using drugs in the area and needed urgent help to pull out of it.

"In Kwale County, about 30 per cent of people interviewed reported using drugs, out of them 7 to 10 per cent are affected youths," the pastor said.

The anti-drugs coalition consisting of 18 groups Mkungu said that they are forming anti-drugs clubs in schools as well as sensitizing pupils on the risk of using drugs.

## Pilot

"In every sub-county we want five primary schools and three secondary schools to be in this pilot project targeting pupils and students," he added.

Community anti-drugs coalition (CAOCA) representative United States of America Calton Hall said that they support the anti-drug co-



Members of Kwale Community Anti-Drug Coalition during one of their recent meetings at Mwakigwena Primary School in Kwale District. The coalition has been in the fore front fighting drug abuse in the region. Picture: Courtesy

alition in Kwale in training resources and technical assistant.

"Our aim is to provide some support to the coalition training that has taken place today and the purpose is for us to provide technical assistance and training resources to build and develop the capacity of this coalition to work in reducing cases of drug abuse in Kwale County," he said.

"We are also working in partnership with NACADA and they have supported the coalition's develop-

ment strategy. Currently there are three coalitions that have been stated through this effort through this partnership, one is here in Kwale another one is in Mombasa and the third one is getting underway in Nairobi County," He added.

Maria Kasbai, who is the secretary of the coalition, said the root cause of youth indulging in use of drugs and lack of parental love and lack of good care from their parents.

"According to our investigations

we have come to realize that most of the youth involved in this menace lack good care and parental love. Most of the parents have neglected their children since they are young and this give them chance to involve themselves with their friends who are used to drugs therefore they copy from them," she said.

Kasbai urged parents to give good care to their children by giving them religious teachings to avoid them copying evils things.

# Inspector soldiers on two decades later

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Inspector Mlalanaro blamed himself for her death "she was not counseled properly at the hospital. She told me that she had been told that her blood was 'bad'. I purposed to ensure that people understood that HIV/AIDS was not the end. That it could be a beginning. I disclosed my status in a major public meeting in early 2000 and also said that I was looking for a HIV positive partner."

At that meeting, Nasra Ali, a single mother of three, sat listening. As fate would have it, she and Mlalanaro met in a club shortly after "she still did not believe that I was HIV positive. Together we went to Bomu hospital here in Mombasa County so that we can both get tested. She was very calm until my results came back positive. That worried her very much, but not as much as when her own test came back positive."

Nasra was greatly disturbed but Mlalanaro kept his promise "I married her and together we begun a journey where we have helped thousands of people infected with HIV to accept their status, care and treatment."

Although over the years adult HIV prevalence has dropped significantly in this East African nation from 13.5 percent in 1999 to 7.2 percent in 2007 and to the current 5.6 percent according to the Kenya AIDS Indicator Survey disseminated by Kenya National Aids and STDs Control Program (NASCOP) in 2013 through the ministry of health, HIV/AIDS expert Dr

John Ong'ech says that the fight against HIV/AIDS is far from over.

According to Dr Ong'ech, Assistant Director at Kenyatta National Hospital "Our biggest challenge in responding effectively to adult HIV is the fact that there are many Kenyans who are still unaware of their status. There are many who are unknowingly living with HIV/AIDS."

Inspector Mlalanaro concurs "Before I even suspected I was HIV positive, I had been infected for about four years, my second wife who died of HIV had lived for many years without knowing her status, my current wife was also unknowingly living with HIV."

## Discover

Inspired by these incidences, Mlalanaro begun a lifelong campaign to encourage people to know their status. Armed more with confidence than any significant knowledge of HIV prevention, care and treatment, he begun sensitizing the community around him, as well as his colleagues on HIV/AIDS.

"My home was like a hospital, people who had just discovered their status would come to us for support, or even those who wanted to know their status. I would then refer them to Bomu Hospital, but they wanted money to pay for transport to get there," he explains.

With time, this routine begun to take a financial toll on him "Due to the many referrals my husband was making, Bomu hospital opened a small health facility in the neighborhood where people could easily access HIV/

AIDS services," Nasri explains.

But the facility was too small and Bomu hospital complemented services offered at the small Bomu clinic with mobile health services until a fully fledged health facility was built.

"There was still so much to do, but my health was failing and so was my resolve. I began drinking and smoking cigarettes. Soon after I contracted pneumonia, my CD4 count was very low, below 200," he recounts.

"At the time, it was a national policy that due to the limited availability of ARV drugs, a person living with HIV could only be put on treatment if their CD4 count was below 200," he says.

Having been put on drugs in 2007 Mlalanaro began feeling like his old self again "but I begun to question the effectiveness of the work my wife and I were doing. We were so overwhelmed and we needed help to achieve greater impact," he says.

In 2010 Mlalanaro received an invitation to attend a training workshop on HIV/AIDS "we were about 30 officers in uniform drawn from the National Youth Service, Kenya police service and the Kenya Wild Life Service, all of us were HIV positive."

This was Mlalanaro's first encounter with Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

"EGPAF was rolling out a project called The AIDS Response in Forces in Uniform (ARIFU). A much needed intervention because from the training, we formed the first group of officers living with HIV, the soldiers of

hope. This was a major boost in the fight to concur the disease," Malanaro explains.

But even within the group, there are those who lost the fight and succumbed "one of us died in 2012, he struggled greatly with HIV status."

During this time, stigma and discrimination remained his greatest obstacle "I declared my status when people infected with HIV were not expected to live beyond a few months. Stigma and discrimination was very high and those who died from HIV/AIDS were buried in a plastic bag and the body sprayed with chemicals, but even in late 2010, not much had changed."

His decision to speak publicly about his HIV status was a double edged sword "I wanted to deal with self stigmatization, having said so myself that I was HIV positive, people had nothing to speculate about. By speaking publicly, I also helped reduce stigma, I spoke in a major meeting in 2000 and said that I had been living with HIV for close to a decade, people begun realizing that HIV is not a death sentence."

## Treatment

"In fact, most of my family members who spoke against the second wife I married in 1990 because she was HIV positive, died of other ailments. Yet am still standing."

Mlalanaro also says that the mistake he made around 2007 "of failing to observe a healthy lifestyle that affected my immunity leading to me

being put on ARVs was also a great lesson. People understood what would happen if they also failed to lead a healthy lifestyle."

Makomere James an Inspector of Police and laboratory technologist in charge of the Administrative Police Voluntary, Counseling and Testing health clinic in Mombasa says that "ARIFU became a vehicle through which Mlalanaro was able to reach even more officers, and also, for more officers to be tested for HIV and to be put on care and treatment."

In the first year when ARIFU was rolled out, only slightly over 10,000 officers were tested nationally. But the next four years, not only were more officers tested, but they the project surpassed its target. The highest number tested been 2013 where although the target was to test 40,000 officers, more than 50,000 were tested.

Nasri says that her husband's dream was becoming a reality as more and more officers volunteered to be tested "He [Mlalanaro] tells people that if they have not been tested for HIV, then they should consider themselves infected with HIV until they are tested and the results come back negative."

Mlalanaro says that the mistake that many people make is "to live under the assumption that they are HIV negative just because they feel healthy. Most of the people I have met and have tested HIV positive were not sickly. This is the message I wanted to communicate. Knowing your status is the only way to be sure."

# A Sergeant's journey of courage and hope

By JOYCE CHIMBI

When in 2007 Pauline Njuguna, 37, decided to join her friend for a HIV/AIDS test she did not know that her life was about to change significantly. Not only would she discover that she was HIV positive, but the discovery would later chart a path for her to become one of the brightest beacons of hope for Forces in Uniform living with HIV/AIDS.

"As it is now, even in those days, the test was instant and I just sat there waiting to be told what I already knew, that I was HIV negative. But the test came back positive, like everyone else who finds themselves in these circumstances, I was in shock," she explains.

Njuguna, a Sergeant in the Kenya Police Service at Kandara Administration Police (AP) headquarters in Kenyas Central Province, about an hour's drive from the capital, Nairobi, says that she felt paralyzed with fear.

## Plan

"I was only 30 years old with great plans for my career. I wanted to rise to the highest ranks possible, but now, not only did I have to face the challenges of being a female officer, but one living with HIV/AIDS," she says.

Like Kenyans in all other sectors of life, Forces in Uniform have not been spared from the scourge that has since 1984-when the first HIV/AIDS case was recorded in the country-caused the deaths of over two million Kenyans, this is according to the Ministry of Health's National AIDS and STI Control Programme (NASCOP).

While HIV researchers in Kenya are of the view that the HIV prevalence among Forces in Uniform is similar to the national prevalence of about 5.6 percent among adults aged 15 to 64 years according to the most recent Kenya AIDS Indicators Survey 2012, the exact degree and extent of the pandemic remains shrouded in mystery and as a result, officers infected with HIV face stigma and discrimination.

Dr George Githuka, NASCOPS Key Population Programs Manager says that there are no statistics on HIV prevalence among uniformed forces.

"Basically, uniformed forces do not want the extent of their HIV burden being public. The reasons given are that it is due to national security. No one wants to say how affected or unhealthy our security men are. In fact programs for the uniformed services are funded by PEP-FAR through the US Department of Defense for that reason," he explains.

Yet Dr Githuka says that their [Officers] HIV vulnerability "is higher due to the frequent transfers of the policemen, interactions with the key populations at a level where they "control and regulate their activities" like pimps, time spent away from home during the times they are out for wars, peace keeping missions, security operations."

## Consequence

Against this backdrop of secrecy and the consequent stigma and discrimination, it has taken Njuguna great courage to rise from a Constable in the Police service to a Sergeant, and even more importantly, to become a mother of three HIV negative children, all in a span of seven years, while still living with the HIV virus.

"When I discovered that I was HIV positive, I was already living with my partner, but we were not married. I was worried that our life together would end. But not only did he marry me in a church wedding the same year, we also had our first child in 2007.

"Being a mother was one of my biggest desires, when I first tested HIV positive, people were very doubtful that a HIV positive woman could deliver a HIV negative baby. Although I was afraid of the outcome, I joined a prevention of mother to child transmission program (PMTCT) at Maragua District Hospital and delivered a HIV free baby," she says.

