

REJECT



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Panic amid rise in child abuse cases

By ANDREW ELIJAH

Parents and guardians are a worried lot in Kitui County where cases of child abuse are giving them sleepless nights.

The worst hit is Kitui South constituency where residents and child rights activists have combined forces to lead an aggressive campaign to deal head on with the vice.

Victims and their parents who have been traumatized as they sought medical and legal assistance are blaming the authorities for turning a blind eye and not doing enough to address the problem.

Prevent

"I think very little is being done to prevent abuse of children in my district," says Ann Ngei, a single mother of three from Ikutha district whose 15-year-old daughter is a victim of sexual abuse.

Apart from World Vision International, a child based charitable organisation in the region; very few others are doing much to fight child abuse cases in the region.

The NGO is playing a pivotal role in rescuing abused children, providing legal aid and paying their medical fee for specialised treatment in addition to facilitating both victims and their parents during their quest for justice after abuse. Apparently, the girl-child has suffered most being an easy target for sexual molestation by strangers, teachers, family friends and even close relatives.

World Vision's area programme manager, Gershon Mwakazi, says they have a working partnership with the children's office and area advisory council on child affairs to offer community sensitisation and training programs on child rights and child abuse issues.

"We are a child based organisation with a duty to complement government efforts to assist the children have a bright future," the official says.

Last year, 43 defilement cases were reported at the Kitui magistrate's court

in the constituency heard and determined 43 defilement cases last year alone.

"Despite severe penalties conferred on offenders, defilement is still high and children still live in fear of possible attacks from pedophiles and other sexual perverts," Samuel Mutai, the resident magistrate at the Mutomo law courts in the constituency says.

Report

Janet Muema, a children's officer in the constituency, says most of the cases reported to her were committed by close relatives. She revealed that her job was not easy as it was difficult to pursue justice for the victims due to lack of both material and emotional support from the rest of their family members.

"We have very many incest cases here that go unreported because family members were unwilling to wash their dirty linen in public," Muema says.

On her part, Joyce Mutua, a child rights advocate, says justice for incest victims is always compromised at family courts as members completely avoid leaking such information to the outside world in order to save the reputation of the older offender.

A class seven pupil from the region who was severely defiled by her father shares her sad story. "He did it for a long period and I did not report him to my mother or the authorities because he would threaten to kill me if I ever reported," she says amid sobs.

The 14 year old later informed her mother and aunt when she realized her abusive father was never going to stop. But even that did not help the situation as her father decided to go wild and beat her and her mother.

"We have very many incest cases here that go unreported because family members were unwilling to wash their dirty linen in public."

— Janet Mueni



Gender activists demonstrate in front of Inspector General's office demanding for an end to defilement and justice for the survivors. Below: Janet Mueni, Children's Officer, Kitui.

Pictures: Andrew Elijah and Courtesy

He even threatened to throw both of them out of the house, says her mother.

The brave girl did not give up, and took the matter further by walking to the local police station where she reported the sexual abuse cases to the officers who did not disappoint and swung into action immediately.

The suspect was then arrested and later charged and in court. He was later tried and sentenced to life imprisonment.

Looking back, the young girl says justice was done but she is yet to heal mentally because of lack of any counseling to help her overcome the trauma.

Her family has since suffered rejection from close relatives and family friends who accuse her and her mother of betraying them for seeking justice from the courts instead of solving matters internally.

"They have made it clear we should not seek any help from them claiming we gave their son and brother away for imprisonment," her mother says.

They are, however, not alone in

such a predicament. Teresa shares her sad story of rejection by the rest of her extended family when she decided to seek justice for her daughter, a victim of sexual molestation by a close relative.

Narrate

She tells how her 74 year old father-in-law defiled her daughter of six for long before reporting the matter to the police: "My husband even talked to him about it severally but he could not stop so we chose to seek help from the courts."

Unfortunately, the old man later died in prison where he was serving a life sentence.

Her family members insisted Teresa and her husband must arrange for his burial alone without support from the rest.

"The full burden of transporting the body home and preparing the burial was left on us," she says.

On her part, Jane Mwanzia, whose abusive husband was sentenced to life imprisonment for defiling their 13-year-old daughter says her mother-in-law has already ordered her to vacate the land she gave to her son.

The 40-year-old mother explains how her husband had defiled his daughters for years threatening to kill whoever attempted to report him to the authorities before she finally



managed to get the courage to report the sexual crime to the police.

"I finally said enough was enough and decided to save my daughters from continued mistreatment" a bitter mother says.

Meanwhile, a 10-year-old school-girl opens up about her two years of trauma and suffering as her father abused her and her elder sister whom he eventually impregnate and fled.

The class four pupils is, however, yet to receive any help from the children's services department although she has since reported her concern to officials.

As cases of child abuse increase in Kitui County, Phillip Nzenge, the county children services coordinator, complains that their work is affected by lack of adequate funding by the authorities to help them effectively support victims of abuse.

AMREF re-brands for better service and aims for the sky

By CAROLYNE OYUGI

AMREF, the leading international African organization in health for the past 57 years has re-branded.

The African Medical and Research Foundation will now be called AMREF Health Africa. Its headquarters is along Langata Road opposite Wilson airport in Nairobi.

According to the Director General, Dr Teguest Guerma, a key reason for the re-brand is to ensure that their name more accurately reflects the nature and scope of their work, which has grown beyond research and provision of basic medical services to strengthening of health systems through training and capacity-building and strategic programming.

Re-brand

AMREF is a household name in the country and has been focusing on maternal health, HIV, Water and sanitation, TB and malaria, and clinical and diagnostic services.

"Our new name exemplifies our commitment to improve health in Africa through a wide range of critical programmes and services so that we can achieve a lasting health change for the people of Kenya and Africa in general," says the Director General.

The Director General was addressing guests during the launching party for the new brand name which was also graced by Cabinet Secretary for Health, James Macharia, who praised the praised the team for the good work they have been doing in the country for over half a century.

The minister cited the thousands of lives AMREF has saved thanks to their flying doctors' service to the most remote parts of the country.

"You were there to help to fly victims of the Kiisi road accident that claimed 9 pupils and 4 teachers last year. You also flew baby Satrine

Osinya who was shot by terrorists in a church in Likoni, in Mombasa County, last month."

Although the baby survived, he had a bullet lodged in his head which had to be removed.

Says the Cabinet Secretary: "You came at a time when we were thinking whether to fly the neurosurgeons to Coast General Hospital or bring the baby to Kenyatta National Hospital. We are glad that with your help, the baby arrived safe and underwent a successful surgery. Baby Setrin is now the face of our victory over terrorists. I cannot mention all the cases because we all know that they are so many."

Macharia admitted that although the Government boasts of improving maternal mortality through free maternal health, Amref Health Africa has played a big role in achieving it.

"Amref Health Africa through its programs that are geared towards safe delivery, like training midwives, has been working with the communities in the villages to reaching out to those who would otherwise not have been reached by the Government," Said the minister.

Comprehensive

The minister noted that Africa accounts for 20 per cent of the world's births, but contributes to 40 per cent of maternal deaths globally, many of which would be preventable if proper and accessible health care was in place.

According to WHO, the biggest risk to the lives of teenage girls and women in the developing world is pregnancy and child birth. Too many young girls become pregnant with devastating and long-term side effects on their reproductive health.

Increasing the number of skilled



Above; Dr Teguest Guerma, Director General, Amref Health Africa addressing attendants at the re-branding party in Nairobi. Below: Dr. Guerma together with Mr. James Macharia, Cabinet Secretary, Ministry of Health looking at the photos that were displayed at the party.

Picture: Carolyn Oyugi



midwives to provide basic and comprehensive emergency and obstetric services is key to preventing maternal deaths.

AMREF has always supported reproductive health and rights for women through ensuring access to effective contraceptives, skilled obstetric services, assisted delivery, antenatal and post-natal care and care of newborns. Reproductive health also includes the prevention and diagnosis of cervical cancer among disadvantaged women.

"Although we are re-branding, our focus remains the same: communities continue to be the primary beneficiaries of our work. Our re-brand will in effect put us in a more strategic position to continue working with

our partners and aligning ourselves as an African-led and Africa-based health organisation seeking to meet the needs of the most vulnerable population on the continent," said Dr Guerma.

Modern technology attracting men to health centers

By OMONDI GWENGI

For many men, accompanying their spouses or partners for ante-natal clinic is rare and considered unmanly.

And quite predictably, even if they accompany their partners, they would be discouraged by the long queues and poor services offered in the public health facilities.

It is against this backdrop that a health organisation launched a project in Siaya County, in Bondo and Rarieda constituencies in particular, aimed at promoting maternal health and also involving men in maternal health matters.

Promote

In the project spearheaded by East Central and South African-Health Community (ECSA-Health Community), modern technology was used to promote health services.

In an interview with Reject on

the findings of the two-year research, ECSA-Health Community Director of Reproductive Health, Dr Odongo Odiyo, stated that they initiated the research in 2012 to promote focus on antenatal care.

"The selection criterion was a woman who is pregnant for not more than 26 weeks and should be her first time to be pregnant. A man was also required, could be her husband or a brother-in-law, who was able to share information with the partner," Odiyo says.

The director revealed that the research targeted women because most of them have scarce resources and therefore were dependent on men for their upkeep. It also recognised the role played by men in households and noted that it was a very crucial component in the optimisation of maternal and child health.

"Men are the decision-makers in the family and play a big role on

health care as far as determining family size, timing of pregnancies and whether women have access to healthcare or not," he says.

Reduce

According to experts, the involvement of men can help reduce maternal deaths by 75 percent globally by 2015.

"We found out that those women who own mobile phones came for a second, third and fourth visit unlike those who depended on their partners' phones," the director says.

That led to about 94 percent and 5 percent delivering in health facility and at home respectively. Meanwhile, the percentage of Ante-Natal Care (ANC) attendance in the 4th visit rose to 94 percent up from 48 percent.

"It is regrettable that most women tend to go to the clinic on the first visit, but fail to attend second to fourth visits and even hospital de-

livery, which are important stages," Odiyo says.

During the study, they noted that in the pilot areas where they had organised for special queues for couples, it ignited men's interest in knowing their own health status.

Through the intervention of the programme, the director says, they contracted an ICT consultant who designed an automated short message service (sms).

The information system was designed in a way that it could send mass messages at once. For example, if someone wanted to know if she had a normal pregnancy, she could do that by pressing a certain number. Since then, this initiative has been appreciated globally.

Speaking during the unveiling of the project findings in Bondo, Dr Odiyo says that after the success of the project, they plan to scale it up to all the 10 member countries with a view of improving maternal and

newborn care as well as post natal visits.

