

Upcoming events

- World Malaria Day , 25th April 2015

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KANCO

Newsletter

March 2015



SUPPORTING COMMUNITY ACTION ON HIV & AIDS AND TB

Our Goal: Providing Leadership among CSOs in contributing towards realization of universal access targets in Kenya

Vision: A healthy Kenyan People with Secure and Sustainable access to HIV, TB and other Public health Care Services



Theme of the Month: Tuberculosis

March 24th marks an all important day when the world reflects on gains made in TB and get to re-evaluate their efforts in combating this global menace.

TB is the 4th leading cause of death in Kenya. The nation loses 60 lives every day, this is equivalent to a Westgate attack on the Kenyan soil everyday! And while as a nation we look back at the breakthroughs we have made in the fight against TB, there is still a huge burden of TB that retains Kenya in the list of high burden countries.

There are still some challenges that hinder efforts to reach treat and cure all of TB, some of them being the difficulties in diagnosing Pediatric TB, the spread of the drug resistant strains of TB, amidst the dwindling funds; however there is still great optimism that TB infection will be eradicated by 2035

Kenya launched the TB strategic plan (2015-2018) which for the first time provides tailored interventions to the county TB situations with specific county-based guidance for prioritization

Over 130 Kenyan MPs sign on the Barcelona Declaration During World TB Day!



A Parliamentary Proceeding in the Kenya Parliament

For the first time in the history of the Kenya Parliament, TB was discussed not just for the longest time, but also with immediate and spontaneous results, that saw over 130 MPs signing on to the Barcelona Declaration

Led by Hon. Stephen Mule, the Member of Parliament Matungulu constituency, who moved the TB motion on the floor of parliament on world TB, many members of parliament, expressed their support by signing on to the declaration with the numbers expected to keep growing. Mule has been working closely with KANCO as a TB champion. The signing on to the declaration, expresses Kenya's continued commitment to the global fight against TB.

The declaration, a result of the inaugural Global TB Summit, which brought together elected representatives from around the world to galvanize the political will needed to tackle TB, and to create a clear vision for the role of parliamentarians in combating the epidemic, goes a long way to ensure that the global vision to eradicate TB infection by 2035 will be achieved.

The sign on by Kenyan MPs indicates political good will to not just fight TB in Kenya but also joining the Global TB Caucus—a globe-spanning network of parliamentarians that will drive these efforts.

Hon Mule in his speech during world TB day *"I therefore wish to call upon my fellow Parliamentarians to sign the Barcelona Declaration as a demonstration of our combined commitment to address TB in Kenya and in the African region. Let us be the ones to commit to turning the tide against this devastating disease. Together, we can be the generation that ends TB"*

TB is both preventable and treatable, but it still kills 1.5 mil-

lion people globally every year. Drug-resistant strains of this airborne disease are growing in strength; a recent World Health Organization report showed that thousands of people who have drug-resistant TB are not being successfully treated for this deadly and contagious illness.

Despite the challenges that TB poses there are great strides that have been made in the fight against TB. However there needs to be coordinated effort not just at the local level but also at the global level to actualize the vision to eradicate TB infection by 2035. As Hon Mule reiterated during his call for elected leaders to sign on to the Barcelona Declaration,

"It calls for coordinated global action to drive down rates of Tuberculosis across the world and to accelerate progress towards ending Tuberculosis as a threat to global public health. It is in our interest to tackle the disease. Tuberculosis is an airborne, infectious disease with no respect for boundaries. If we do not act to eliminate Tuberculosis, and the spread of drug Resistant Tuberculosis is allowed to continue unabated, patients, families and health systems of nations will struggle to deal with the costs. That is why, today, I am calling on our Government, in conjunction with others across the world, to intensify its response to Tuberculosis and act to scale up existing interventions, improve the pace in the development of new drugs, diagnostics and vaccines, and invest in innovative programmes to diagnose and treat everyone who has this disease. Since our economies are global, our approach to this disease must also be global. I, therefore, want to urge the 11th Parliament to sign the Barcelona Declaration as a demonstration of our combined commitment to address Tuberculosis in the country"

Together we will conquer TB!
Source : Wachira C

TB Vaccine Media Sensitization Workshop



KANCOs TB Senior Advocate, Evaline Kibuchi addressing the media during the TB vaccine media sensitization workshop

Tuberculosis (TB) kills 60 people in Kenya every day! This is not just saddening it's a reality that should make TB pronounced as national disaster! Every year there about 1.1 Million active TB cases registered, iTs also estimated that every Tb infected person infects between 15-20 people.

With just few days to celebrate the world TB day KANCO with support from AERAS and partnering with PATH International conducted a media sensitization workshop. This would prepare journalist for reporting during the world Tb day as this forum was used to unpack facts on TB. This is is on the premise that to get to the zero TB infection there is a need for multi-sectoral cooperation.

Under the theme Reach, Treat and cure TB, and the slogan, is that cough TB? Get tested, Get cured, a continuation of the last year's theme focusing on intensification of the case finding, testing, prompt treatment and treatment adherence to ensure 100% cure rate, the nation demonstrates a renewed commitment in the fight against TB with many other stakeholders coming on board

Despite the aggressive nature of this disease there is a target to eradicate new TB infections by 2035, however this target may not be achieved if the funding priorities for TB continue lagging behind the morbidity and mortality of TB, if there is no increased investment in research, case finding and treatment. There is a call for multi- stakeholder collaboration in the fight against TB even as prevention is emphasized at individual level where TB prevention is seen as most effective starting with every individual taking responsibility.