Njuguna says that her experience created a



**Pauline Njuguna lives positively and has been at the fore front helping her colleagues who are positive to live a better life and encouraging others to protect themselves.** Picture: Courtesy

great desire in her to become a living example that HIV "is not a death sentence and that one could live a long, healthy and productive life. But I did not have the necessary skills to begin creating awareness around HIV/AIDS or even to support infected women who desired to have babies."

Around the same period, concerned by the high HIV/AIDS prevalence rates among uniformed services, a situation that can undermine national security, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) began rolling out the AIDS Response in Forces in Uniform (ARIFU) and Njuguna became a beneficiary.

According to Dr Judith Kose-Otieno, EGPAF's director of the ARIFU project, there was a great need to expand access to integrated tuberculosis and HIV/AIDS services among non-military uniformed services who include the

Kenya Wildlife Service, Kenya Police, Administration Police & the National Youth Service, "and it was important that we work with insiders like Njuguna in order to reach this goal."

Harrison Kariuki Wanjiru, 27, a Constable at Kandara AP headquarters told EGPAF that "Njuguna has shown us that no one is safe from HIV/AIDS. Her work has helped reduce stigma against officers infected with HIV/AIDS. Several years ago, being infected may have meant the end of your career, but not anymore."

According to EGPAF, there are about 120,000 Forces in Uniform and 290,000 family members and surrounding communities, all of whom have been targeted by the ARIFU project.

"Forces in uniform are unreached, there are many HIV programs but the Forces are unique, they are in congregate settings, they are

fur flung from many health facilities and they do not live with their families so basically they are separated and sparsely populated so there is a need to reach them wherever they are," Dr Kose-Otieno explains.

## Risk

In addition, Dr Kose-Otieno also explains that being Uniformed also places them at risk "of either infecting other with HIV or being infected, hence the need to have a program that targets them. The population is also unique, they have the very young and also the older people so the epidemic there could be a mixed epidemic so there is a real need to reach out to them with a program tailored to their needs."

Njuguna says that being part of the ARIFU project not only enabled her to approach life with even more courage and hope, but she has also become a PMTCT champion.

"I knew that I wanted to first champion HIV/AIDS prevention, treatment and care within the Force, but I also wanted to take the message beyond. Through ARIFU, I began working with HIV positive mothers through Maragua District Hospital's PMTCT program," she explains.

Njuguna says told EGPAF that "When a baby is born infected with HIV, it is a big blow, it makes me feel like I could die any day, it affects my will power to fight HIV/AIDS, but when a baby is born HIV negative, I feel like I have 100 years to live."

## Statistics

Government statistics show that every year, an estimated 1.5 million pregnancies occur, out of whom, between 87,000 and 100,000 test HIV positive. From these pregnancies, an estimated 37,000 to 42,000 infants are infected with HIV annually due to mother-to-child transmission. Yet a great unmet need for PMTCT services exists.

Although according to the most recent Ministry of Health's Kenya AIDS Indicator Survey, among women aged 15-54 years who reported a live birth within the past five years (2007- 2012), 96 percent attended an antenatal clinic (ANC) during their pregnancy, and 92 percent of those who attended ANC were tested for HIV as part of their antenatal care, PMTCT uptake was shown to have decreased alarmingly.

UNAIDS 2013 progress report on the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive, shows that PMTCT coverage in Kenya declined from 66 percent to 53 percent in 2011-2012.

"There is a great need to encourage both the Forces and the communities around them to know their status, to accept their status and to do whatever they can to prevent new HIV infections especially mother to child HIV transmission," she explains.

When Njuguna is not keeping law and order at Kandara police station, she can be found either at Maragua District hospital supporting pregnant women living with HIV, or at Kandara sub district hospital where she creates awareness around HIV testing, care and treatment among the civilians.

The Chief Inspector Administration Police (CIP) at Kandara, Ronald K Bor says that Njuguna has been very fortunate to be part of the ARIFU project, not only has she benefitted, but many others have accepted their HIV status and gone on to live a normal and productive life, through her counsel and extensive awareness campaigns.

"It is very difficult to reach us [Officers] with HIV/AIDS interventions because we are constantly moving from one region to another. Over the years, many Officers who have not been as lucky as Njuguna to receive the kind of HIV/AIDS care that she has received have succumbed to the Virus," CIP Bor explains.

He further says that although the ARIFU project has greatly improved the situation, "much more needs to be done. There are still many more unreached officers."

***"When I discovered that I was HIV positive, I was already living with my partner, but we were not married. I was worried that our life together would end. But not only did he marry me in a church wedding the same year, we also had our first child in 2007."***

— Pauline Njuguna

# Experts alarmed over rise in heart diseases

By KIANDA MALITI

Lifestyle changes are a major cause of rising cases of heart diseases in the country.

According to medical experts, heart diseases are projected to increase by about 45 percent by year 2020 because of changing of lifestyles.

Researchers say that seven out of 10 determinants of mortality in the world today are related to how people eat, drink and move around.

## Prevalence

Heart specialists indicate the increase in consumption of salt, alcohol and cigarettes in addition to lack of exercise and prevalence of Aids/HIV, act as the main risk factors in developing and developed countries.

The experts say heart ailments have become a major threat to many, yet only 40 percent of those victims were aware that they have it.

Accordingly, it takes about 15 years for a heart condition to manifest itself in a person. Many heart patients fall ill at an average age of 30 years.

This now means that many of the people who suffer from rheumatic heart conditions attract the diseases at a tender age of 15 years and below.

Therefore, consistent intake of fast-foods and lack of proper exercise due to busy schedules, have affected children, especially those in school and aged between five to 18 years.

"The trend is set to increase with the high number of children indulging in smoking and others smoking dangerous brands due to peer pressure," said Dr Muriithi, a heart expert and consultant at Kenyatta National Hospital.

## Express

The cardiologist expressed concern that some parents and other care takers were no longer observing their children's health as closely as is required.

Instead of buying fruits and other vegetables for their families, and especially young children, most like to buy them potato chips and other fast foods like sausages, hamburgers and soft drinks on their way home from work.

In some school, for example, the physical exercise (P.E) lessons are ignored with most teachers focusing on academic performance.

These children are given a lot of home work to complete when they arrive home after school and have no

time to play. The problem is further aggravated by lack of playing fields in most urban residential areas, especially Nairobi.

According to Dr Aridianian Mukherjee, a cardiologist from the Netherlands, about 50 percent of the population in the developed countries is projected will be chronically ill by the year 2050.

## Challenge

He said that the biggest challenge with chronic heart condition was the fact that patients have to stay out of hospitals due to rising bills and number of heart patients.

Another group of people susceptible to heart conditions are those living with HIV/Aids. More than 25 percent of those people either have heart failure because they constantly get lung infection.

On his part, Prof Gerald Yonga, the chairman of Kenya Cardiac Society, says that there is need for HIV positive patients to be aware of the functioning of their hearts, apart from just concentrating on taking anti-retroviral drugs.

The patients, he says, need to change their eating habits and embark on physical exercises because they could develop obesity, liver damages, diabetes and other ailments: "Continued intake of ARVs increases chances of getting the disease."

Alongside unhealthy eating habits, the experts say, HIV positive people need to be informed that some behavior like smoking, over consumption of alcohol, unhealthy eating and failure to exercise, are likely to expose them to heart diseases.

For patients who are under retroviral therapy, they need to have abnormal heart beat rhythm. This condition is occasioned by taking anti-malarial drugs alongside anti-biotics during their therapy.

Undetected cardiovascular diseases can be identified early and managed in HIV infected persons through routine integrated activities, Prof Yonga says.

Meanwhile, Dr Christine Jowi, a

**Experts say several heart patients in developing countries either died at home or on their way to hospital because of lack of facilities at nearby hospitals.**



Dr. Rupa Patel looks on his patient who underwent heart surgery two days later. Dr. Muriithi Nyamu, Nairobi Hospital was one of the cardiologists who operated her. Heart ailments has been in the increase due to poor choice of lifestyle. Picture: Courtesy

leading pediatric cardiologist, says children with persistent sore throats were most likely to develop rheumatic heart conditions.

"We are advocating the treatment of the often ignored sore throats in children because the bacteria that causes them attacks the heart, causing rheumatic heart diseases, which is hard to cure," she says.

Indeed, general lack of facilities and qualified doctors in hospitals is one of the biggest challenges in the management and treatment of heart ailments.

Experts say several heart patients in developing countries either died at home or on their way to hospital because of lack of facilities at nearby hospitals.

## Conduct

In Kenya, many patients living outside Nairobi were forced to travel to the capital city to get medical care for heart conditions because it is the only place where government and private hospitals with right equipment were

found, like Kenyatta National Hospital and Nairobi Hospital.

The machine that is used to conduct the ultra-sound of the heart is expensive and a few physicians can use it.

Environmental and social factors like overcrowding and damp conditions play a great role in the development of heart diseases. This happens during rainy seasons in tropical countries, this is worsened by poverty and wet conditions prevalence.

An untreated sore throat could lead to such complications that are hard and expensive to treat. About eleven children die everyday in Kenya from rheumatic fever and rheumatic heart diseases, says the experts.

There is a possibility of reducing such high numbers of deaths caused by untreated strep-sore-throat in children which later on develop into rheumatic heart disease.

According to studies: "the disease arises from a sore throat which is ignored and left untreated or treated with a pair of lozenges and without consulting a doctor."

The strep-sore-throat develops into rheumatic fever and later progresses into rheumatic heart disease whereas a simple dose of Penicillin anti-biotic could have prevented this, if administered at the right time," a source at the Kenya National Heart Foundation, Elizabeth Gatumia, says.

The cardiologist revealed this during an awareness campaign targeting about 100,000 school-going children for cardiovascular diseases. They also trained 1,000 health care workers on the prevention of rheumatic heart disease.

## Create

The campaign was to create awareness about the strep-sore-throat as a critical prevention factor to reduce the number of new cases and recurrence attacks as well as the morbidity, disability and mortality figures arising from this disease.

Research shows that in Kenya, Rift Valley, Coast and low income areas in Nairobi and Eastern regions are the most disadvantaged.

"As a strep-sore-throat can be treated with as little Kshs 250 ignoring treatment will cost not less than Kshs500,000 to manage rheumatic heart disease," says Dr Beatrice Wanyara.