On his part, Bondo Medical Officer of Health (MOH), Dr Julius Oliech, says the project has enabled the district to register the highest number of ante-natal care saying that it was an eye opener to the Ministry of Health on what other innovations they can come up with to improve service delivery.

Facilities

In the same spirit, Siaya County Director of Public Health and Sanitation, Dr Omondi Owino, revealed that they will ensure that maternity facilities in Siaya were well equipped and quality services provided to the public.

"We are going to purchase pregnancy testing kits which will be used by the community health workers in the area," says Owino, with the aim of capturing the women and bringing them to the facilities on time.

Kenya facing greatest challenge from climate change



By JOYCE CHIMBI

The country is facing the greatest challenge from changing weather patterns that could significantly affect food production. But experts are now attributing low adaptive capacity to climate change within the farming sector to a proliferation of policy and institutional frameworks that are silent on climate change.

According to the ministry of agriculture, at stake is the lifeline of five million households, out of a total eight million households, who depend directly on agriculture and small scale farmers who account for at least 75 per cent of the total agricultural output and 70 per cent of marketed agricultural produce.

Predict

The Association for Strengthening Agricultural Research in Eastern and Central Africa (ASARECA), a regional research body has predicted that the country's granary is already shifting from the Rift Valley province as temperatures are expected to be too warm for maize production, the country's staple food. Maize production could fall by 25 percent in various parts of the Rift Valley province.

A report dubbed 'Africa's Pulse' released in October this year by the World Bank, predicted that Kenya along seven other African countries, including neighboring Tanzania, Uganda and Ethiopia, will experience severe drought.

Julie Gicharu, a scientist and environment expert in the country told Reject that "there are various options that the country could resort to in order to cushion the agricultural sector from crippling effects from severe climate change including adapting to new technologies and expanding crop varieties, but these options are not backed by policy."

Gicharu explains that discussions on climate change as a policy issue is still new in the country "The government's first tangible indicator that it was committed to climate change was in 2010 in the form of a document titled the National Climate Change Response Strategy (NCCRS)."

Although there is also a National Climate Change Plan to operationalise the NCCRS, Gicharu is quick to point out that "NCCRS is not a policy document" but a government strategy document to combat climate change. "Although there is no policy on climate change and agriculture, a draft climate change policy exists," she explains.

According to the Ministry of Environment, Water and Natural Resources there are at least 90 national policies and laws relevant to climate change with additional regulations and by-laws that devolve to the local level already in the pipeline. But Gicharu says that "nearly all these laws already in existence have no provisions on how to address climate change."

Relevant

Other climate change experts are already dissatisfied with the laws and regulations in the pipeline. Gathuru Mburu, Coordinator of the African for Biodiversity Network says that "Multinationals are behind various policies

Many policies in place but still not enough to address challenges posed by climate change. Picture: Joseph Mukubwa

which have nothing to do with climate change but are targeting to edge out vulnerable farmers. They [multinationals] intend to criminalize the informal sector, in other words, the small scale farmers. Some of the policies in the pipeline are the Seed law and the Anti-Counterfeit law."

"The Anti-counterfeit law is pushing for certified seeds. Our people who are using indigenous seeds (non-certified) will not be able to do so once this law takes effect," he adds.

Mburu says that these seeds "have nothing to do with climate change. These seeds are controlled by 6 companies in the world and are a multibillion dollar investment and they are not suited to our ecosystem compared to indigenous seeds."

Establish

Joshua Kosgei, an agricultural extension officer in Elburgon, Rift Valley province says that the country does not need new policies on climate change. "We need to identify existing gaps and to streamline existing policy frameworks to ensure that they do not contradict each other which has affected their effective and successful implementation."

Gicharu says that some of these policies and legislations include the National Policy on

Natural Resource Information Management, Energy Policy, Forest Policy, National Disaster Management Policy, Industrialization Policy, Water Policy, Agriculture Policy, Land Policy, Forest Act, Environmental Management and Coordination Act and the Water Act "all of them have significant implications on the environment and climate change, but they are to be harmonized. All of them have competing goals and interests. So policy challenges exist within policies and also across policies."

Plans

"For instance, the water sector in accordance with the Water Act, Act No. 8 of 2002, established too many independent regional bodies responsible for water catchment management and the main challenge is that they all have overlapping responsibilities and competing interests. This has affected implementation of the Act even in the face of harsh climatic changes," she explains.

Gicharu further talks about the government's ambitious plan to place a million acres under modern irrigation and a further, 2.5 million acres presently not in use in various parts of the country according to government statistics, as a climate adaptation in arid and semi-arid areas to boost production through irrigation "the National Land policy and the Water Act lack clear coordination guidelines which will certainly interfere with these kind of priority climate adaptation plans."

Against a backdrop of a weak legal and institutional framework, the situation is expected to worsen as millions of farmers continue to grapple with climate change.

Kitui's ambitious multi-million shillings farming project

By ANDREW ELIJAH

Over 10,000 people in Kitui County are expected to have improved living conditions by the end of the year, thanks to a livelihood changing project initiated in the region by Farm Africa.

The project targeting small-scale farmers is expected to gradually bring to an end a perennial famine and hunger in the semi arid county by helping families grow enough food for their own use and any surplus sold.

Farm Africa, which has promoted increased cultivation of dry land crops in the country since 2009, plans to spend over one million Euros donated by the European Union on the project which will run until 2016.

Ambitious

Dubbed, "livelihood diversification through sorghum and green grams value chains development project," the ambitious project aims to empower the peasant farmers and low come earners through increased income from small scale agricultural activities.

Raphael Kariuki, the program operations manager at Farm Africa, says the overall objective of the intervention is to promote sustainable livelihood diversification in the county aiming to strengthen the capacity of residents to mitigate the impact of hunger and recover from recurrent drought through a sustainable income generation.

"This project aims to support selected households grow enough quality food for both subsistence and commercial purposes to help improve their livelihoods," the manager said.

Working with farmer groups, the project will bring together 7,000 small-scale farmers from eight locations in Kitui County that were selected to be the first beneficiaries of the program after an extensive baseline survey by Farm Africa assisted by the National Drought Management Authority, before it was launched.

Cultivate

The eight locations are Ngomeni, Nuu, Mum-buni and Nzeluni in Mwingi while Nzangathi, Chuluni, Kyangwitya East and Mulango represent Kitui; areas considered ideal for cultivation of green grams, sorghum and other dry land crops in that region.

"We have launched this project in these eight locations and plan to extend it to cover other areas as well at a later date," said Godfrey Ouna, the Kitui County project coordinator.

So far, 40 new groups have been formed to help reach the target number where farmers will be provided with sorghum and green gram seeds alongside farm tools and skills to enable them develop the sorghum and green grams value chain in the project areas. After harvesting, Farm Africa will link the farmers to profitable commercial sorghum and green gram value chains for higher incomes for their produce.

Already they have identified 12 agents to support the value chain.

Increase

Production of the two crops is expected to increase by 40 per cent with post harvest losses expected to reduce by 20 per cent, unlike now where farmers register heavy losses during harvest of their farm because of using the wrong harvesting techniques and methods.

The farmers are also expected to register an improvement of 20 per cent in their income by collectively bulking their yields through 40 aggregation stores and two warehouses at the district level where pre-determined traders will buy the produce.

Farm Africa is also supporting the government's national policy for the sustainable development of arid lands by specifically strengthening market linkages between lowland and highland economies.

The aim is to enable small holders generate income that will improve their livelihoods through small scale farming activities.

"The Anti-counterfeit law is pushing for certified seeds. Our people who are using indigenous seeds (non-certified) will not be able to do so once this law takes effect."

— Gathuru Mburu, Coordinator of the African for Biodiversity Network

Grandmother's shock as daughter abandons twins

By YUSUF AMIN

The persistent cry of the three-month-old twin babies that were left by their mother who fled to Saud Arabia to look for a job is what welcomes any visitor to Mwandenges' home in Maya Village, in Ganze Sub County, Kilifi County.

The villagers, who always visit the home to see the pathetic conditions the baby are living in often comfort Mpa Mwandenge, the grandmother of the babies who were left by their mother in unclear circumstances.

Hope

A recent visit by this writer to the village also gave the grandmother a ray of hope that when the story is highlighted it would attract organizations, well wishers and leaders to come to the rescue of the babies.

The 50 year-old grandmother says her daughter Zawadi Mnyazi, aged 29, was residing at Shariani where she was engaged in small-scale business. Earlier on her daughter had informed her that she would travel to Saudi Arabia in search of a better paying job.

By then, Mnyazi had been complaining that she was going through tough times economically and that the only solution was to travel to the oil rich Middle Eastern country to look for a job.

But despite her mothers opposition, Mnyazi,

Habiba Ali and Amin Ali, defied her mother and left the children behind

Says a distraught grandmother: "My daughter ignored my advice on that Saturday in the evening, took the babies and handed them to a neighboring village wrapping them with 300 shillings in their napkins before running away."

Pursue

She was called by her neighbors to go for the babies, when she responded; she broke down and wept on seeing the grandchildren's plight.

"It is very painful. They are so and still need breast feeding to help them survive; I have never seen such an incident in my life, "the grandmother laments.

The villagers led by their village elder, Stephen Nguzo, have since the incident sent word around for anyone with information about her to alert the authorities, but it has been in vain.

When Mwandenge telephoned her on her cell phone, she responded and responded in few words: "Kwa-herini, atsunzeni anangu" which translated from Giriama means, 'goodbye take care of my babies.'

Those were the last words of the mother who left the three months twins and fled away to look for greener pastures.

The local administration and police were alerted and to take a quick action but they were unable to trace her whereabouts.

He said that early pregnancies in the area are to blame in such incident but also asked mothers to be carefully and give good advice to their girls in their early age.

"We should now cooperate and make sure that such incidents are not experienced in future, as this is very painful to these babies, they need care of their mother," he noted with concern.

The grandmother said that she is now using normal cow milk to feed the babies, but expressed fear that it may harm their health.

"The milk is not that clean and it has no enough nutrients like that of their mother, I need help," she said

A Care-Way Trust Organization that involve itself in children protection led by its chairman, Mwanza Mwangiri, visited the home and appealed to the children's department in Ganze to intervene for the rescue of the babies.

Protect

The official said that the organization was working on proper plans to ensure that the mother is returned to the country to take care of the babies.

The brother of Zawadi, Bernard Nyambu said that the life situation in the home is not good but she was not supposed to take such action.

Nyambu noted that he will try to help the babies although his income is low because of his



A woman holding her twin grand children who were abandoned by their mother in search for a better job in the Middle East.

Picture: Yusuf Amin

low paying job.

Ganze district Children officer Daniel Mbogo said that he is discussing with other leaders in the sub-county how they can rescue the babies.

At the same time, the officer urged girls to focus on their education and avoid early pregnancies that may lead to dropping out of school, early marriages among other problems.

Your days are numbered, Police Boss tells sex offenders

By ODHIAMBO ORLALE

The police will no longer use kid gloves with sexual violence perpetrators.

Inspector General, David Kimaiyo, says they will instead deal ruthlessly with such perpetrators saying that that he was concerned that cases of rape and defilement were still on the rise despite the passing and enacted of the Sexual offences Act, over five years ago.

The police boss said such cases were part of the on-going police reforms and assured the public that he had instructed his officers in all the 47 counties to ensure that suspects, whether they were parents of the victim or not, must not be allowed to reconcile with the perpetrators at the expense of the victim.

Perpetrate

Said the Inspector General: "It is sad to hear that cases of rape and defilement are on the rise despite the Sexual Offences Act being in operation. It is sad that the public are aware of the consequences of violating it but are not as active in fighting it as we expect."

He further said that "I know of a case which was reported in one of our police stations where the mother of a girl who was defiled went to the police station and pleaded with the OCS (Officer Commanding Station) to release her husband so that they could go home and reconcile."

Tough-talking Inspector General said the National Police Service Act was very clear that under the new Constitution sexual offences were between the State and the suspects and therefore the parties could not just meet behind the scene and say they have reconciled.

Kimaiyo, who addressing editors at a special forum to discuss the ris-



Inspector General, David Kimaiyo, while addressing editors at a special forum to discuss the rising cases of crime in the country. Picture: Odhiambo Orlale

ing cases of crime in the country, said the only cases that could be settled out of court between parties were personal ones like assault among others.

Address

During the forum, the Inspector General was flanked by one of his deputies, Grace Kaindi, the Director of Criminal Investigations, Ndegwa Muhoro, and the chairman of the Kenya Editors' Guild, Macharia Gaitho, who is an editor at Nation Media Group, among others.

The police boss said the gender desks set up in most police stations were there to help deal with cases of Gender Based Violence that have also been on the rise in the past few years. He directed his officers to deal firmly with GBV cases in urban and rural areas, saying most of the victims were women and children, who were vulnerable.

Other major reforms include: Establishment of the Kenya Association of Women in Policing to support female officer's professional development and networking. This is the first time this has been allowed; and development of a gender and human rights policy for the National Police Service.

But in his address, the KEG chairman took issue with the police for not doing enough as far as dealing with the rising cases of crime in general, and cited terrorism, car-jacking, road carnage, sexual offences and Gender-Based Violence cases.

Earlier during the question and answer session, Dorothy Kweyo, an editor at Nation Media Group, had expressed concern that the police were not doing enough as far as rising cases of rape, defilement and child marriages were concerned.

She said there were many GBV and sexual offences cases pending in court which were frustrating the

victims and their relatives because of bureaucracy, corruption and or incompetence.

In his response, Kimaiyo said: "All court orders must be executed by the police, who are the law enforcers. It is not a request. All cases falling under the Sexual Offences Act fall under the state versus the suspect and the complainant cannot just withdraw the charges. We do not promote cash reconciliation arrangements."

Indeed, a report by Gender Violence Recovery Centre says that sexual abuse is the most commonly reported form of abuse suffered by victims.

Sexual abuse the GVRC report says is the most commonly reported form of abuse suffered by victims. Between 2011 and 2012, of all the cases reported 2,532 were sexual and 422 physical violence, and of these 90 per cent of all reported cases of gender violence are reported by women and girls, 10 per cent by

men or boys.

"Women and girls bore the greatest burden of pain and suffering", says Grace Wangechi GVRC Executive Director regarding the report's findings.

According to statistics from the GVRC, 45 per cent of women between ages 15 - 49 in Kenya have experienced either physical or sexual violence with women and girls accounting for 90 per cent of the gender based violence (GBV) cases reported.

Similarly, one in five Kenyan women (21 per cent) has experienced sexual violence; strangers account for only six per cent of GBV in Kenya while 64 per cent of survivors of violence reported that the offenders behind their ordeal were known to them;

The report also showed that most violence towards women was committed by an intimate partner; and that 90 per cent of reported perpetrators were men.

Reveal

Meanwhile, the report revealed that cases of violence among men and boys were said to be relatively low although this may be because most of them go unreported mainly out of fear of ridicule and stigmatisation.

In his address, the Inspector general appealed to the public to treat the police as partners but not adversaries by reporting suspects and crimes within their neighbourhoods. He assured the public that the police service was committed to promoting reforms to deliver better and effective service them.

"When an offence has been committed, please do not keep quiet, report it so that we can take action. That is part of the many reforms envisioned by the National Police Service," Kimaiyo said.

Challenges abound in fight towards zero infections

By JOYCE CHIMBI

In early January 2008 during the post election violence that rocked the country after the disputed general elections, a man knocked at *Lucia Wakonyo's gate at Mathare Valley in the sprawling Mathare slums "he was calling out for my neighbor and I told him that my neighbor was not in. There was a lot of violence. He pleaded with me to give him refuge."

But when Wakonyo opened the gate, the sight that greeted him was not that of a man running for his life "he threw me to the ground and raped me. Two months later I discovered I was pregnant. Even worse, I had been infected with HIV/AIDS."

Attend

Wakonyo never attended clinic and delivered a HIV positive baby at the hands of a traditional birth attendant. But last year Wakonyo delivered a HIV negative baby, this time she attend antenatal clinic (ANC) and is one of the HIV pregnant women who was put on Prevention of Mother to Child Transmission treatment (PMTCT) in 2011.

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.

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.

"Out of the total estimated positive pregnant women in Kenya, 5 out of 10 pregnant women living with HIV did not receive antiretroviral



Continued unrest in the health sector has been blamed for the drop in PMTCT uptake.

Picture: Joseph Mukubwa

(ARV) medicines to prevent mother-to-child transmission of HIV," says Rangaiyan Gurumurthy, UNAIDS Senior Strategic Information Advisor in Nairobi.

Gurumurthy explains that this figure "excludes those HIV positive women [around 11 percent] who were on a single dose Nevirapine, as a single-dose regimen it [Nevirapine] may not be as effective as combination drug therapies. If you consider women on single dose Nevirapine this would mean that 6 out of every 10 pregnant women living with HIV did not receive ARV medicines to prevent mother to child transmission (MTCT) of HIV."

But George Omondi from local NGO Women Fighting AIDS in Kenya (WOFAK) told the Reject that "PMTCT program has been so successful that the country has shifted from 'P' to 'E' we no longer talk about prevention of mother to child but elimination of mother to child transmission of HIV (eMTCT)."

According to the Ministry of Health, eMTCT plan is anchored on the Kenya National HIV/AIDS Strategic Plan (KNASP III) which focuses on prevention of new infections.

Confirm

Acting Senior Director of Medical Services Dr Simon Mueke confirms that "indeed PMTCT uptake may have reduced but only during the strikes of doctors and nurses. Overall, PMTCT uptake has been on the rise."

Government statistics show that in 2012, an estimated 11,000 children acquired HIV from their mothers. According to local NGO Women Fighting AIDS in Kenya (WOFAK) "Although the figure is high, this was a 44 percent reduction from 23,000 new infections in 2009.

Kenya AIDS Indicator Survey (KAIS) 2013 shows that 92 percent of women who gave birth between 2007 and 2012 attended antenatal care (ANC) and that of those who were diagnosed with HIV at ANC,

90 percent received either maternal or infant antiretroviral prophylaxis to prevent mother-to-child transmission of HIV (PMTCT).

"KAIS is a national survey. The information [in KAIS] is among those pregnant women in the survey, how many of them tested for HIV and those testing HIV positive 90 percent received maternal or infant ARV prophylaxis," Gurumurthy explains.

Improve

Reproductive health expert Dr Joachim Osur says that "you cannot improve PMTCT coverage if maternal health services are not improved. Only about 41 percent of women nationally deliver in hospital. In some regions such as Nyanza and Western provinces, only about 25 percent of women deliver under the care of trained health attendants."

Government statistics show that an estimated 488 women die in every 100,000 live births but in the slums maternal deaths are as high as 700

deaths in every 100,000 live births.

"Not every woman who attends ANC accepts to be tested for HIV and to be recruited into the PMTCT program. The reasons for avoiding HIV test are multiple but stigma remains the key reason. Unfortunately health workers cannot force the test on women, it is their right to accept or refuse the HIV test," Dr Osur explains.

He further explains that there are pregnant women who visit the clinic only ones "they get tested for HIV but they do not even go back for the results. When a woman delivers at home, they cannot access the full PMTCT treatment. When a pregnant woman tests positive, there are certain things to be throughout delivery and after delivery. There are decisions to be made regarding treatment depending on how advanced the disease is."

Statistics by the Ministry of health shows that during pregnancy, about 5 to 8 percent of HIV-exposed babies become infected through transmission across the placenta while labour and delivery poses the greatest risk for transmission with 10 to 20 percent of exposed infants becoming infected at this time.

Further, the statistics show that when mothers breastfeed for 18 to 24 months another 10 to 15 percent of infants become infected. Thus, in non-breastfeeding populations, without ART, approximately 15 to 30 percent infants will become infected, with prolonged breastfeeding, 25 to 45 percent infants will become infected.

The National AIDS Control Council confirms that Kenya still has the fourth largest HIV burden in Africa after South Africa, Botswana, Zambia and Tanzania.

But Omondi remains optimistic that a reduction rate of MTCT of HIV to less than 5 percent among breast feeding populations or 90 percent reduction in mother to child HIV transmission rates by 2015 is still a realistic goal.

Alarm over rising cases of diarrhea among children

By MARY MWENDWA

About 86 children in every 1,000 births die every day from diarrhea related illnesses in Kenya, yet all cases of diarrhea are generally preventable and manageable.

According to Kenya Health Demographic Survey 2008 -2009, more than 1,500 children under five are reported to die of acute diarrhea in Kenya.

Diarrhea is among the leading killer of children under five years, along with pneumonia and pre-term birth complications.

Statistics

According to a WHO report, Diarrheal is a global killer and is responsible for claiming an estimated 760,000 children every year globally. It is most common in the developing countries of Asia and Africa where access to clean water, sanitation, and urgent medical care is limited.

The disease is believed to be a leading cause of child mortality and morbidity in the world, and results from contaminated food and water sources.

Worldwide, 780 million individuals lack access to improved drinking-water while about 2.5 billion lack improved sanitation.

According to UNICEF, major causes of Diarrhea in children under five years are: non-breastfed children, unsafe drinking water, food-poor hygiene practices and malnutrition.