It is very important to address the strep-sore-throat before it evolves into rheumatic heart disease that leads to pre-mature deaths.

The fever develops as a result of untreated bacterial (streptococcal) respiratory infection. It affects mostly the valves and muscle of the heart and can cause chronic illness among young people.

# Chiefs under the influence

By BEN OROKO

Following increasing cases of chiefs and their assistants engaging in taking of illicit liquor in Borabu sub-county, the Government has issued a notice that any chief or assistant found drunk in public will be sacked. The Government has come out to clear its image of rogue chiefs and their assistants reportedly engaging in the consumption of illicit brews

to the detriment of the public service image.

## Consume

Information Communication Technology (ICT) Cabinet Secretary Dr Fred Matiang'i has decried cases of chiefs and assistant chiefs consuming chang'aa, yet they were supposed to assist the Government in the crackdown on chang'aa brewing and consumption in their areas

of jurisdiction.

Speaking at Menyenya High School in Borabu Sub-County during the area leaders' meeting, Dr Matiang'i warned any chief found drunk or engaging in consumption of illicit liquor will lose their job for putting the public service image in disrepute.

The CS challenged area deputy county commissioner, Fredrick Ndamuki to take stern disciplinary ac-

tion against any chief or their assistants found engaging consumption of illicit brews, reminding him that the Government will not condone public officers behaving disorderly in public.

## Engage

"Will anyone complain that the Government has sacked any chief or their assistants found drunk in public or engaging in consumption of

illicit brews while discharging their public functions as agents of the Government on the ground," posed Matiang'i

Matiang'i also warned public officers against engaging in partisan politics at the expense of discharging their official duties to the public, saying, public officers should not take political sides while offering services to the public from whose taxes they get their daily bread.

# Heavy burden caring for disabled children

BY OMONDI GWENGI

The past decade has not been easy for Monica Atieno.

She has been walking from one hospital to another with hope that her now 10 year old daughter would live a normal life like her other siblings.

Mary Achieng, the second born in a family of three, was born without any complication.

"Even though my predicted time of delivery delayed by a whole day, I finally gave birth to my daughter without any complication," she tells *Reject* adding that she developed health problem two days later.

## Develop

Atieno, a resident of Usenge market in Bondo, says that upon developing the complication, the nurses gave the baby 12 injections of quinine- something that made her annoyed with the nurses.

"I decided to transfer my daughter to Nyanza Provincial General Hospital in Kisumu city, where we were admitted for one month," she adds.

Atieno, who now bears double tragedy of taking care of the disabled child and neglect by her husband, says that she once took her for physiotherapy at Nyabondo Mission Hospital, in Nyakach, Kisumu County, but withdrew her due to the high cost of the service.

"I was unable to raise Sh700 per day which was required and therefore decided to try Bondo District Hospital which had no physiotherapist by then," she says.

In order to have her daughter live a good life, Atieno has to dig deeper into her pocket to a house help to take care of the child as she goes to work.

## Appeal

"It is very challenging to get a house help who understands the condition of the child. Some would abandon the child while some leave them hungry," she tells *Reject* adding that whenever she gets a loan, part of



**Monicah Atieno feeding her 10 year old physically disabled daughter. She has to dedicate most of her time and resources in order to make her child comfortable despite having financial problems.**

Picture: Omondi Gwengi

it goes to the upkeep of the child.

A few kilometers from Atieno's house, Milka Adhiambo tries to come to terms with the condition of her 13 year old impaired daughter who can neither walk nor talk but has the ability to respond to signs.

Adhiambo, a mother of four and a guardian to five other orphans, says that with the burden involved

in feeding for the family, they have been unable to take their daughter to school and therefore appeals to any well wisher who would come to her aid.

In the middle of the interview with Adhiambo, her daughter presses a remote control to tune into her favourite TV channel.

Her mother says, "She cannot

walk but is able to even play cards with other children."

Among the homes visited by *Reject* in Bondo, all with similar tales that portray the burden of caring for the children with disability, poverty and ignorance is to blame.

In Ugingo village, Dorine Abuoro was unable to pay Sh.9, 000 school fees for her mentally challenged

grandchild, Erick Sewe, 20.

She says that Sewe was born in good health but developed complications six months later when they noticed a strange behavior of touching his own faeces.

Abuoro, who is unaware of the funds for persons with disability, says that her grandchild is now able to speak after spending 11 years at Maranda Special School, but would wish to see him go to school and get quality education like other children.

Margaret Oketch, MCA representing persons with disability in Siaya County, says they have realised that many impaired children are hidden at home and given sub standard education and medical care.

"Some families hide these children out of shame and discrimination. We have therefore embarked on a programme of rescuing these children and we are also reminding their parents they have rights just like any other children," she says.

## Supplement

Ms Oketch has therefore called on well wishers to supplement government efforts to assist such special cases.

In a recent interview with *Reject* when she visited a child living with disabilities in Bondo, Oketch expressed concern over their involvement in selection of committee members and beneficiaries in various kitties that persons with disabilities have a stake in.

"We have observed that in some of these kitties, persons with disability have been selected as beneficiaries or to sit in some committees without their involvement," she says.

Ms Oketch also said that some of the severely disabled persons are left out from benefiting in the government's kitty of persons with server disability yet others who do not qualify are the ones benefiting.

"This is caused by the fact that as leaders of various groups of persons with disability, we are not involved in the process of selecting such people," she notes.

# New levies squeezing small businesses into a tight spot

By HENRY KAHARA

Life has never been harder for Ann Wambui since she started her small scale business in Nairobi's Riruta area to supplement her casual work.

Everyday, the 35-year-old single parent opens her business at 5pm with a hope of making ends meet but the declining number of customers is causing her sleepless nights.

By closing time at 8.30pm she has little to show for her efforts to woo her customers as the till is virtually empty.

## Struggle

Wambui juggles between her casual job in Lavington and her business in order to put food for her and her children on the table.

But of late her business has not been doing well and she is agonising with whether to soldier on or throw in the towel.

"I do not understand why people are not taking kales (*sukuma-wiki*) as they used to. The consumption level has gone down. I do not know what to do because currently some of my products are going to waste," Wambui, who is a mother of three boys, laments.

She is pointing an accusing finger at the high tax regime which has hit the small scale traders

like her very hard.

"The circumstances have forced me to multi task as both a businesswoman and a casual labourer. You cannot rely on one job for now; you have to look for more than one job for you to survive in this town. I work as a casual laborer although it is seasonal during the day and I open the business in the evening," she says.

## Force

And in order to survive, she wakes up at 5.30am and heads straight to Kawangware market to buy vegetables and transport them back to her house. Thereafter, Wambui embarks on her daily household chores and is expected to report at work at 8:30am.

But even with the two jobs she is still struggling and cannot make ends meet because of the poor pay and rise of the price of commodities courtesy of the tax man.

"I count myself blessed because there are many people who are completely jobless and they are expected to pay their bills."

The mother of three laments that the country's economy is at its worst as far as ordinary people are concerned and points an accusing finger at the many levies and taxes being charged by the county governments.

"This problem has been brought about by the county government," she says adding that if the system is to continue the national Government must intervene and put some measures to protect the public.

According to a parliamentary budget committee report last year, a population of 3.7 million households will live below the poverty line in the next two years.

The report further says that the cost of living has risen drastically in the past 10 years and the situation will get worse in the next two years.

Like many other Kenyans who live in slums, Wambui has been forced to have skip meals in order to survive. To her, breakfast and lunch are a luxury that she can do without and focus on a family dinner with her children.

While she represents the plight of families in urban slums like Nairobi, it is a reality that there are over 400,000 people in Arid and Semi Arid parts of Kenya also facing starvation and famine.

For now many County governments have increased tax leaving Kenyans struggling to make ends meet.

Recently there have been strikes in different counties where Kenyans have been protesting against the tax and levy increases.

On his part, Alfayo Irungu, a Nairobi resi-

dent, also echoes Wambui's sentiments saying the cost of living has been affecting by the new levies and taxes.

"It is true Kenyans that most ordinary Kenyans like me are under pressure. The Government should step in look for extra ways of collecting tax other than making our lives miserable, especially for small income earners like me," says Irungu.

He laments that the situation has been made worse by the ongoing drought which has also seen the price of some commodities sky rocket forcing many people to cut down their budget.

## Pressure

A report from the Kenya Agriculture Research Institute (KARI) says that at least one quarter of the 41 million people in East Africa lack sufficient food and 1.7 million are under threat of hunger and starvation.

Indeed, according to the Famine Early Warning Systems Network, aside from a few areas, no country is food secure as this season's harvest of maize- the country's staple food - was not enough to feed the nation. The Food and Agriculture Organisation of the United Nations says Kenya is short of about 10 million bags of maize and has warned that the drought is expected to reach its peak in August.

# Women and children at risk of climate change

By DUNCAN MBOYAH

Women and children's survival and development in sub-Saharan Africa is under threat because they have been overlooked in their countries' and international climate change agenda, a new report reveals.

The report by Plan International and Practical Action shows that the implication of food shortage, mostly on women and children, leads to the increase of malnutrition, dehydration and poor health that forces children to absent themselves from school.

"There is urgent need to translate funding to climate change programmes to target women-oriented programmes in energy, water and health," Grace Mukasa, Practical Action's Regional Director says.

## Develop

She observed that that practical development in the region could only be realised once serious attention was paid to gender sensitive programming in word and deed.

The director is now calling for the promotion and support to civil society organisations that were visible in rural areas to engage communities in environmental and energy conservation measures.

Mukasa noted that communities need to be educated on how new technologies like improved energy-saving stoves work so that they could stop over relying on charcoal and wood fuel through illegal logging.

"Climate change poses the greatest risk to vulnerable members of the society and women

and children pay a high price as often they are involved in looking for water, firewood and child labour," Plan International Director for East and Southern Africa, Roland Angerer, said.

He also expressed concern that climate change threatens women and children's access to food, clean water and energy, and called for the interventions of regional governments.

"Governments need to review policies and strategies and invest in water and energy development to relieve the burden on women and girls who trek for long distances in search of water and firewood," the director says.