On his part, Dr John Wachira, a consultant pediatrician, says: "Most children brought to health

facilities dead, are as a result of acute illness of which a third account for diarrheal disease. Diarrheal deaths in children under five years of age are a 100 per cent preventable."

The pediatrician says poor sanitation, poor hygiene (hand-washing) and lack of proper nutrition, especially food rich in zinc mineral, make children more susceptible to diarrhea.

Damage

"Zinc is a very important mineral for children's health; sadly it is not sufficient in most foods given to children. For example, beef has 37 per cent content of zinc, lamb 35 per cent, pumpkin seeds, cashew nuts, turkey and spinach have less than 20 per cent. Zinc helps to repair the damaged intestinal walls by the Rotavirus (a virus responsible for diarrheal disease)."

There are three types of diarrhea; acute watery diarrhea that lasts for several hours or days, and includes cholera; acute bloody diarrhea - also called dysentery; and persistent diarrhea that lasts 14 days or longer.

Diarrhea is caused by bacterial, viral and parasitic organisms, most of which are spread by faeces-contaminated water. Infection is more common when there is a shortage of adequate sanitation and hygiene and safe water for drinking, cooking and cleaning.

Rotavirus and Escherichia coli are the two most common agents of diarrhea in developing countries. Most children who die from diarrhea,



Women with their children waiting to be attended to at Mai Mahiu Dispensary, Nakuru county. Health facilities have recorded high number of diarrhea among children.

Picture: Carolyne Oyugi

are reported to have actually died from severe dehydration and fluid loss.

Children who are malnourished or have impaired immunity as well as people living with HIV are most at risk of life-threatening diarrhea.

"Many parents who have little or no formal education fall victims of misconceptions about teething in babies. Medically, teething has totally nothing to do with diarrhea," Dr John Wachira, a consultant Pediatrician confirms.

"Many mothers, even some who have gone to school, rely on their mentors or mothers to advise them on problems that are to be handled by medicines, for a example, teething."

Diarrhea can be managed by use of ORS (Oral Rehydration Solution) - A mixture of water, salt and sugar, which is cheaply and easily accessible. ORS, if well used reduces up to 50 percent of diarrhea cases. However, it's advisable to get the real sachet of ORS, rather than making the solution from home.

Stella Owano, a retired nurse advises that if the ORS solution is made at home, high chances of incorrect ratios and hygiene may not be observed during the process.

The nurse says that that could end up in serious infections as the baby has a weakened immunity

Continued on page 7

When a dream becomes a nightmare

By HENRY OWINO

For Juliana Auma, giving birth to a bouncing healthy baby was her biggest dream.

But her dream turned into a nightmare when she delivered her baby and was informed that she had a medical condition that would affect her for the rest of her life.

The medical personnel described that condition "spina bifida and hydrocephalus," which is caused by deficiency in iron and folic acid supplements (IFAS).

Looking back, Auma admits that her ignorance about IFAS contributed to the child's defects. She was in the dark and confesses that she did not have any information about the significance of IFAS during her pregnancy.

Auma found herself bearing a baby girl twisting itself with unstable spinal cord bones that did not form fully (spina bifida). On the other hand, the baby had an enlarged head that in medical terms is known as hydrocephalus (water in the brain).

Fear

She admits that she was shocked and scared to see her baby's condition and thought of it as either a taboo from her community for going against its cultural values or supernatural forces from witchcraft. But thanks to her positive mind and strong Christian background and belief she was not discouraged.

"When I gave birth to this beautiful daughter, I first thought it was a curse from my community. But after seeking guidance and medical attention, I came to realise that it was a disease known as spina bifida. A birth defect in which the bones of the spine (vertebrae) do not form properly around the spinal cord," Auma says.

She says the two conditions in her daughter, made her hate conceiving another child due to the fear of the same fate befalling her. However, after several medical trials in various hospi-

tals, Auma found solace at Kijabe Mission Hospital, in Nakuru County.

At Kijabe, she met Anne Mulwa, a nurse experienced in such disorders. The nurse gave her hope by assuring her of her baby's survival and even bearing more children in future without such abnormalities.

Looking back, Auma is glad that the nurse's advice has become a reality. Her daughter is grown up and becoming healthier day by day. She has a little baby boy born free of any defects as results of IFAS dosage consumption.

"I must admit that after 19 years of fear, today I have another bouncing baby boy whom I bore recently after my first born. He is doing well without any shortcoming or complications. I'm glad to say that IFAS helps and my advice to parents of such children is to bring them to Kijabe hospital," Auma says confidently.

However, Auma reveals that that during her ante-natal care visits, nurses provided her with the IFAS capsules but she never took them seriously. She also did not swallow all the capsules due to their small size and bad taste in the mouth.

Today the mother of two is a crusader of IFAS capsules to pregnant women and is the coordinator of people with or relatives of spina bifida condition at Kijabe hospital, Bethany Kids Department.

Auma is cautioning pregnant women to ensure that they take full dosage of IFAS at least 90 capsules as early as first day of conceiving.

She says it is the only way to curb high rate of newborn defects and mortality being experienced countrywide.

According to Anne Mulwa, Administrator, Kijabe Bethany Kids hospital, it is a haven on earth for children with special needs who are treated for free with funds from well-wishers.

Mulwa says there is need to educate



A pregnant woman displaying iron and folic acid supplements that she takes.

Picture: Henry Owino

and inform pregnant mothers on the importance of IFAS. She discloses that spina bifida occurs when spinal cord refuses to fuse within the first 28 days of conception.

She maintains that it is very painful to parents to have a child of such condition yet it is preventable by simple intervention of IFAS capsules given during ante-natal care in clinics. Women should insist on having the supplements in any public health facility they go to during pregnancy.

"In Kenya today, there are only two specialized neurosurgeons. I think one is at Kijabe hospital while the other is at Kenyatta National hospital. The latter is a Ugandan citizen who might decide to leave any time," Mulwa regrets.

According to Esther Kariuki, Senior Programme Officer, Micronutrient Initiative, the World Health Organization (WHO), she estimates that at least 40 per cent of pregnant women worldwide are anemic. At least half of this anemia burden is assumed to be due to deficiency in iron and folic acid.

However, there are other factors that also contribute to this newborn and child mortality rates. These are: vitamin 'A' deficiency, chronic inflammation, folate, parasitic infections and inherited disorders.

In Kenya, Kariuki says, the latest micronutrient survey done by National Micronutrient Survey (NMS) in 1999 indicates the prevalence of anemia among pregnant women to be between 46 per cent and 55 per cent among non-pregnant women. On the other hand, pregnant women who are deficient in iron and folic acid stand at 70 per cent.

Kariuki states that anemia is a leading indirect cause of high maternal and neonatal deaths. She observes that according to Kenya Demographic Survey 2008-09, maternal deaths increased from 414 deaths in every 100,000 live births to 488 deaths in every 100,000 live births. The neonatal deaths decreased marginally from 33/1000 to 31/1000 live births.

Cause

On his part, Dr Shahnaz Kassam Sharif, Director of Public Health and Sanitation, says low knowledge on effects and severity of anemia during pregnancy could be a major cause of child mortality in most hospitals. He said there is need to create awareness on folic acid, promote IFAS fortified foods and the consequences of anemia in pregnancy if left untreated.

Dr Sharif says that national policy, IEA supplementation for pregnant women is routinely delivered in all public health facilities. He clarifies it is done through Maternal and Child Health (MCH) clinics as part of Focused Ante-natal Care (FANC).

Dr Sharif however confirms that demand and uptake of IFAS is very low among the expectant women despite general availability of the supplements at for free in all public health facilities.

Auma is among the thousands of women in the country who either give birth to babies with defects or lose them soon after delivery or later in less than five years. This is due to complications developed some of which can easily be

prevented during pregnancy period.

Every region has a leading contributor to mortality and morbidity of children before their fifth birthdays. These could range from lack of timely and adequate medical care, nature of environment, culture and religious beliefs to education level of the mother.

Advice

Nutritionally, pregnant women are always advised to take lots of foods rich in iron to help them in blood production and oxygen circulation. For example, these nutrients are locally found in liver, fish, milk, leafy green vegetables, fruits, dried beans, peas, nuts, enriched breads, cereals and other grain products.

Nutritionists recommend that every pregnant woman take these nutrients to boost their blood volume in preparedness to delivery. Blood loss is the most common cause of iron deficiency and more so to women when they deliver.

This is mostly common to first time child-bearing women who are advised to take lots of iron-rich foods to boost large volumes of blood in advance. Its deficiency leads to anaemia.

Another vital nutrient for any expectant mother is folic acid which is a B vitamin that helps the body make healthy new cells. Everyone needs folic acid and more so women who may get pregnant to help in special bones formation of foetus.

Getting enough folic acid before and during pregnancy is very important as it helps in preventing major birth defects especially of a baby's brain and spine. Yellow fruits, tomatoes, citrus fruits and all legumes are very good sources of folic acids.

Nutritionists and pediatricians advise to all pregnant women is to take iron and folic acid as dietary supplement if the food eaten, do not have enough of it. The purpose is to boost blood production and have it plenty during delivery.

Kenyans should protect chimpanzees

By JOSEPH MUKUBWA

Kenya Wildlife Service has called on Kenyans to protect primate animals mostly chimpanzees as conservationists celebrated Dr Jane Goodall's 80th birthday.

Laikipia County deputy warden Vincent Ongwae said chimpanzees are endangered in some countries where poachers kill them for bush meat and so should be protected.

Ongwae also said that most Kenyans like enclosing the animals in cages as pet animals but they should be let to stay in forests so that they can freely move and associate with other families.

Guard

"There is need to protect the natural resources and wild animals like these. Forests or national parks which are heavily guarded are good for such animals like primates instead of putting them into cages," he said.

Ongwae was speaking at Ol Pejeta Conservancy in Laikipia County recently during the 80th birthday of Jane Goodall. Her work revolves around inspiring action on behalf of endangered species, particularly chimpanzees and encouraging people to do their part to make the world a better place for people, animals and the environment.

The conservancy administrator Samuel Muti-

sya said the conservancy has about 40 chimpanzees which are used as platforms for sensitization although they also attract tourists. He said chimpanzees don't like to be caged since they are wild animals just like other primates like apes, baboons and monkeys.

Jane Goodall Institute Kenya chairperson Alpana Patel said forests is a safe haven for the chimpanzees adding that Goodall was mostly involved in transporting of the animals from Burundi and Rwanda after the 1994 civil war.

Target

"We are targeting children in sensitizing them about chimpanzees so that when they grow up, they would be able to educate others. At a young age they are able to learn to protect our heritage and our environment," said Patel.

In July 1960, Jane Goodall began her landmark study of chimpanzee behavior in Tanzania. Her work at Gombe Stream would become the foundation of future primatological research and redefine the relationship between humans and animals.

In 1977, Goodall established the Jane Goodall Institute, which continues the Gombe research and is a global leader in the effort to protect chimpanzees and their habitats.

The Institute is widely recognized for innovative, community-centered conservation and de-



Dr. Jane Goodall with one of the chimpanzees that she has helped conserve over the years. Picture: Courtesy

velopment programs in Africa, and Jane Goodall's Roots & Shoots, the global environmental and humanitarian youth program.

Action

Goodall founded Roots & Shoots with a group of Tanzanian students in 1991. Today, Roots & Shoots connects hundreds of thousands of youth in more than 120 countries who take action to make the world a better place for people, animals and the environment.

Dr. Goodall travels an average of 300 days per year, speaking about the threats facing chimpanzees, other environmental crises, and hopes that mankind will solve the problems it has imposed on the earth.

Dr. Goodall's honors include the French Legion of Honor, the Medal of Tanzania, and Japan's prestigious Kyoto Prize. In 2002, Dr. Goodall was appointed to serve as a United Nations Messenger of Peace and in 2003; she was named a Dame of the British Empire.

Maligned for too long herbalists demand recognition

By HENRY OWINO

Traditional healers, also referred to as herbalists, have come out strongly to challenge doctors to justify why they are not treating neglected and emerging diseases.

They argue that conventional medicine experts are running away from treating old and known health challenges.

According to Dr Jack Githae, traditional health practitioners (THPs), scientists and medical experts must tell the public why they are still unable to get a cure for tropical diseases.

Practice

Tropical diseases are illness mainly caused by organisms such as bacteria and viruses in the temperate climate zones. Many familiar viral and bacterial diseases are spread directly from person to person, by airborne routes of transmission or through sexual contact.

In the tropics, respiratory diseases such as measles, respiratory syncytial virus, tuberculosis and sexually transmitted diseases are also of great importance.

The herbalist insists that traditional medicine have proved that it cures most dreaded and emerging tropical diseases on earth.

The list includes cancer, diabetes, hypertension, asthma, tuberculosis, epilepsy, rheumatoid arthritis, fibroids, HIV/Aids, women diseases among others.

Other herbalists present during the interview were; Boniface Ndura, Chege Ndua, Dr Evans Taracha, Dr Festus Tolo, acting Head of Traditional Medicine and Drug Development Programme, KEMRI, and Prof Julius Mwangi of University of Nairobi.

Dr Githae said his personal interaction at high level with World Health Organization (WHO) and UNICEF had proven that there is no resistance that has been experienced with their herbal drugs. He added that even the composition of the herbs has been re-

tained within medicinal plant for any disease virus to develop resistance.

"Our herbs are plants-extracts which are natural and active, so no disease virus can withstand its efficacy and instead it kills it and the patient gets healed. This is a fact and scientists can attest to it," Dr Githae says.

The herbalists, scientists and clinicians fraternity were speaking in a symposium at the Fourth Annual Scientific and Health Researchers' Conference held at Kenya Medical Research Institute headquarters in Nairobi.

The three-day forum attracted over 200 participants drawn from various health institutions.

Earlier, Dr Maina Mwea, herbalist, said before the advent of modern medicines, people were treated using herbs extracted from flora to cure various diseases. He however, regretted that presently there is reduced reliance on traditional healers like him.

Treat

Dr Mwea recalled that African traditional healers used to administer first aid, treat any condition and heal victims of all sorts of sickness. But today, he regrets that they are being blacklisted and branded as witchdoctors.

"Let me clarify here that every tribe has got their own name for a doctor in their original dialect. For example, Luo-Ajuoga, Kamba-Mundu mue, Gikuyu-Mundumugo, Bukusu-Omsilikhi, Maragoli-Omusali. So, when Western medicine came to African, we welcomed it and emulated their tongue and culture yet in the process disowned our own," Dr Mwea says.

The herbalist maintained that their products were one hundred percent organic herbs unlike the Western products which have gone through some processing making them have side effects on the human body.

However, he was quick to clarify that he does not dispute Western medicine, saying he believes that importance of herbs should not be downplayed.



Boniface Nduru and Dr Maina Mwea, a traditional doctor exchanging contacts. Traditional doctors want to be included actively in the health sector. Picture: Henry Owino

Dr Maina said despite their products being used by patients of different blood groups for various sicknesses, they rarely receive feedback from their patients of side effects. The traditional herb expert reiterated that their drugs are not toxic but effective.

"Our drugs have been used since time immemorial to cure various diseases and they are still valuable and worthwhile in the treatment of the same and new emerging diseases. The compound ratio remains the same and this makes it safe unless misused," Dr Maina says.

But he raised a red flag saying herbalists were aware of infiltration of quacks into the profession some who make concoction and sale them to patients at all costs without bothering to test and have them approved by the relevant authorities.

Experience

Dr Maina said such rotten eggs were everywhere and in almost every profession.

He advised the composition of the drugs should remain the same and even the prescription regardless of the disease. But quack herbalists

are always after quick money without considering their experience and the history of the patient's disease.

But Dr Phelgona Otieno, Senior Research Officer, KEMRI, CCR differed with the herbalists and said modern doctors are guided by law. She added that conventional physicians prefer using pharmaceutical products that have gone through scientific testing in its development.

Dr Otieno emphasised that as much as traditional medicine are important, conventional drugs are healthier.

Dr Otieno said modern medicine may be more expensive than traditional herbs because of the kind of research it undergoes and packaging. She challenged the herbalists to come up with attractive packages that were well labeled for ease of display and to export them abroad.

"I think there is need for public and private partnership integration for the wider application of the medicinal herbs which cannot be ruled out. As scientist, I stand firm on proper research and proven test for anything that can be used for treatment," Dr Otieno clarifies.

She welcomes the herbalists to the

department at KEMRI and urge them to forge ahead for benefit of their patients.

Benefit

However, Dr Githae disagreed saying that packaging was a Western style of sabotage to herbalists. He explained that package makes the cost of drugs expensive yet most herbalists are not rich as they depend on the sale of the herbs for a living.

Dr Monique Wasunna clarified that London Declaration 2012 is to eliminate, eradicate and control all neglected tropical diseases at national and international levels by 2020. She therefore anticipated the involvement of herbalists with their medicinal herbs in the near future and scientists for a common purpose.

There is a need for the 47 Counties in the country to secure botanical garden. Again it is high time Kenya government comes up with a National Botanical Garden to preserve medicinal plants.

But Dr Wasunna lamented that environmental degradation was taking its toll on acquiring herbs from the forests parts of the country.

Alarm over rising cases of diarrhea among children

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system during diarrhea.

Oral Rehydration Therapy (ORT) is another intervention for diarrhea in children under five years. Fluids such as breast milk, rice water mixed with salt, soups and cereals prevent and treat diarrhea-related complications.

Use of Rotavirus vaccine blocks diarrhea disease among children. However, Kenya as a country, is not offering the Rota Virus Vaccine within its public health facilities. PATH international, an international organisation addressing health issues notes, increased priorities placed on other diseases, decreased awareness on diarrhea and insufficient knowledge of the disease among government officials, as a threat towards preventive measures.

Rwanda and Ghana are some examples of African Countries offering this vaccine. Health workers in Kenya believe if this vaccine is availed to the public hospitals at no cost, many deaths will be prevented.

According to the health experts, this vaccine can reduce up to 60 per cent admissions and 100 per cent deaths.

Dr Wachira: "Technically, it's a matter of prioritization here in Kenya's Health system. The government says it's not in a position to invest in diarrhea vaccine due to limited funds. In private hospitals Rotavirus vaccine goes for averagely, Shs3, 500, an amount which not many Kenyan families can afford to part with, as an effective preventive measure against diarrheal disease.

County governments are better placed to spearhead national health policies that would help reduce deaths among children. They need to provide safe drinking water, manage their wastes properly, promote use of Zinc supplements and foods rich in zinc, educate people on various health issues, train their health workers, invest in vaccines and to vigorously promote hand washing among its people.

Dr Wachira points a critical area: "Counties need to conduct their own

research to help them understand their priority areas. There have been cases where some counties don't even understand what is on their priority list; they depend on the central government and other national studies to base their reports on."

Due to socio-economic challenges, many families, especially those with very low income, are not in a position to give their children food rich in all nutrients vital for the body's health.

Recommend

Studies reveal that women who are illiterate have high chances of having their babies suffer from diarrhoea. They have less information on how to practice proper hygiene while handling their babies.

Similarly, mothers with more years of schooling have a one percent higher probability of using recommended treatment than those with fewer years of schooling. On the other hand, women with more years of schooling have 0

percent lower chances of not using any treatment for childhood diarrhea than mothers with fewer years of schooling.

A mother's level of education is important not only for recommended treatment but not for other types of diarrhea treatment.

According to a report 'State of the world mothers 2013' new born mortality rates have declined in all regions of the world, progress has been slowest in the regions with the highest rates, especially sub-Saharan Africa. Because of this, the gap between rich and poor countries continues to increase.

As a whole, the developed world has seen a 2.7 percent reduction per year in newborn mortality. This is twice the reduction seen in sub-Saharan Africa (1.3 percent per year) and 50 percent higher than that seen in South Asia (1.9 percent per year) from 1990-2011.

Kenya's Demographic and Health Survey, 2008-09 reveals that; dehydration caused by severe diarrhea is a major cause of morbidity and mortality

among children under 5 years, although the condition can be easily treated by Oral rehydration therapy.

Rank

The report indicates that Coast province is having the highest cases of diarrhea while Nairobi was recording the lowest prevalence. The report further pointed that use of contaminated food, unhygienic practices in preparing food and disposal of excreta, as major causes of diarrhea.

However, the prevalence of diarrhea varies with seasons. The use of zinc for diarrhea treatment among children raised concerns.

Despite the introduction of use of zinc supplements in Kenya since 2006, it is disconcerting to note that less than one percent of children with diarrhea are given zinc supplements.

For Kenya to achieve its millennium development goal of reducing child mortality, diarrhea has to be prioritised in her health strategic plans.

Poor diet and environment blamed for child mortality

By HENRY OWINO

Rising cases of child mortality of children below five years has been blamed on poor nutrition and various infections and diseases.

For instance, in Nyanza and Coast Regions, Malaria is a major cause of child mortality among other diseases.

The two regions are known to have a conducive environment for mosquitoes-breeding leading to a prevalence rate in those areas of above 25 per cent per year, which is very high.

In Eastern and North Eastern regions the major cause of child mortality is linked to inaccessibility of health facilities due to the distance to reach the few health facilities in the area.