## Inform

Angerer said that the study was informed by the impact of climate change that has become visible through the shortage of clean water, lack of energy and shortage of food.

The report was done in Kenya, Zimbabwe, Ethiopia, Malawi and South Sudan and recommends that children's rights need to be integrated into national climate change responses. It further says that there was an urgent need to integrate climate change into national child rights agenda.

It also challenges policy-makers and donors to ensure that the voice of the voiceless are heard and form part and parcel of development agenda for the success of the programmes.

According to Willie Tuimusing, governments in the region must act with urgency to prioritise women and child sensitive programmes in the national development agenda.

"Deliberate increase in development funding is essential to accelerate the uptake of appropriate



**A woman working in a horticultural farm in Thika. More women need to be involved in the discussions around climate change in order to improve food security.** Picture: Carolyne Oyugi

technologies that is critical for vulnerable households to build resilience and adaptive capacity for survival and the welfare of women and children," the official says.

Tuimusing says that serious micro schemes on renewable energy, such as solar, wind and water, should be initiated in regions where the resources are available in abundance to help communities with cheaper energy away from diesel sources.

He says that with the many water falls in many parts of the countries, development of simple turbines is enough to generate power for domestic consumption where they are metered and people pay for it instead of leaving the population to the mercy of logging for survival.

## Recommend

Tuimusing notes that donor's recommendation of supporting only mega solar farms is not possible and they should support micro schemes that could be managed by communities with ease.

The findings reveal that effects of climate

change have a tendency of being accompanied by other human induced impacts such as over-exploitation of natural resources.

It found out that during crisis, most children do not go to school due to lack of food, poor health and lack of school fees. Access to electricity is also blamed for poor performance in schools as most children do not have the facility to extend their learning to late hours of the night.

The study also found out that 63 percent of women and 25 percent of girls were more affected across the countries by water.

On his part, Michael Muli, a primary school teacher in Matungulu, Machakos County, revealed that school dropout is almost 20 percent in his school.

"School children are affected by drought and they are forced out of school to take up manual jobs as sand harvesters and quarrying to supplement their parent's effort," he said.

The study emphasised on ways of improving access to sustainable energy for all to strengthen water and food security in the area.

# Reaching out to GBV survivors

By HENRY KAHARA

Women Empowerment Link commemorated this year's World Women's Day in a unique style.

They opted to use it to raise funds to build safe houses for Gender Based Violence (GBV) survivors by staging a play at Phoenix Theatre.

The play was aptly titled: "Roots of shame; seeds of pain."

The emotional play revolved around four ladies, who had gone through GBV in their homes, shows how women frequently and severely suffer in the hands of their husbands, parents and relatives and don't have a place to seek refuge.

## Advocate

The play was developed by Women Empowerment Link (WEL) in collaboration with Phoenix Players, as an advocacy tool highlighting the urgency of establishing safety nets for comprehensive care of women and girl survivors.

The proceeds will go towards completing the construction of the Mama Kenya Empowerment Center, based in Maraigushu in Naivasha, Nakuru County.

The play depicts a young girl, Binti, who goes through Female Genital Mutilation (FGM) in the name of satisfying her parents' wish.

After the outlawed practice, Binti finds herself admitted in the hospital with severe complications. She lands in hospital courtesy of Europeans who had gone to visit the area to witness the controversial rite of passage carried out underground in Binti's community.

Her parents see her as disgrace and a weak person for failing to stand like a 'lady' during the cut.

But all in all Binti is fine with what happened as far as she didn't run away like her elder sister.

"I don't want to be like my sister, she refused to go for a cut and my father disowned her," Binti says.

In the hospital no one bothers to visit her. According to her culture, she is a disgrace; her community believes that a lady is supposed to be strong enough to undergo the cut.

At the same time her parents are very involved in the activities in the village therefore they do not have time to visit her.

## Involve

"My mum is the leader of my age-set and she is busy taking care of them, while my father is the chief and he has a lot of issues to sort out in the village," says Binti.

At the end of the play, Binti is overwhelmed by the situation and she passes on.

Another girl, Veronica, finds herself raped by her uncle who she lived with. The girl was traumatised and she feared revealing who raped her. When she gathers courage to speak out, her aunt dismisses her claiming that she wears short skirts which made her husband to fall in to temptation.

During her stay in hospital, Veronica wonders where she will go to, for she fears going back to her aunt's house. But luckily she finds a woman friend who accepts to accommodate her.

The play shows how many women have suffered from GBV for long and in silence. Many of them are helpless and lack a refuge to run to, even when those vices continue taking root in their lives.

According to WEL's Founder and Managing Director, Grace Mbugua, many women have continued suffering in the house silently for they do



**A scene from the play 'Roots of shame; seeds of pain' that was organized by Women Empowerment Link. The play was organized to raise funds to build safe houses for GBV survivors.** Picture: Henry Kahara

not have a place to seek refuge when assaulted.

"We need to build safe houses where women can seek refuge whenever their rights are violated," says Mbugua.

"Many women are still suffering from GBV and there is no one to help them, we need to create more safe houses for them," she adds.

## Survey

Mbugua says that some women have gone to an extent of committing suicide while others have left with complications due to the ordeal.

According to a separate survey by WEL, between January and September 2013, Nairobi received 373 reports of sexual and GBV cases and 100 reports of child negligence cases, from Kibra, Kangemi, Makadara, Kangemi and Kamukunji and Dagoretti constituencies.

Those reports covered 19 per cent rape, 11 per

cent attempted rape, three per cent gang rape, 32 per cent defilement, and five per cent attempted defilement, six per cent sexual exploitation and three per cent sodomy.

According to the Kenya Demographic Health Survey (KDHS) 2008/2009, about 45 per cent of women between ages 15 -49 in Kenya have experienced either physical or sexual violence with women and girls counting over 90 per cent.

The report further says that one in every five Kenyan woman has experienced sexual violence at one time or another.

In 2012, Child-line Kenya received 1,253 sexual abuse cases out of all reported cases of abuse through the Child Helpline Service (116).

A report by the Gender Violence Recovery Center reveals that most GBV cases are carried out by people known by the offenders, and only six per cent account to strangers.

# Concerns over rising neonatal deaths

By CAROLYNE OYUGI

Imagine an airplane crashing everyday killing all the 140 passengers. The media will be busy covering the accidents, the social media will be jammed due to the number of hits and the public's concern will be trending.

The world leaders would be holding discussions and spending sleepless nights just working round the clock thinking of how to stop the wanton loss of lives.

Now imagine the accidents happening and no one cares to report about them. That will be odd.

This is, however, what happens everyday when we loose 140 babies in Kenya and yet no one talks about it.

## Report

According to a report recently launched by Save the Children titled 'Ending Newborn Deaths in 2012,' nearly 30,000 babies died in Kenya during their first and only day of life or were stillborn where the heart stopped beating during labour.

The research further reveals that despite some progress in reducing child mortality, Kenya remains off track to reach its MDG 4 (Millennium Development Goals) targets.

"At 75 deaths per 1,000 live births in 2012, the under-five mortality rate is currently double the 2015 target, and has only declined by 25 percent since 1990," Says Duncan Harver, Save the Children Country Director.

The director laments that progress on reducing newborn mortality rates had been even slower-almost stagnant.

Speaking during the launch of the report, Harvey noted that the first five days of a child are the worst. He encouraged mothers to attend prenatal care, give birth in health facilities and also attend post-natal care so that any complications before and after birth can be detected early and addressed.

"We know how to reduce maternal mortality and I believe we can reduce

infant mortality too." The director says.

He also advised the public to take collective responsibility to ensure that the expectant mother and the child were healthy and lived in a conducive environment.

Head of Family Health Division in the Ministry of Health Dr Patrick Amoth said the waiver of maternal fees in public health facilities since June last year had reduced the death of new born babies and their mothers.

He also encouraged the relevant government departments and NGO's to ensure that children who are HIV positive had access to ARV's.

"Why are children not accessing ARV's? The number children who are HIV positive and not accessing ARV's is shocking. We have so far done well in giving the adults the same drugs so it should not be a problem when it comes to children.

## Urge

At the same time, Dr. Amoth urged Kenyans to embrace devolution saying it was an opportunity to take services where they are needed the most. "Why should doctors concentrate in areas where the services are already available?"

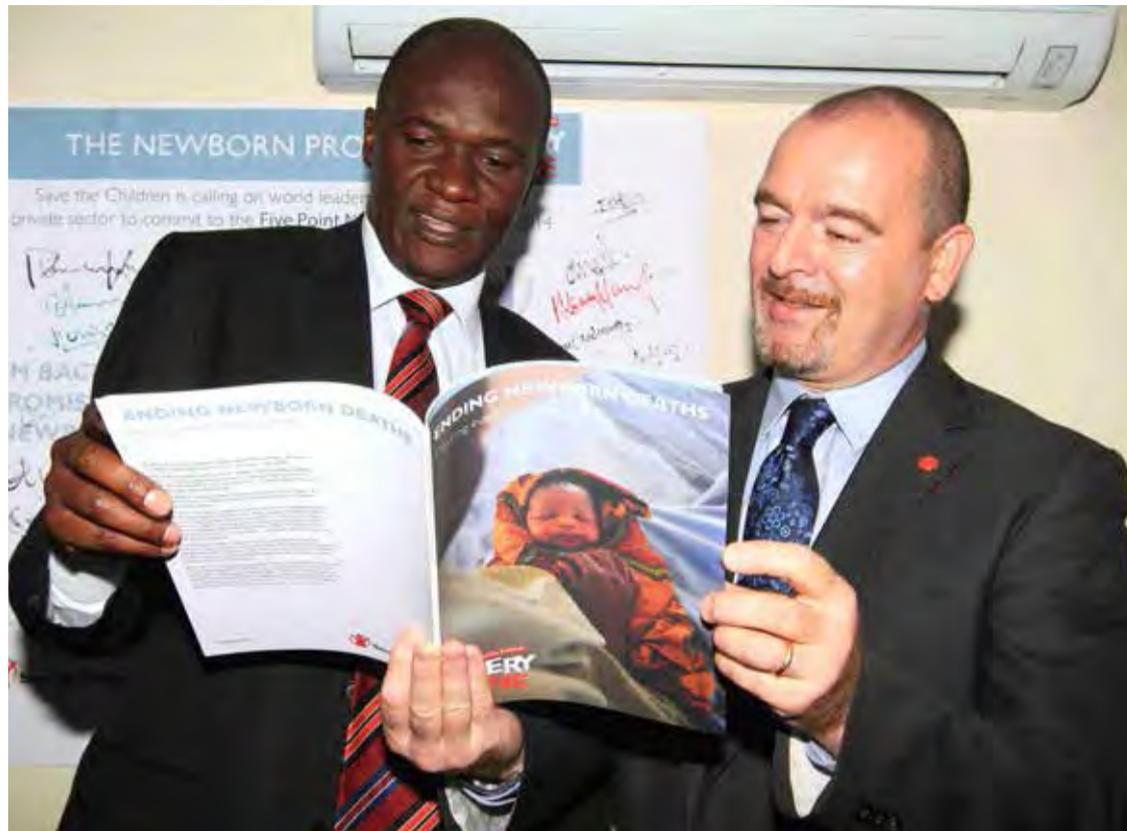
He also encouraged the county leaders to come up with by laws that encouraged good health citing an example of Kiambu county, where for a child is admitted in class one, the parents must show a certificate of immunisation.