Yet in other places, it is due to religious beliefs and cultural values by some communities that are opposed to conventional medicine.

Ignorance and lack of information among mothers also contributes greatly to maternal mortality in some communities.

But, regardless of all these reasons, early child mortality could be minimized if certain simple interventions are adhered to.

According World Health Organization (WHO) more than a third of children's deaths and 11 per cent of the total disease burden worldwide, are due to maternal and child under-nutrition.

Nourish

Prof Ruth Nduati, chairperson of the Management Board of Kenya Medical Research Institute (KEMRI), says proper feeding of a new born is essential for its survival and developments.

The chairperson says proper nourishing in the first two years is critical, healthful and beneficial to the child's brain developments. She says a child that is not well-fed at that stage; usually have problems later in life especially their intelligence quotient (IQ).

"The human brain grows mainly in the first 2 years of life. Malnutrition during this period of time interferes with brain growth. If nutrition status is restored by age 3 years of life the child may recover," Prof Nduati maintains.

The official cited a number of studies, largely done in South America and the Caribbean that followed children with malnutrition long-term

and shows the sustained loss in cognitive performance into adulthood.

"There are also various local nutrition studies, late Prof Bwibo led research in Embu County, which looked at the impact of nutrition on cognitive performance and learning in school age children. The long term studies showed that the child had poor performance in primary school and reduced earning in adulthood," Prof Nduati explains.

The Kenya Health Demographic Survey (KHDS) for more than 20 years shows that one in every three children aged 5 years have moderate to severe stunting.

Perform

"We can then make the statement regarding the ability of fellow Kenyans. We are not all performing at our best potential because of poor nutrition in childhood. For the girls the stunting means their pelvis does not develop optimally presenting a challenge in child birth- obstructed labour and increased need for operative delivery," Prof Nduati says.

Indeed, studies show that good nutrition assists in growth and thus avoids wasting and stunting growth of children. She says that girls need to be fed even more with proteins and a balanced diet to help them gain height and for pelvic enlargement.

"Obstructed labour in delivery is one of the major causes of new born deaths which can easily be avoided. It is the root cause of fistula among many women whose treatment is absolutely expensive though manageable at Kenyatta National Hospital," she said.

However, for men it is okay even if he is short since height does not matter for them in reproduction but may need lots of carbohydrates due to their role.

Vaccine

The scientist cautions that if one has undeveloped brain, if affects decision they make and may infiltrate to his offspring. She recommends parents to feed children with highly nutritional foods in order to avoid disappointments and regrets later.

Immunisation is another simple intervention that mothers should ensure that their babies are vaccinated against certain diseases.



A baby being examined at a post natal clinic. Mothers are encouraged to visit pre-natal and post-natal clinics for advice on how to keep their babies healthy.

Picture: Henry Owino

This is critical and every mother is encouraged to visit a health facility at least four times beginning the third month of her pregnancy.

It is during pre-natal care that any health risk on the foetus and mother is identified and prevented accordingly. However, research indicates that most pregnant women visit health clinics ones or twice risking their lives and that of the foetus.

If possible, all deliveries should be in a health facility. For the past year, the Jubilee Government has introduced free maternal services at all public health centres and hospitals.

Pregnant women should take advantage of this service to avoid deaths caused by complications during delivery; others are developed at the hands of traditional birth attendants (TBAs) most of who are unable to handle complicated deliveries.

It is during the post-natal care visits at the clinics that babies get necessary immunisation required to curb certain diseases preventable by vaccination. Though others, like polio, may come much later in life, it is always administered to children below age five.

Another intervention is hand-washing using sanitisers to kill germs that might infect babies. It is simple but ignored in curbing child mortality. Babies are vulnerable to forensic and contaminated objects or bodies predisposed to them.

These germs are microscopic and cannot be easily seen by the naked eye and highly infectious. Most diarrhea among children is due to germs picked by hands and transmitted to the

mouth either by chewing or eating.

It is advisable for mothers to always wash their hands with soap before touching and feeding their babies, especially after handling, clothes, kitchen cutlery and crockery. Clothes and household equipment carry germs and after touching them, it is necessary to clean hands with disinfectant.

Even before breastfeeding, a mother should clean up her breasts using warm water if she suspects to have sweated or passed through bad air.

Another simple intervention is to promote exclusive breastfeeding for at least six months to boost the child's immunity system to prevent him/her from diseases. Breastfeeding the baby with mother's milk for the first six months has been approved as the best method of guarding babies against some infections.

Breastfeed

Working mothers are advised to express milk from their breasts and leave it behind with house-helpers. Some carry babies with them to their working stations to breastfeed at their own pleasure. This is after expiry of their maternal leave which should not be less than three months after delivery.

Some organisations have designated rooms for breastfeeding mothers to take care of their babies as they work during the day.

Other measures that could also help are clean and safe environment, warm clothing and regular clinic visits where early warnings could be diagnosed by nurses.

A journalist's trip to hell and back covering Mt Elgon

By ABISAI AMUGUNE

The period was traumatising. It lasted for almost two years before the government intervened and restored law and order in the volatile Mt Elgon region in Western Kenya.

What had started as a group of radical youths unhappy with the way the government was handling land and other issues in the area, transformed into a militant and secessionist group causing terror to the citizens and the security forces.

They called themselves the Sabao Land Defense Force (SLDF) in 2006 and operated within Chepkukur forest in Mt. Elgon district.

Rebel

The youth, mostly secondary school dropouts and Form Four leavers, had united with the aim of protecting what they described as "our ancestral land."

The group armed itself with sophisticated weapons which included firearms and grenades, had come up to guard against phase III of the controversial Chepyuk settlement scheme, which they said had been allocated to "outsiders".

So, it turned out one person was

killed in the land dispute and as a journalist I had no option but to tell the world of the daily happenings there.

The security forces were unhappy with my covering and highlighting stories of the terror, fear and massacres that were the order of the day in the district that borders Uganda.

The then District Commissioner, Kutswa Olaka, asked me to give the first killing of an innocent citizen in that area a blackout.

Condemn

But after ignoring their pleas, the story was highlighted by the media.

The security agencies condemned me for the stories and even grouped me as a sympathizer of the terror "boys".

For a start, I was arrested and detained for two days, but later released without being charged or arraigned in a court of law.

This, however, did not deter me from pursuing the unfolding stories in the Mt. Elgon war zone and its environs.

As fate would have it, the Anglican Church of Kenya (ACK) officials from Eldoret volunteered to sponsor me to conduct interviews with the victims of rape, murder, eviction and

harassment.

Together with an ACK official, Samuel Rirei, we travelled inside Mt. Elgon forest where residents were being illegally taxed in return of security offered by the SLDF members.

The new DC, Mohammed Birick, telephoned me on my mobile phone and directed me to give the stories a blackout citing security concerns. He later summoned me to his office where he ordered for my detention. Terror

I was then held incommunicado for one week before Bungoma based human rights officials intervened and had me released later.

I can vividly recall that by February 10, 2008, at least 10 people who had voted for President Mwai Kibaki's PNU Party, were killed since the area had been declared an ODM zone.

Fred Kapondi had by then been between one police station and another for fighting for his people's land rights among others. He had been nominated to vie for the Mt. Elgon seat on an ODM ticket and was later elected MP.

As my security and life became endangered, I was forced to relocate from Mt Elgon to stay in Bungoma, in Bungoma County, while my family members took refuge in Eldoret,

in Uasin Gishu County.

At one time while on a news beat, I was arrested by a group of armed SLDF soldiers who accused me of being a spy and a betrayal to the Sabao people.

They interrogated me on why I had exposed them to ridicule through the media, but I denied all their allegations saying I was a professional who was doing his duty.

They were upset that in my news reports I had referred to them as "criminals."

On that same occasion, I saw 10 men and women who had been arraigned before the SLDF kangaroo court, convicted and taken elsewhere for the final conviction. Some were hacked to death in my presence.

Trauma

During the ordeal, I was traumatised to the core and was lucky to be saved by the spokesman of SLDF, John Kanai, after he identified me as his fellow member of the church.

I was repeatedly warned by the kangaroo court officials of dire consequences should I share my experiences with activists of human rights bodies and government agencies.

As I was heading for my freedom,

after being pardoned by the SLDF court, I bumped into a patrolling group of security officers.

One officer, an Administration Policeman, aimed his gun at me and fired, mistaking me for a member of SLDF. I pleaded for innocence as I carried my arms in the air, ready to surrender. For the second time God was on my side again with an AP identifying me and asking his colleagues to spare me from being a victim of a shoot-to-kill order at that time saying I was a member of the fourth estate.

They later escorted me to Cheskak police station in Cheptais district in Bungoma where I was released and allowed to go to my home.

All this time, my former employer did not give me any support just because of having engaged me as a mere correspondent. I was not treated for the trauma and sufferings I underwent as a journalist either.

I never concentrated on my family life. My wife and children kept on moving from one place to another for the sake of their safety and lives.

Throughout this period, I used to spend most time in latrines and toilets to avoid attack. The military had also banished the media from operating in Mt Elgon district.

Ambitious slum upgrading program means more than constructing better houses

By CAROLYNE OYUGI

When over 1,000 families who were residents of Kibera slum, in Nairobi, moved to the new houses built by the Kenya Slum Upgrading Program (KENSUP) behind Langata Women's Prison, in Langata, in 2009, they were very excited, and full of hope that their lives would change for the better.

At least they lived in a permanent concrete houses that had security and constant water supply. They also had a spacious playing space for their children and a parking area for those who needed it for their vehicles.

The subsidised rent of Shs 1,000 per room that they paid per month also covered utilities. Shs 500 was for rent, Shs 200 for water and Shs 300 for electricity. There were other services too that were paid by the Ministry of Housing and also by UN-HABITAT.

Upgrade

Those services included cleaning of the compound, the stairs, garbage collection, and paying the security of officers at the main gate.

The new residents relocated there from the slums and had their previous houses demolished to make way for another phase of the high rise flats.

But not every one who was allocated those houses moved in. Some rented their houses and went back to the slums while others, who got more than one room, ended up sub-letting one room to earn an extra shilling and survive.

Not all has been rosy, though. One of the residents, Mary Awino, reveals how she had to report her neighbor, who was brewing some traditional brew in their court, for violating the tenancy agreement. She was investigated found guilty and sent packing by the authorities.

"She is not the only one, others have been evicted for failing to pay rent for as long as one year," Awino says.

KENSUP has the goal of improving the livelihood of 5.3 million slum dwellers in Kenya by 2020. The programme was initiated in 2001, and by 2003, a Memorandum of Understanding was signed between the Government of Kenya, UN-HABITAT and City Alliance outlining a strategy for project implementation.