Louisa Muteti, the Head of the Midwives Association, however says that the free maternal services in the public hospitals were good but not good enough.

"Children get sick and even moth-

***"We know how to reduce maternal mortality and I believe we can reduce infant mortality too."***

— Duncan Harver



Save the Children County Director Duncan Harvey (right) and Head Division of Family Health in the Ministry of Health, Dr. Patrick Amoth during launch of the report, Ending Newborn Deaths, in Nairobi. Picture: Reject Correspondent

ers get post delivery complications that need medical attention. These are some of the aspects of both the mother and baby that also need the government's attention."

The official also warned people against taking the death of a baby immediately after birth lightly.

"Many people will always say it was just a baby, the mother will get another one without considering the

psychological trauma that the mother goes through. She might later recover from it but she will never forget."

## Solution

Dr David Githanga, chairman of Kenya Pediatric Association, also agrees that the problems of infant mortality are known and the solutions were available, but there was lack of political good will to end the crisis.

"How do you expect a health provider to perform well where the systems are not in order, the infrastructures are either poor or do not exist and the personnel are not enough," he said.

Dr Githanga says it is a big crisis but they have no voices to air their

grievances, and blames the mothers for poor breastfeeding habits.

He laments that the problem is a cross the board in urban and rural areas. "Even mothers in rural areas are not breast feeding as required hence leading to malnutrition on children."

In order to save the innocent babies, the report calls on the Government to ensure that the implementation of the free maternal health is done smoothly and sensitively. Despite resources being allocated towards the new policy at national level, there have been serious delays in releasing the funds.

The Government should also focus on training health workers to improve their services.

# Access to much needed health care cover

By BEN OROKO

Following decades of neglect and lack of access to high cost healthcare services among majority of the poor residents in Kisii County, the Kisii County Government has finally come to their aid through establishment of a healthcare social protection scheme.

This comes after Kisii County Governor, James Ongwae's assurance that his Government will develop a social protection scheme through which the County Government will pay National Health Insurance Fund (NHIF) contributions for the poor and vulnerable members of the society in the County to facilitate them access quality healthcare services.

## Afford

Ongwae regretted that, majority of the poor and vulnerable members in the County could not afford to foot medical bills and heavily relied on fundraisers and contributions from well wishers

to foot their personal or relatives' medical bills, sources of funds which he said were unreliable and unsustainable for most of the residents living below the poverty line. Speaking in Kisii town, during the official launch of the Kisii County Youth Development Forum's NHIF reach out campaign at Kisii Sports club, the Governor lamented that out of the County's over 1.3 million people, only about 80,000 were registered as NHIF members and called for intensified membership registration campaign to raise the number to over 200,000 members.

Ongwae reminded area residents that having majority of them being NHIF members will not only afford them quality healthcare services, but will also strengthen the local hospitals' revenues and revolving funds to assist them offer timely and quality healthcare service delivery to the public.

"I am calling upon all residents from Kisii County to register as NHIF members, since the program

will not only assist individual contributors and their beneficiaries access quality healthcare services, but will also translate to quality service delivery by hospitals whose revolving funds will have been strengthened by the NHIF contributions," observed Ongwae.

## Inform

The Forum's Youth President, Dennis Orioki discloses that the Forum partnered with NHIF Kisii branch to roll out the NHIF card mobilization campaign targeting 100,000 residents to register as NHIF members within a period of one month.

Speaking during the launch Orioki and the Forum Secretary-General, Justine Nyagami said the campaign was informed by increasing fundraiser requests made by majority of the rural poor who cannot afford to foot their medical bills in high cost health facilities in the County and other parts of the country.

"We have taken up the initiative to sensitize members of the pub-

lic on the importance of having an NHIF card to facilitate them access quality healthcare services and scale down dependence on fundraisers among the most vulnerable members of our society who move from one office to the other seeking assistance for their medical bills," stated Nyagami.

Orioki, however, observed that the Forum picked on the initiative since a health population provides the required human resource that drives the country's socio-economic development agenda.

He disclosed that, the Forum has engaged 1,000 youths as facilitators alongside 1,000 youth groups to spearhead the campaign to the villages across the County.

Ms Julia Nyaboke, a single mother of four and Kisii town vendor welcomed the Governor's dream of establishing an NHIF contributions kitty for the vulnerable members in the County Government to assure them of their welfare in accessing quality healthcare services.

Ms Nyaboke said, the initiative was timely as it will assist the elderly and poor members of the local community's foot bills easily after accessing healthcare services in healthcare facilities. She regretted that, due to high cost of living and bad economic times, majority of the poor in the County died from curable diseases due to lack of funds to support them seek specialized and quality treatment. "It is true that majority of the rural poor who are not NHIF members resorted to fundraisers or disposal of their land and properties to foot their medical bills in high cost health facilities," disclosed Nyaboke. In some cases, vulnerable and poor members of the society who do not have NHIF cards ended up being detained in hospitals for failure to pay their medical bills which are financially beyond their reach, prompting their relatives to organize fundraisers or dispose the affected individuals' pieces of land to bail them out.

# Boost for Bondo District Hospital surgical ward

By **OMONDI GWENGI**

Patients in Bondo County can now heave a sigh of relief after a surgical ward was commissioned recently.

The facility will cost a whopping Shs3 million and serve the entire County which borders with Kisumu and Kakamega and Busia Counties.

Speaking during the groundbreaking ceremony for the construction of the surgical ward, Bondo District Hospital Medical Superintendent Fredrick Odongo, stated that the facility was going to help patients access it locally rather than going to the neighbouring counties for the same service who need urgent surgical services.

## Serve

"Bondo hospital serves as a referral facility for many districts and by having such facilities, it will save us from the costs of referring patients to other health facilities," he said adding that the hospital was also going to serve as a training facility for medical practitioners.

According to Bondo District Medical Officer of Health, Dr Julius Oliech, there is need to have adequate facilities that will allow for comprehensive provision of services.

"We have numerous cases here in

Bondo that need surgical attention and by having a surgical unit, we are going to provide quality services to the public," Dr Oliech said.

So far, he revealed, there were 11 health facilities in Bondo which were funded by the Constituency Development Fund. But the sad news is that most of them have not been operational due to lack of staff and equipment.

Speaking at the same function, Bondo MP, Dr Gideon Ochanda, said the facility was long overdue to serve the residents of the entire County.

"It is very sad that 50 years after independence, our people still cannot get quality healthcare. Sh 3m is not adequate but it will help in keeping the service in the hospital running," said Ochanda.

The MP singled out a maternity facility at the hospital as an example saying that it only requires Sh.15m to have the project completed.

## Report

"The previous CDF committee did not give us reports on some of the staled projects but we are going to make sure that such projects are done in order to bring services closer to our people," he stated and at the same time urged the Siaya County govern-



Surgeons operating on a patient in one of Kenyatta National Hospital's theaters. Bondo District Hospital will soon have such a facility to improve healthcare by reducing the distance covered by patients to get surgery.

Picture: Courtesy

ment to do an inventory to in order to identify some of these projects.

Earlier, the Bondo Mp had officially opened a private wing at the hospital where he was flanked by Bondo CDF chairman, Akumu Owuor.

# Deplorable state of Chaka Market

By **WAIKWA MAINA**

To residents of Chaka in Nyeri County, the rainy season is not something to look forward to with high expectations.

To them, the downpour brings total agony and regrets in its wake because of the is a looming disaster and eminent danger of disease outbreak, courtesy of rampant open defecation and urination due to lack of public toilets and a drainage system at the ever-busy open-air market and *matatu* (mini bus) stage.

Chaka is one of the busiest and biggest markets in the County after Karatina and Gakindu due to its strategic location and varied high quality livestock and abundant fresh horticultural produce.

## Security

Insecurity has been identified as a challenge because of the roaring business at the market. Residents are, however, optimistic that the recently announced *nyumba Kumi* (10 house) neighbourhood watch initiative would help mitigate insecurity issues in the area.

But worst of all is the lack of sewerage system and drainage system which blocked decades ago and has been given a wide berth ever since.

The small dusty but extensively filthy town during rainy seasons attracts an average of 10, 000 visitors on its market days on Wednesdays, Saturday and Sundays.

Whenever it rains, the residents and visitors have to endure living and transacting their businesses in stinking flooded business premises and living rooms.

The market attracts traders from as far as Nanyuki, Murang'a, Kirinyaga, Karatina, Thika and Nairobi during market days, but it has no public toilets for the commuters, businessmen and other motorists.

"Chaka has a history of crime due to high circulation of money; it is strategically positioned along the busy Nyeri-Nanyuki highway. Business was even better when the railway was operating," says a trader Paul Ndi-

rangu.

According to Ndirangu "The place is now being avoided by commuters and tourists travelling along the busy highway due to its filthiness. We have lost a lot of business, just walk around and see all butcheries and bars are closed, that's has never been the case before whether in a market day or not."

He further says that the situation has remained the same for the past eight years since he invested in the area.

He adds, "Chaka became an alternative investment area for low income earners due to its potentiality as well as costs of doing business. I shifted from Nyeri town due to high costs of living and accommodation within the municipality. Business is good, but the markets filthy condition especially when it rains is pathetic, discouraging many customers and investors," says Ndirangu.

Nyeri County government collects Sh30 per day from traders in the open market, which translates to more Sh300, 000 each market day, and this amount does not include charges on trucks loading and offloading trading merchandise at the market, or fees charged from livestock market.

Traders operating other businesses such as bars, shops, hotels are charged between Sh2300 and Sh10, 000 annually depending on the size of the business, while *matatu* operators pay Sh1, 000 each per month to operate from the filthy terminus.

Traders are charged an annual fee of Sh500 by the public health officers, which are also remitted to the County government.

## Concern

To make matters worse, the county government has proposed to introduce parking fee for private motorists, though there is no reserved parking bay in the filthy neglected town.

A senior ministry of public official said they were frustrated by the County government officials who always threaten them whenever they raise concerns about sanitation issues.

"We have sent several letters and notices

to the council, but all we get are threats of getting fired. Our hands are tied; we cannot demolish the houses or close the businesses. Where will these people go if we demolish their houses or business premises? We are also human beings, we are aware of the situation, its worse, cases of typhoid and cholera increase whenever it rains, but there is nothing we can do about it says the public health officer.

All is not well at Chika says Margaret Irungu, who is a landlady at the trading centre. "Many of my tenants have vacated my rental houses and shifted to Narumoru and Kiganjo towns."

## Situation

"The houses are stinking and breeding areas for mosquitoes, latrines are flooded to the top with rain water which spills into residential and business premises. Those who cannot afford to shift are living in that mess with their children. Our efforts to have the drainage system re-done and unblocked have been in vain." Says Irungu, saying some residents are forced to go and relieve themselves in the dark areas at night.

The county government has also increased charges from Sh1, 750 to Sh2, 300, despite its inefficiency in service delivery.

Winnie Wanjiku, a student says she cannot study nor do her homework due to the state of the house and general environment.

"There are so many mosquitoes at night and thousands of houseflies during the day. I return home with a lot of homework, but I am compelled to wakeup very early in the morning to go to class, or get late in class to complete the homework, I cannot concentrate at home," says the student.

Besides the filthy stinking floods, the market has long uncut grasses and shrubs, presenting ideal breeding zones for mosquitoes and houseflies.

The public officer says the environmental degradation in the market is worsened by fact that it has a flat landscape, with black cotton soil, which holds water for prolonged periods of time.

# One trillion shillings to run county governments

By **NICOLE WAITHERA**

County governments will require 249 billion for the smooth running of the counties in this year alone.

The counties are also expected to raise one trillion shillings so as to be able to sustain themselves.

The Commission for revenue allocation (CRA) argued that the money could only be raised if the central government empowered the county governments with more technical staff.

Speaking at a breakfast meeting organized by the Constitution Implementation Commission Martin Lugadi of the Council of Governors called upon the central government to release 72 billion Ksh that had been budgeted for health under the National Government.

## Employ

"Health is the most devolved function; the health ministry should release the amount down to counties. Some counties are straining to provide health services and the amount if shared to counties would ease the burden.

According to CRA, there was need for county governments to employ experts who would assist them in matters to do with the running of the county like coming up with good budgets.

The head of research at CRA Linet Omala said that there was no need to allocate huge amounts of money down to county levels where the county governments do not know the clear guidelines on how best to spend the money.

"Counties need to be allowed to employ technical staff and advisors. That way, they will be advised on how best to run the counties. It is zero work to give them money there is no one advising them on how to spend the money," said Omala

According to Omala, the National government had so many directors who would be more useful if deployed down to work at county levels.

"The National Government is bloated while the County Government is wanting. There are so many directors who would be great advisors at county levels," added Omala.

# CCTV Cameras rescue patients in Kisii County

By MARY MWENDWA

Tales of patient neglect, poor service delivery, loss of drugs and other medical equipment, are the order of the day in most public Health facilities in the country.

Kisii Level 5 Hospital, in Kisii County in Western Kenya, is no exception.

But thanks to the recent introduction of sophisticated digital security gadgets, the patients and their relatives and friends are now heaving a sigh of relief.

Big brother is watching every room and corner of the biggest and busiest hospital in Southern Nyanza.

## Strategy

The CCTV cameras were strategically installed in all the facility's wards, walk ways, stores and parking lot.

"These cameras have really helped us, we used to come here and wait for ages on the queue, especially the customer care desk was very poorly manned. I am now happy; I get attended to very fast and effectively," Says Lilian Nyaboke, a mother of three who is in her late 20s.

Nyaboke's home is a quite far from the hospital and like other patients, were seriously inconvenienced by the poor service and lethargy by the medical staff.

"I come from very far, and you can imagine if I get poor customer care here, who will take care of my children at home? How will I get back if it gets dark? Thank God we now have these security gadgets to ensure we get good service."

She recalls that every time she takes her baby for clinic, she is served promptly, she is also provided with the necessary medicines in record time.

Nyaboke recalls that before the CCTV cameras were installed, it was very bad, she could spend the whole day there with her baby clutched in her arms and yelling for food."

## Benefit

On her part, Mary Okundi, 43, who is a mother of six, echoes similar sentiments saying: "I am happy, I get all the drugs I need, sometime back I was conned money by a stranger on the waiting bay, she pretended to be a nurse, and I parted with Shs500, which she said would help her get medicine, immediately I gave her, she pretended that she was going to one of the offices but walked through and disappeared in thin air!"

When contacted, Dr Enoch Ondari, Medical Superintendent at the hospital, says that as management,



Patients waiting to be attended to at Kisii Level 5 Hospital, in Kisii County. Below: images from CCTV cameras as seen in the Medical Superintendent's office. This new technology has helped curb corruption and laziness in the hospital.

Pictures: Mary Mwendwa

they have also benefitted immensely from the CCTV services.

Says the official: "We used to have many cases of patients being neglected by health workers; some could come to my office and complain they had stayed on queues for very long and unattended. Maternal Child Health Clinics were chaotic, babies yelling and crying because of delay from some staff members was common."

Some mothers travelled from very far and on reaching the facility, they found long queues were forced to return unattended to their homes.

In case it was a day reserved for vaccines, the baby would miss the vital drugs.

Since the gadgets were introduced, Dr Ondari monitors them closely from the comfort of his office's main server.

"Everything that is happening in the hospital is recorded, we recently had a case where a doctor was bribed with Shs2000 by a patient, and another one was of a staff from the stores who stole a gas cylinder.

We were able to handle all these cases because of the tangible footage that was available. We used to lose millions of shillings through such kinds of crime that impacted our patients badly," the superintendent says with pride.

The Kenya Demographic and Health Survey (2008-2009) reveals that socio-economic factors that are related to obtaining quality antenatal care affects a woman's level of attending the maternal health clinic.

## Reveal

A woman who gets a good conducive environment and is offering quality service is in a position attend clinic regularly, this reduces chances of complication which could be detected early during pregnancy.

The study further shows how vac-



cines are important, for example Tetanus Toxoid Injection, which is among leading causes of neonatal deaths in developing countries, where a high number of deliveries are conducted at home or in places where hygiene conditions are below par.

Dr Ondari is happy with the CCTV saying they have boosted service delivery and customer satisfac-

tion. The number of complaints by patients and cases of drug-thefts by staff has reduced drastically.

"We installed this equipment in 2013, at a cost of 2 million, and it has been worth the cost. We have saved very many lives and we are happy as a hospital that we made the right decision to invest in this technology," the official says.

# Government urged to give Anti TB campaign priority

By DAVID NJOROGE

Nairobi County ranks top among counties in Kenya with highest rate of Tuberculosis (TB) prevalence according to the Ministry of Health Statistics dated 2012.

The statistics show 490 out of 100,000 Nairobians as having been infected by TB with majority being oblivious of their health status.

Globally, Kenya is ranked in third position among countries with highest TB burden and twenty second in the world.

Nairobi is followed closely by Homa Bay

County, in Western Kenya, which is second with 426 infections, with Kisumu County ranking third with 376 cases.

Isiolo and Busia counties are position four and five with three thirty eight and three twenty nine respectively.

## Rank

According to Dr Thomas Ogaro, TB Coordinator in Nairobi, the high rates in TB infections is as a result of poverty amongst urban slum dwellers who he notes lives in houses not well ventilated and in poor conditions.

"Most of the houses in Nairobi do not have proper aeration, and this makes the people living in them become prone to TB bacteria infections," says Dr Ogaro

With majority of Nairobi residents, living under a dollar a day, the coordinator observes, that a lot is needed to ascertain, safety and quality life.

"Failure for us will lead in more infections emanating from people infecting uninfected," he adds.

He calls on the government to invest heavily in health sector to facilitate faster and quality treatment for those with dis-

eases like TB.

"The high cost of TB treatment and diagnosis has resulted to majority of people being unable to maintain treatment because of the high cost involved," Ogora added

The coordinator advises TB patients to seek early treatment and diagnosis for better results in their treatment, disqualifying misconceived notions about the disease.

"I would advise those having problems relating to TB to seek advice from a qualified doctor instead of paying attention to people who can hardly help them," he added.

# Drug barons flood seed market with counterfeits

By ABISAI AMUGUNE

Farmers have been warned that drug barons have now shifted their base to the seed industry, says the Kenya Seed Company Chief Executive Officer, Willy Bett.

The CEO says the barons, similar to those dealing with drug trafficking, had now found a soft landing in the seed industry by distributing fake seeds.

According to Bett, the problem had been compounded with lenient punishment meted out to seed fake dealers.

## Alert

Addressing the 2014 cropping season press conference at the KSC headquarters in Kitale, the KSC MD said they were sounding the alert to farmers and security forces to be on the look out during this rainy season when seeds are high demand.

On his part, the KSC chief security officer, Ambrose Ngare, said the seed traffickers were influential people mostly with operational bases in Mt Kenya region.

Accompanied by the company's PRM Sammy Chepsiror and head of pasture Joyce Agufana, the KSC top brass said the firm had "taken great exception" to lenient penalties imposed on dealers of substandard and or fake seeds.

Said Bett: "This is economic sabotage. The seed industry is desperate. This actually is targeted to undermine the production of food for the country".