Change

According to the Ministry of Housing, KENSUP will use housing cooperatives as the means by which the community will access and define ownership of the new housing development. It was launched in Soweto and Mavoko, and is facilitated through the Ministry of Cooperative Development and Management.

As time went by life in those Kibera houses started changing and things moved from bad to worse. First the ministry changed the power supply from post-paid to pre-paid.

Rent was therefore reduced from Shs1,000 to Shs 700 and every tenant ordered to pay for their own utilities.

According to the estate overseer, (???? Name) the bill was becoming too much for the ministry and people were misusing electricity.

"People should stop using electric coils to cook or else we will confiscate all of them" he said in one of the estate meetings.

Then the residents started experiencing water rationing and eventually



serious water shortage while across the road the water kiosks operators and vendors were doping roaring business.

"There is a time we had no water in the estate for two months and the day we threatened to have a demonstration and invite the media, water supply was back for the next two weeks," Said Jane Mwendwa, a resident of the estate and a mother of two.

When Reject reporter visited the estate recently, the residents complained that they had not had a drop of water from their taps for the past month.

Sub-standard

The estate has also become a garbage dump with a foul smell everywhere because the garbage collectors have not been paid for four months.

The drainage system is another nightmare. As you approach the gate you can not ignore seeing an open sewer flowing freely next to the office where the residents pay rent.

This state of affairs has been on since the beginning of this year, the residents claim.

According to the estate officials, the sewage belongs to Langata Women's Prison and reaching an agreement on how to stop the flow has hit a brick wall.

The residents fear that a major disease outbreak is in the offing because of the water shortage and overflowing sewer, unless action is taken to address the problem urgently.

"Our children play around others even touching the raw sewer content oblivious of the dangers they are exposing themselves to. The worst part is we have been complaining to the Housing Ministry yet no action is being taken," said one of the residents who requested anonymity for fear of intimidation.

Some of the buildings were also built using substandard materials. A tour around the bathroom will leave you very worried.

The floors have chipped off and there are a few cases where water lit-

erally leaks from one bathroom to the one below it. Some of the stair cases are also exposing metals after all the cement and sand weathered away due to unprofessional workmanship.

Cases of insecurity have also been on the rise. These are from petty crimes such as stealing of clothes from the drying lines to house breaking and mugging of residents.

There have also been two cases of robbery where the estate office was broken into and computers and documents were stolen.

The residents are expected to move into their new houses later this year though no specific date has been given by the ministry. The most recent phase of Kibera slum upgrading project has 900 housing units, 230 business stalls, a nursery school, a social hall, a youth centre, three solid waste handling sheds, toilet blocks and a boundary wall.

This massive project is supposed to improve lives of the current residents of Soweto village, within Kibera slums. Previous similar projects have however raised major questions on their success in terms of benefiting slum dwellers and contributing towards ridding our cities off slums.

Concern

Considering the fact that beneficiaries of such projects usually end up renting out their houses while they find their way back into the slums, what these projects achieve therefore is slum relocation, not upgrading.

According to a recent article published by Build Design, the key concerns for the majority of the slum dwellers, included improved road networks, proper drainage systems, good sanitation, improved security and better incomes.

Their reasoning is simple; they live in slums since they cannot afford better houses which were available elsewhere. If their life status improves, they would move to better homes and



Above: vendors selling food and children playing oblivious of the heap of garbage around them. Below: a raw sewer that has been flowing for months. Garbage collectors at the Decanting Site in Kibera have not been paid for several months hence the residents have to bear with the health hazard. Pictures: Carolyn Oyugi

residential estate

Landlords who do not have legal ownership of the land they hold can not make huge investments in house construction with the uncertainty that comes with such a state of affairs.

Build Design therefore concludes that the above issues should have been addressed as a priority. Only then could the government move to the next level

involving construction of houses. At this point, they could choose to engage directly through National Housing Corporation or City Councils. They could also engage private developers by giving them incentives and subsidies.

Residents of KENSUP are now appealing to the Government to assess their problems and solve them as soon as possible.

Global planting of Biotech Crops on the increase

By CAROLYNE OYUGI

A new study shows that more than 18 million farmers in 27 countries planted biotech crops in 2013.

That reflects a five million, or three percent increase in global biotech crop per hectare according to the International Service for the Acquisition of Agri-Biotech Applications' (ASAAA) report.

Last year marked the first-ever commercial plantings of the drought-tolerant biotech maize in the United States.

The report says that the Global biotech crop hectareage increased from 1.7 million hectares in 1996 to over 175 million hectares in 2013.

Increase

During that 18-year period, there was a more than a 100-fold increase of commercial biotech crop hectareage that was reported.

The United States continues to lead global biotech crop plantings at 70.1 million hectares or 40 percent of total global hectares.

According to Clive James, author of the report: "Accumulated hectareage of biotech crops planted worldwide to-date stands at 1.6 billion hectares, or 150 percent of the total landmass of China."

The expert, who doubles as the ISAAA Founder and Chairman Emeritus, says that each of the top ten countries that planted biotech crops in 2013 planted more than one million hectares, and thereby provided a broad foundation for future growth.

The report says more than 90 percent, or 16.5 million, of farmers planting biotech crops are small and resource-poor.

Of the countries planting biotech crops, eight are industrial countries and 19 are developing countries. For the second year, developing countries planted more hectares of biotech crops than industrialised countries, representing confidence and trust of millions of risk-averse farmers around the world that have experienced the benefits of these crops.

Develop

On the other hand, substantial developments in 2013 include:

In Africa, Burkina Faso and Sudan increased biotech cotton hectareage by an impressive 50 percent and 300 percent, respectively.

Also, seven additional countries are conducting biotech crop field trials as the penultimate step to approval for commercialisation.

These countries include: Cameroon, Egypt, Ghana, Kenya, Malawi, Nigeria and Uganda.

The Philippines is nearing the completion of its field trials with Golden Rice.

The lack of appropriate, science-based, cost- and time-effective regulatory systems continues to be the major constraint to adoption in Africa (and across the world).

Between 1996 and 2012, biotech crops have made positive contributions through: decreased production costs and increased productivity (estimated at 377 million tons) valued at US \$117 billion; environmental benefits by eliminating the need for 497 million kg of pesticides; reduced CO2 emissions by 27 billion kg in 2012 alone (equivalent to removing 12 million cars from the road for one year); conserving biodiversity by saving 123



A farmer attending to his genetically modified cotton farm in Bobo Dioulasso, Burkina Faso. Developing countries are slowly embracing biotech crops due to political goodwill. Picture Carolyn Oyugi

million hectares of land from being placed in agricultural production during the period 1996 to 2012; and alleviating poverty for 16.5 million small farmers and farm families, totaling more than 65 million people.

By the numbers, United States continued to be the lead country with 70.1 million hectares, with 90 percent adoption across all crops.

Rank

Brazil ranked second for the fifth consecutive year, increasing its hectareage of biotech crops more than any other country – an impressive record increase of 3.7 million hectares or 10 percent from 2012.

Argentina retained its third place with 24.4 million hectares. India, which displaced Canada for the fourth place, had a record 11 million hectares of biotech cotton with an adoption rate of 95 percent.

Canada was fifth at 10.8 million hectares with decreased plantings of canola but maintained a high adoption rate of 96 percent.

The study says that nearly 100 percent of farmers who try biotech crops continue to plant them year after year, the report says.

Given the importance of drought

on crop productivity, exacerbated by climate change, drought tolerance is judged to be an important development.

"Biotech crops are demonstrating their global value as a tool for resource poor farmers who face decreased water supplies and increased weed and pest pressures – and the effects of climate change will only continue to expand the need for this technology," said James.

Biotech drought-tolerant maize technology has been donated to Africa through the Water Efficient Maize for Africa (WEMA) project, a public/private partnership by Monsanto and BASE, funded by the Bill Gates and Buffet Foundations and implemented through the International Maize and Wheat Improvement Center (CIMMYT) in Mexico and Kenya-based African Agricultural Technology Foundation (AATF).

Expect

Planting of biotech drought-tolerant maize in Africa is expected in 2017. Drought is the biggest constraint to maize productivity in Africa on which 300 million Africans depend for survival.

"China has already experienced the benefits of biotech cotton for fiber, and

could also benefit from biotech maize through increased and improved grain production for animal feed," said James. "China could also benefit from the approval of biotech traits for rice, the staple food crop in Asia."

Growth in developing countries continues to expand. Latin American, Asian and African farmers collectively grew 54 percent of global biotech crop hectares (up two percent from 2012), thereby increasing the hectareage gap between industrial and developing countries from approximately seven to 14 million hectares between 2012 and 2013, respectively.

South America collectively planted 70 million hectares or 41 percent; Asia collectively planted 20 million hectares or 11 percent; and Africa collectively planted just over 3 million hectares or two percent of the global biotech hectareage.

"Growth in industrial countries and mature markets in developing countries continued to plateau in 2013 as adoption rates were sustained at 90 percent or more, leaving little room for expansion," said the expert.

Attribute

"During the past year, growth was led by developing countries, namely Brazil, which posted an impressive 3.7 million hectare or 10 percent increase, reaching 40.3 million total hectares. During the next year, growth is expected to continue in developing countries – and Brazil will continue to lead the way, consistently closing the gap with the United States."

Success in developing countries can often be attributed to public-private partnerships. For example,

Brazil, in cooperation with BASF, has developed and approved an herbicide-tolerant soybean that is ready for commercialisation, having successfully completed all steps necessary for development and deployment of the product. Such partnerships instill pride which generates confidence and incentive necessary for success.

EMBRAPA in Brazil, using entirely national resources, has also developed and achieved approval of virus-resistant beans, which is an important contribution to sustainability.

Developing countries have demonstrated the political will-power to approve new biotech crop traits, the report says.

In 2013, the approvals included: Bangladesh which approved its first biotech crop, biotech eggplant (Brinjal), developed through a public-private partnership with an Indian company, Mahyco.

Bangladesh serves as an exemplary model for other small and poor countries – it broke the impasse of the approval process to commercialise biotech eggplant in both India and the Philippines.

Bangladesh is also pursuing approval of Golden Rice and biotech potato.

Indonesia approved drought tolerant cane for food use, with plans to cultivate it in 2014.

Panama approved planting of biotech maize. Continued developments in biotech crop technology combined with increased adoption by small and poor farmers are important factors in the future of global biotech crop adoption.

Planting of biotech drought-tolerant maize in Africa is expected in 2017. Drought is the biggest constraint to maize productivity in Africa on which 300 million Africans depend for survival.

Kenyan Scholar wins coveted Global Science Award in UK



Prof. Abukutsa (right) explains to Hillary Clinton (left) about the Traditional Vegetables.