The CEO noted that they had the opportunity to salvage the seed sector but squandered it by allowing laws to be passed that were not punitive enough to culprits circulating fake seeds.

According to the new Parliamentary Seed Act, distributors of fake seeds are liable to a fine

"not exceeding Kshs.1 million," which according to the KSC management is peanuts to operators of substandard seeds. In most cases the illegal operators have been imposed with the kshs.5,000 fines.

Says Bett: "As a country we cannot fight hunger if we cannot protect farmers against fake seeds. We should not address this issue casually but confront it pro-actively. The fake seed scandal is like drug-trafficking."

In the past season, KSC which supplies nearly 85% of seed products to the country and surplus for export, has been on the spot at the beginning of every planting period and blamed for the supply of fake maize seeds to unsuspecting farmers.

In some instances, the fake products have been discovered packed in materials bearing the KSC logos while in other cases the seed firm's products have been stolen from the premises.

## Discover

Several suspects have appeared in court and fined while some cases have yet to be concluded many years later.

But according to Bett, KSC has its territorial mandate of action but would not hesitate to reserve its resources to assist government agencies to clamp down on the distribution of fake seeds.

The CEO named them as Criminal Investigations Department and Kenya Plant Health Inspectorate Service as some of their collaborators in the war against fake seeds in the country.

But why should the dealers target KSC's products? Is there an end to this piracy of maize seed?

Bett says the comment were interesting in his company's seeds because of their high quality and demand.

For the current planting season, KSC is on high alert and is closely monitoring the movement of seeds from their warehouses to the deal-



**A trader selling cereals at a shop in Kibera slum. Cartels have invaded the seeds sector hence making the seeds scarce and expensive.** Picture: George Ngesa

ers and to the farmers.

Last season, the company recorded a deficit of 10 million bags of seed maize.

But what worries Bett is that in the current rainy season, some farmers planted their seeds out of time while others have been over dependent on certain varieties.

"We have all the mechanisms and capacity to substitute varieties. For example, the 613 or 614 maize varieties meant for the high altitude areas can be substituted with the 629 or 626 varieties which equally have high potential yields," says the CEO.

## Concern

However, he denied that the popular 613 and 614 varieties had been exported to Uganda saying that they had only run out of stock because of their high demand by farmers.

The KSC MD's message to the farming community was three pronged: change the mind -set and go for alternative seed varieties, plant your

crop by the mid-April period and purchase your seeds from recommended stockist and agents.

The seed firm sees the subsidizing of prices on seeds and fertilizers by the "responsive" government as a shot in the arm to farmers to diversify their production. For example, one kilogram of seed was being retailed at Shs.150 instead of Shs. 180.

According to the KSC boss, early planting was also prevention to certain crop diseases apart from the potential maximum yields.

The company has other seed maize varieties such as H6210 and H625 and H513 while for lowlands of coastal region there is the PH4. The dry land areas of Kitui, Makueni and Baringo there are the DH01, DH02 and HD04 varieties. Their potential yields vary between 16 - 50 bags of maize per acre.

On the issue of the firm's shareholding the ownership remains a "hybrid" holding between the government through ADC with the 53 per cent and the private shares of 47 per cent.

# Smoking could compromise TB treatment

By HENRY OWINO

There is growing evidence that tobacco smoking increases tuberculosis (TB) infection, disease and mortality.

Medical experts also say that continued use of tobacco may decrease the effectiveness of TB treatment leading to higher rates of relapse.

Despite this growing evidence base however, there is limited data on the effectiveness of smoking prevention and cessation on TB outcomes. Nairobi County Government prohibits smoking in public places an effort that has cushioned non-smokers from tobacco effects.

## Concerns

The concerns were raised in separate interviews with Albert Okumu, TB laboratory Director Kemri Centre, Kisian and Pamela Gwaro, Clinical Officer at Jaramogi Oginga Odinga Teaching and Referral Hospital in Kisumu.

Tough anti tobacco laws were passed by Parliament and operationalised in the past decade, these include the Tobacco Act, which banned any form of tobacco and its products from being advertised and marketed. Selling of cigarettes to persons less than 18 years is also a crime but some smokers smoke in the presence of their children.

Currently the prevalence of smokers among men and women recently diagnosed with tuberculosis (TB) in diverse health facilities in Kenya is worrying. For example, in Kisumu County, there are quite a number of patients that represents different TB epidemics in terms of burden and

epidemiology in the country.

A smoking prevalence survey modified at Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH), Kisumu shows representative of various TB patients from any walks of life. Fishermen, boda-boda operators, taxi drivers, jua kali sector, farmers, business persons and those in white scholar jobs bear the same burden.

Majority are from the six constituencies of Kisumu County; Kisumu Town East, Kisumu Town West, Kisumu Rural, Nyando, Muhoroni and Nyakach. All these have at least a representative patient of different TB epidemic in terms of burden and epidemiology.

Together they represent people with diverse occupations but with same epidemiologic TB disease. However, epidemic is very high among tobacco smokers yet of different caliber each suffering from TB.

This is despite the county having an ultra-modern Tuberculosis laboratory in Kisumu. The TB lab centre is under the management of Kenya Medical Research Institute and Centre for Disease Control, situated at Kisian on the outskirts of the lakeside city.

According to Okumu, it is the first facility of its kind to be awarded International ISO certification in the country. He said the laboratory received international accreditation, ISO 15 189 in handling TB procedures late last year.

Okumu however, said the laboratory handles large volumes of TB testing and patients' results are received within a very short time.

"The lab is capable of receiving

more than 100 samples for testing per day and results of the tested sputum released immediately. The patient do not have to wait longer as the machine is the ISO 15 189 standard placing specific demands on the quality and competence of medical laboratories," Okumu explains.

Okumu further explained the laboratory has been linked with other facilities to enable doctors to get the results within a day, instead of six to eight weeks.

However, he regrets that many patients either show up for diagnosis too late for proper treatment or do not complete their prescribed full dosage.

On her part, Gwaro, blames it on smokers saying that there was a strong association between smoking tobacco and TB.

Gwaro said cigarette smoking affects how someone becomes infected with the TB bacteria and how infection progresses to active TB disease.

## Damage

The three main ways she pointed out are; smoking damages the lungs and can make smokers more susceptible to TB infection, smoking harms the body's immune system, meaning smokers are less able to combat TB infection and smoking reduces the effectiveness of TB treatment which can lead to longer periods of infection and or more severe forms of the disease.

The Clinician says when cigarette smokers breathe in TB bacteria; they may be up to three times more likely to develop latent TB infection than non-smokers. The risk of infection also increases the more one smoke and the lon-

ger he or she have been smoking.

"There is no safe level for second-hand smoke exposure to nonsmoker individuals. In fact, the secondhand smoke is more harmful unless the level of nicotine is zero, which in many cases is not," Gwaro says. The physician says TB bacteria die very slowly.

"If you become infectious again, you could give TB bacteria to your family, friends, or anyone else who spends time with you. It is very important to take your medicine as directed by your doctor or nurse," Gwaro says.

The Clinician admits that sometimes the TB bacteria are resistant to the medicines used to treat TB disease. This means that the medicine can no longer kill the bacteria. At this point, multidrug-resistant TB (MDR TB) is introduced due to bacteria resistant to two or more of the most important TB medicines.

The commonly used drugs are; isoniazid (INH), rifampin (RIF), ethambutol (EMB), and pyrazinamide (PZA) approved by World Health Organization (WHO) for treating severe TB.

"If you do not take your medicine as directed by your doctor or nurse, the TB bacteria may become resistant to a certain medicine. Also, people who have spent time with someone sick with MDR TB or XDR TB disease can become infected with these multidrug-resistant bacteria," the clinicians says.

People with MDR TB or XDR TB disease must be treated with special medicine. These drugs are not as good as the usual medicines for TB, and they may cause more side effects. Also, people with MDR TB and XDR TB disease must see a TB expert who can closely

observe their treatment to make sure it is working.

Their treatment takes much longer than regular TB and in most cases; people with both MDR TB and XDR TB are at greater risk of dying from the disease.

For a person with latent TB infection, cigarette smoking increases their risk of developing active TB disease by two to three times, compared to non-smokers. Smoking also increases the risk of death among TB patients up to six times.

## Direct

Even if you have been cured in the past, the risk of developing active TB disease again is three times higher in cigarette smokers compared to non-smokers.

Quitting smoking is one of the best ways you can protect yourself from developing active TB disease. Quitting smoking will not only decrease your risk of developing TB disease, but it will also help your treatment for latent TB infection.

Exposure to second-hand smoke increases the risks of both TB infection and development of active TB disease among children and adults. For children and young adults, the more second-hand smoke they are exposed to, the higher the risk of developing TB.

In fact, up to one in every five deaths from TB could be avoided if the individuals did not smoke. In addition to endangering their own health, TB patients who smoke in the home are also placing their families at a greater risk of TB infection. So, it is very important to keep your home smoke-free.

# Women traders want share of devolved funds

By HENRY KAHARA

Throughout Africa, women are a powerful force for growth and development, making important contributions to the economy as workers and entrepreneurs, and to the welfare of their families.

In many African countries, however, unequal access to property, discrimination in the labor market, and business-related obstacles hinder women from contributing even more to their countries' growth and well-being.

Although there have been some effort to empower women in Kenya much still needs to be done in order to rescue them from the vicious cycle of poverty and dependence.

Beatrice Nduku, 59, and a beads-maker in the famous Kariokor market in Nairobi's East side, laments that women have been sidelined and marginalised for too long.

## Aggravate

"Women are a forgotten lot and we need empowerment," says Nduku adding that not even the increased number of women in parliament has made a dent in their plight as ordinary folks.

She says that the new positions created by the Kenya constitution 2010 are "worthless" and they have aggravated their problems.

"I thought things would be better but sincerely speaking things are worse in this regime than in the previous one," the beads-maker says.

Nduku is unhappy with most of the women who were either nominated or elected into the Senate, Parliament and County Assemblies saying their have not delivered.

"We are yet to see their work," says Nduku, adding that: "The only thing this government has done is to raise taxes hence making life unbearable especially for us, women."

For her, business has never been worse since she first relocated to Nairobi in 1994.

"I started making beads in this city in 1994. At that time we were located in Uhuru market, and during those days I could make good money," recalls Nduku.

At that time she managed to buy a parcel of land back in her home village Makueni County, and then went ahead to build a descent house for herself and family.

After they were evicted in town center they were moved to Kijabe Street, this was before they were evicted again to global round about stage.

## Allocate

At globe, they had very few customers which forced them to request the authorities to allocate land for them at Kariokor market.

"In all those years I can say I used to get good money because I managed to educate my children," she says with pride.

Turning to the present, crestfallen Nduku is now urging the Government to support small businesses with loans as well as building better markets for them.

Nduku is happy with some local banks, citing Equity Bank, for assisting them with training and loans to boost their businesses.

"This business can only help us survive and eke a living no more than that," she says as she points an accusing finger at what she describes as "the harsh economy."



A trader drying cereals in Kibera Nairobi. Women are demanding to be involved more in the distribution of funds in the devolved government so they can grow financially. Picture George Ngesa

This reveals how much in the dark many women are about devolved funds by the Government. These are the Women's Enterprise Fund, Youth Fund, Uwezo Fund, and CDF among others.

According to Women Enterprise Fund, women constitute over 50 percent of population yet their contribution to Gross Domestic Product (GDP) is not fully recognised.

The report says that women face more challenges in accessing credit and other financial challenges compared to their male competitors.

In its manifesto, the Jubilee government promised to meet the needs of women and youth and to give them top priority in its development agenda.

Some of the key areas the Jubilee government promised to look at was to introduce structural change across every stratum of society and government, which in its basic form will: Put food and clean water on every Kenyan's table, ensure that every

child in Kenya gets quality education, create wealth, ensure that every Kenyan gets quality and affordable healthcare, empower Kenyan women to take their rightful place in developing the country and keep Kenya safe and secure both internally and externally.

## Constrain

According to a report by the World Bank, 'unleashing the power of women' although access to finance is an obstacle for all firms, women rated as the single biggest constraint that is preventing them from growing their businesses. The prevalence of a collateral-based banking system and lack of a credit bureau that could capture women's excellent repayment rates in microfinance are key constraints.

The report reveals that women's businesses face more severe bureaucratic barriers than their male rivals do. Female owned

MSMEs are less likely to register their businesses, and they perceive

tax rates, tax administration, and customs as greater constraints to business growth than men do.

Even though women entrepreneurs make up nearly half of all MSME owners, it is estimated that they have less than 10 percent of the available credit (Government of Kenya 1999).

Kenya does not have a credit bureau that could capture women's impressive repayment history, and products like leasing and factoring are not widely available. Even though microfinance is a great poverty reduction tool, it offers only limited support for women who wish to grow their enterprises beyond the micro level.

Women business owners who have outgrown the maximum loan limits from microfinance institutions have great difficulties obtaining loans of Shs1 million and above from commercial banks.

Removing such obstacles will help empower women and also unlock the full economic potential of the country.

# Kisii woman leads anti-HIV Aids campaign

By DAVID NJOROGE

Despite consistent efforts by religious leaders in Kisii to reduce HIV/AIDS infection in the region and its related stigma, the disease is still prevalent.

Investigations reveal that majority of the people still live under stress and desperation because of the stigma associated with it.

However, despite the stereotype, some people are now educating the public on various HIV/AIDS prevention ways at no cost.

## Lead

People living positively work relentlessly to ensure they lead quality lives devoid of pain and labeling.

Agnes Bosibori, 55 from Kisii's Nyabiosi 'B'-Iringa sub location, in Bomonyori is a perfect example of few women who, through their efforts, change has been affected in the region.

As she narrates her story she recalls how it all started when she first got financial assistance from the Kenya Aids Control Council Ten years ago.

The mother of three says she started a program in her villa aimed at educating her community on the

dangers associated with unsafe sex. And she worked tirelessly.

"Majority of residents in this region have little or no idea, on how HIV/AIDS infection occurs," notes Bosibori.

She says having everybody safe and free from new infections is her only treasure and not preparing to stop soon till "the community appreciates that HIV is a disease is just like any other ailment".

Initially, starting the initiative was not a walk in the park.

She had to go through difficulties emanating from insults to beatings.

"For one, no one was interested in what I had to say, some ignoring me because they thought I was stupid. At some point, I just felt like giving up," she says.

However, the more she reflects on what motives her the more she pushes forward with her mission.

"My husband died of HIV/AIDS, in 1997," she discloses saying he was unfaithful to her.

"For the 10 years we lived together, little did I know that he was having an affair with other women out of wedlock. It was not until he got sick and was admitted to one of the

local hospitals in Kisii County that it dawned on me that I could also have contracted the disease," she discloses.

She was traumatised to a point of considering committing suicide, but after ten years trying to fight stress and emotional periods, I decided to let it go, moving on with her life.

"All this time I thought my husband had infected me and so I didn't want to go for a test," she adds.

## Status

One year down the line, Bosibori refused to go for the HIV test as she was worried about her status.

"God is good since when the test was done, I was negative," she says.

In 2008, Agnes commenced the Tazomu self-help group, made up a few willing individuals, who were offered guidance and counseling training.

Three years later, Bosibori is proud of her work. Over 10 men and women can now help her to do the work.

"This tells me I'm in the right track of changing the mentality of many in my community," Bosibori says with pride.

"My passion has always been to help as many people as possible in

this region and they now crave in helping those suffering and in desperation," she says.

So far, out of her efforts, Bosibori believes that a good number of infected individuals have disclosed their HIV status without the fear of being stigmatised.

In addition, many have agreed to go for HIV test, to be able to lead better, comfortable and healthy lives. "This has always been my dream in life, seeing members in my community being able to share knowledge on HIV/AIDS issues and above all, reducing the stigma.

Although away from hitting her target, for the short period she has been there moving around door to door, Bosibori now understands what ails her people.

"On his part, avid Marobe, 45., has taken an initiative to help children who are infected with HIV/AIDS, and also whose parents have succumbed to AIDS.

Marobe has set up a private primary school in Kisii, Nyumue Village, to educate the children at a subsidised cost.

"The orphans pay Ksh 5'000 annually to continue learning here," notes Marobe.

Mr. Marobe, who doubles up as the school's official director, notes that majority of parents in the area cannot afford school fees for their children in the area, hence the need to give a helping hand.

## Prevalence

"Watching these children suffer is the worst thing an able person can ever do to them," he states.

Since its inception five years ago, the school has been receiving a good number of student admissions, with over five qualified teachers in the school.

According to UNAIDS, the levels of HIV prevalence in Kisii County stood at 8.9 by 2011 against 5.6 percent nationally.

According to Dr Geoffrey Otomo, the County Health Director, the high rate of prevalence is largely contributed by stigma in the region.

"We are organising a meeting with local area leaders because I believe we are still on track to reduce the rate of infections and stigma in this region," says Otomo.

According to Dr Otomo, the county has 73,000 HIV positive people, with only 15, 000 accessing care and treatment services.



# Turkana women abandon pastoralism for agriculture

**Malachi Motano** tells the story of how women in Turkana County are today embracing simple solutions to the hunger situation.

Meet Selina Ekipor, 47, a mother of four boys and 2 girls. She is shaking a tin filled with pebbles to produce a sound that scares away birds from eating sorghum at her farm, after she worked hard to bring them to maturity and is now waiting for them to dry so that she could harvest.

"Before we thought of growing crops, we depended on livestock for our livelihood. We also ate wild fruits to supplement the meat and milk from our livestock. But this has been a dry area for very long and rain is scarce.

Frequent drought left our animals emaciated and many times they die.

## Learn

The World Food Program (WFP) has been giving us relief food for a long time and now we are proud that we are learning how to grow our own food.

We grow sorghum, cowpeas, green grams and maize. Life is better now that we are farming," says Selina.

Nangor Lobongia is also among several smallholder farmers who have

been able to harvest a reasonable crop of sorghum and maize.

"I sing for joy as I harvest my crop," says Nangor, a widowed mother of seven. "The last three years were very difficult, and for the first time, my family does not depend on aid. I thank God that WFP helped us to rehabilitate our project and we can grow food again," she is a member of the Morulem Irrigation Scheme in Turkana East.

With the help of WFP, the Government and other partners, Selina, Nangor and other women in their community are learning simple rain water harvesting technologies such as digging water pans, construction of bunds—which are dyke like structures that help retain the water—as well as simple irrigation methods, through Cash/ Food for Assets (C/FFA) programs.

They use the water for domestic use, for their livestock and for growing crops. This has helped to improve their food security.

"The water that is collected in the

bunds is able to grow a fast maturing crop such as sorghum and this has greatly improved the food security of the Turkana community," says James Kipkan of the Turkana Rehabilitation Project.

## Program

The work of digging out the clogged irrigation channels and mending other infrastructure was carried out by local farmers through the Turkana Rehabilitation Program.

WFP then lent a crucial hand through its Food-for-Assets (FFA) program.

Through Food/Cash for Assets programs, WFP provides emergency food assistance to communities while at the same time working with the people to build their capacity to improve their food security through simple technologies. But now, WFP is gradually shifting from relief assistance to more sustainable hunger solutions.

It is also working with commu-



**Women in Turkana are slowly abandoning pastoralism for agriculture, an initiative that is improving food security in the region.** Pictures: Malachi Motano

nities to improve their resilience to cope with the negative impact of the climate change and also helps them build assets aimed at improving their food security.

The project is focusing on rain water harvesting, micro-irrigation, and soil and water conservation activities.

At Kalobeyi in Turkana West, former pastoralist, Sara Ekwuam, is hosting several of her pastoralist relatives who have temporarily moved in with her after they heard she had a good harvest.

"Previously my family depended on pastoralism but over time the rains

became less and less, and we were unable to find pasture and water for our livestock. As a result we were forced to depend on relief food and supplies," says Ekwuam.

Today Sara and other farmers in Kalobeyi have constructed soil 'bunds' – artificial ponds that hold rainwater and keep crops growing even when there is little rainfall.

"Although we did not get a lot of rain, the water in the bunds was enough to grow this sorghum crop to maturity. I harvested 10 bags. I will sell five of them to buy other things that I need and keep the balance."



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