Picture: Courtesy

By ADHERE CAVINCE

A professor of Horticulture at Jomo Kenyatta University of Agriculture and Technology is making waves internationally by her determination to identify and promote local traditional vegetables for local and international consumption and use.

Soft spoken Prof Mary Abukutsa-Onyango, recently won the prestigious 2014 Edinburgh Medal. Abukutsa was announced winner during the 26th Edinburgh Medal ceremony and address, in United Kingdom's City of Edinburgh.

Contribute

The scientist won the award following her unique combination of science and social contribution in her search for practical solutions to Africa's double burden of malnutrition: under-nutrition and obesity; through sustainable production and utilisation of leafy African indigenous vegetables.

As she rose to cheers and applause from some of the world's best minds in science and technology at the 2014 Edinburgh International Science Festival, it was clear Prof Abukutsa's research spanning two decades, had finally got the attention and nod of the world.

Prof. Abukutsa-Onyango pro-

ceeded to dedicate the medal to the millions of Africans living with various forms of malnutrition and diet related illnesses.

"This is for all the people in the world who are struggling with malnutrition and those facing death as a result of hunger," said Prof. Abukutsa-Onyango as she accepted the award.

In his brief speech, Prof Louise Heathwaite, Scottish government chief scientific advisor for rural affairs and environment, noted that Prof. Abukutsa-Onyango was one of the few individuals who had made an immense contribution to health and nutrition for mankind.

Risk

"Your science is helpful in revealing the risks to global food security and how we can leverage on the traditional African crops to optimise health and nutrition, and reduce diet related diseases," said the Prof Louise Heathwaite.

The don praised his Kenyan counterpart for showing her colleagues and the world that they should consider a different model of science-thinking and decision-making; one that promotes indigenous plants as reliable sources of nutritious food.

Prof. Abukutsa-Onyango has dedicated her life and work to leafy

traditional vegetables whose potential, she believes can be harnessed to economically empower Kenya's rural poor besides alleviating nutrition-related conditions like anaemia, diabetes, cancers and cardiovascular disorders.

But she laments that farming and consumption of the nutrient dense vegetables in Africa remains very poor due to a number of cultural, technical and agronomic factors.

"Many Kenyans consider the indigenous vegetables as weeds, as a result of colonial mindset that placed exotic species above local ones. Our studies have instead confirmed that traditional African vegetables have great competitive advantage compared to exotic ones," Prof Abukutsa-Onyango told the guests.

Traditional crops like amaranths, jute mallow and spider plant are also: easy to grow, tolerant to drought, resistant to diseases and mature in a month's time.

According to Prof. Abukutsa-Onyango, these qualities could be exploited to give impetus to African economies while cushioning global population from perennial famine, hunger and malnutrition.

Due to her research and advocacy,

a number of African leafy vegetables are now available in supermarkets in Kenya and beyond. Agriculture curricula in various universities in Kenya and Africa now have units on the local vegetables.

Nurture

This is besides the botanic garden at Maseno University where Prof. Abukutsa-Onyango nurtures over 200 species of endangered African plants including traditional vegetables.

The researcher has now set her eyes in establishing a research centre to address indigenous vegetables value chain. She believes the venture would be instrumental in providing quality seeds and appropriate farming practices to local farmers and their counterparts in the rest of in Africa besides offering value addition and marketing services to the commodities.

According to the Festival's website, the Edinburgh Medal is a prestigious award given each year to men and women of science and technology whose professional achievements are judged to have made a significant contribution to the understanding and well-being of humanity

The Award is the latest addition to Abukutsa-Onyango's long list of awards and recognition by local and international individuals and institutions.

The Elder of the Order of the Burning Spear recipient was declared African Union top woman scientist in Earth and Life sciences in 2010. She becomes the second African woman to receive the coveted Award. The other Kenyan recipient was the late environmentalist and Nobel Laureate, Prof. Wangari Maathai.

Transform

Abukutsa-Onyango's efforts has transformed the status of African vegetables from despised 'weeds', into highly regarded commodities likely to find their way into international trade, with a potential to edge out century old exotic commercial crops in Africa.

"We must all do something. It must not be on African vegetables, it can be on Scottish traditional vegetables. All the little things we are going to do will add up to make human life better, for science is at the heart of what we do," concluded Prof Abukutsa-Onyango to a standing ovation.

Concern as cases of Pulmonary TB increase

By MARY MWENDWA

For the past year, Jackline Imali has literally stared at death in the eye and lived to tell the tale.

The mother of one who is in her early 30s started experiencing constant headaches, fever and general body pains in her house in Nairobi's Kange-mi estate.

Manifest

To Imali, it was just a normal typhoid or malaria that was manifesting in some weird manner. Her frequent visits to health facilities took her six months before the worst and shocking news in her life was confirmed, at Mbagathi Hospital in Nairobi.

One of the doctors attending to her after diagnosing her called her to a private room and broke the bad news that she was suffering from spinal Tuberculosis.

Recalls Imali: "My sickness started in December 2012; I could not imagine or even think of anything close to TB. I knew TB as a highly infectious disease that could only manifest through coughing."

By then she was having a constant headache which could only stop for a short time after taking pain killers. She also had a persistent fever that its origin could not be explained in addition to feeling weak all over her body.

"As a woman and a mother, I was deeply affected because I could not take care of my baby and husband; all my household chores were stalled during that time. It was not easy," Imali recalls.

Diagnose

It took her almost six months before she was diagnosed with the TB of the spine. Many Kenyans suffer similar tribulations as Imali and move from one health facility and doctor to another in vain.

For her, the clinic she visited the nurses kept telling her it was pneumonia and typhoid.

But in a separate interview, Dr Thomas Ongaro, Nairobi County TB Coordinator; the diagnosis of Extra Pulmonary TB is very difficult in most of Kenyan local health facilities.

Says Dr Ongaro: "Most of the cases are discovered by surgeons when they decide to operate on any lump that has manifested on any part of the body. Lack of facilities, which can easily detect this type of TB, remains a challenge to the small clinics, which many people prefer to visit, as they are cheaper and easily accessible."

Extra pulmonary TB is a type of TB transmitted normally through a cough, but instead of manifesting in the lungs it affects any of the body organs. It can affect, lymph nodes (lymph node TB), bones and joints (skeletal TB), the digestive system (gastrointestinal TB), the bladder and reproductive system (genitourinary TB) and the nervous system (central nervous system TB).

"For Jackeline's case, she suffered from TB of the brain and that's why



Community members in Northern Kenya listening to talks on how to prevent and cure TB. Extra Pulmonary TB has become a new headache to health practitioners in Kenya. Picture: File

she experienced constant headaches which also led to her central nervous system being affected, hence the paralysis. However, it is important to note, in all types of TB, fever that has unknown origin is experienced by the patients," says the TB expert.

Enroll

Imali was enrolled on treatment, which took six months, and has since fully recovered.

Looking back, Dr Ongaro says he is glad that doctors at Mbagathi District Hospital, near Kenya National Hospital, were able to discover what almost killed her.

A happy Imali says: "I'm back to be back to my normal life as a mother and wife. My advise to people out there is to ensure that when they fall sick, they visit a good and well equipped health facility which has qualified medical personnel."

On his part, Wilson Maina from Thika, shares similar experiences to Imali's. He had an abnormal swelling on his reproductive organ - one testi-

cle. He says it took him three months moving from one hospital to another until a surgeon performed an operation, only to discover he had TB.

"It was a very traumatising experience for me; I was weighing 70 kg, lost weight to 34 kg. I got paralysis on one side of my body and that's when I sort for further treatment in a public Hospital in Thika, where TB was discovered. I never knew TB could affect my reproductive organ," Maina confesses.

Recover

He has since fully recovered and has been carrying his normal duties without any hitch.

"I'm glad now I'm healed and I can perform my normal duties, in fact we conceived a baby after the sickness," Maina says.

Generally any type of TB is spread when a person with TB coughs, sneezes, speaks or sings, the bacteria is released in the air without covering the mouth with a handkerchief or fingers.

"Most of the cases are discovered by surgeons when they decide to operate on any lump that has manifested on any part of the body. Lack of facilities, which can easily detect this type of TB, remains a challenge to the small clinics, which many people prefer to visit, as they are cheaper and easily accessible."

— Dr Thomas Ongaro

A person nearby may breathe in the bacteria. The bacteria, Mycobacterium tuberculosis (TB), and then enters the lungs of the second person, where it may develop TB.

It can also spread to other parts of the body such as the brain; here it is referred to as, Extra pulmonary TB. In very rare cases the TB germ can spread through raw uncooked milk. If the milk is contaminated with the germ a person who drinks it may get infected and develop TB of the intestines.

TB of the lungs may cause symptoms such as, a bad cough that lasts three weeks or longer, pain in the chest and coughing up blood. Other symptoms of TB disease are weakness or fatigue, weight loss or appetite, chills, fever, sweating at night and headache.

Extra pulmonary TB can commonly be diagnosed by collecting either fluid from a swelling and lymph node biopsies.

Dr Evans Amukoye, TB Researcher KEMRI, says Extra Pulmonary TB is tricky to diagnose by many medical practitioners operating at community level.

Reduce

"The catabolic nature of TB makes it to be confused for pneumonia and other common diseases. Patients must seek proper medical services in recognised health facilities whenever they fall sick, some clinics lack well trained personnel and will always diagnose diseases in their own way without following the medical procedures," Dr Amukoye says.

According to WHO, globally by

2012, the TB mortality rate had been reduced by 45 per cent since 1990. In 2011, it was estimated that 12 million people had TB. Africa is the continent where TB is most common.

In Africa one out of every 4,000 people die due to TB. Almost one million people died from TB globally in 2012. It is reported 9,500 Kenyans died of TB in 2012.

Mombasa, Nairobi and Homa Bay counties have the highest levels of TB with more than 400 cases per every 100,000 people. Makueni County has the lowest levels of TB with just 52 cases per 100,000 people - the same level as in Europe. Two out of every five people (or 41 per cent) who have active TB are also living with HIV.

Dr Ongaro attributes the high number of TB cases in Nairobi, to increased informal settlements which have very large populations living in very deplorable conditions.

The TB experts lists the most vulnerable as the elderly, people living with HIV, children under five years, smokers and people living with Diabetes condition.

"Immune systems of these people are generally weak and therefore they are prone to many infections including TB," Dr Ongaro says.

Extra Pulmonary TB can be prevented by early diagnosis and treatment. TB should be treated early in order to prevent deterioration of the disease and spread of the infection.

Patients with active pulmonary tuberculosis can attend any government chest clinic for treatment.

The World TB Day is marked every March 24, and the theme was: "Reach the 3 million."