“Getting to zero HIV infection by 2035 is possible, it requires commitment, dedication and all stakeholders involvement starting with proactive TB prevention in the community” AERAS public affairs director African region

Sibusiso Hlatjwako

Kenya detects about 100,000 TB cases every year. There are varying levels of vulnerability to TB infection and those people with lowered immunity are at a higher risk of infection. There is a recorded 36% confection rate in Kenya.

There has been a noted rise in pediatric TB which is at 10% of all TB infections. Despite the provision of the BCG vaccines, the efficacy of this vaccine has been seen to dwindle in progression to teenage hood and adulthood. Presently TB diagnosis in children remains problematic .There is also the concern of the X-ray charges that vary from hospital to hospital that has hindered poor people from seeking TB a services .Children have been noted to get more severe forms of TB, face bigger diagnosis challenges and face a higher chance of reactivity and re-infection.

As the nation marks world TB day some of the fronted advocacy issues are the waiver of X-ray charges for TB diagnosis among children and the increase of domestic funding in the face of Kenya being weaned off donor funds.

There is also a call for increased research, investment in new preventive therapy for TB to reduce infection. There are new drug regimens in the market and Kenya as forwarded in the new strategic plan seeks to adopt these new drug regimens for drug resistant TB.

There is continued emphasis for research and development for a TB vaccine as well as many others issues such as the urgency for improved treatment, limited efficacy of current technology, new emerging strains of TB still present limited understanding, as well as need to improve case detection among others. The areas for research include diagnostics, drugs, vaccines, operations research among other areas.



Peter a 3 times TB survivor adressng the journalist during the training

Launch of the NTLD-Program National Strategic Plan 2015-2018 and Stakeholders Forum



Launch of the National Tuberculosis, Leprosy and Lung Disease Unit (NTLD) strategic plan 2015-2019

19th March 2015 marked a colorful day for Kenya where the nation through the ministry of health launched the national strategic plan for TB 2015-2019. The launch brought together dignitaries, government official, CSOs and other stakeholders, as the nation reflected on the mileage made in the fight against TB in Kenya, as well as unanimously adopting the new road map that works towards achievement of zero TB infections by 2035.

Dr.Enos Masini Head of NTLD program observed *“The unique thing about this strategy beyond being the first under the devolved system of governance hence health, is that it provides tailored interventions to the county TB situations with specific county-based guidance for prioritization”*

“Time to conquer TB is now”“It can be done”, ‘we will all be part of the process’ ‘TB infection must end in our generation’ were some of the sentiments arising from the forum. The National Tuberculosis, Leprosy and Lung disease program set a target of 70/85 that is to detect 70% of TB and cure 85%percent of the detected cases and then sustain this effort. There was a unanimous reiteration of the MDG goals on TB to halt and reverse the incidence and mortality by TB. Attending the launch His Excellency U.S Ambassador Robert Godec observed *“ I want to join everyone in Kenya in renewing the United States commitment in eliminating TB,it can take place in our lifetime”*

TB is the 4th Leading cause of death in Kenya; it’s a major cause of morbidity, with nearly 90,000 cases notified in 2014 alone. TB is curable but our current effort to find, treat and

cure ,everyone with TB are not sufficient. To reach the un-reached TB cases and move towards, elimination of TB as a public health problem, we need the aggressive scale up of TB activities especially for the most vulnerable groups (children, people living with HIV and the elderly and in TB hotspots within the general population.

“We are making great strides in the fight against TB and in the overall improvement of our healthcare, however I am still optimistic and hopeful that we will develop our healthcare public facilities such that our government officials will also seek services at these facilities expressing confidence in our systems. Observed Dr. Muraguri .

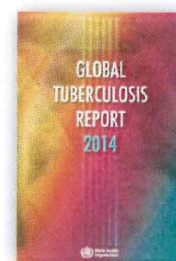
Kenya has done well in achieving he WHO set targets for TB, there is noted increased multi-stakeholder involvement in the fight against TB, as well as political good will. However, there is a funding gap of about Kshs 26.6 Billion in TB funding for the next three years and there is a call for all stakeholders to come on board to ensure that resources for TB are made available.

In a speech read on behalf of the Cabinet Secretary of the Ministry of Health Mr. James Macharia observed *“The NSP is aligned to the Kenya Health Sector Strategic and Investment plan 2013-2018 and the global post 2015 plan. It promotes strategic interventions unique for each county and that have the greatest impact for case notification, childhood tuberculosis, drug resistant TB, Leprosy and lung diseases and for the first time priority interventions related to key affected population gender and human rights are covered”*

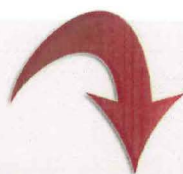
Source Wachira C

TUBERCULOSIS

WHO Global Tuberculosis Report 2014



37 million lives saved
between 2000 and 2013 through
effective diagnosis and treatment



45% decline
in TB mortality rate and 41%
decline in TB prevalence since 1990



Fragile progress in MDR-TB
diagnosis and treatment but widening
gaps in treatment coverage could
compromise gains

TB SITUATION AND ACCESS TO CARE

Tuberculosis (TB) is **contagious** and **airborne**. It ranks as the **second leading cause of death from a single infectious agent**, after the human immunodeficiency virus (HIV).

TB BURDEN

9 million people fell ill with TB in 2013, including **1.1 million cases among people living with HIV**.

In 2013, **1.5 million people died from TB**, including **360 000 among people who were HIV-positive**.

510 000 women died from TB in 2013, including **180 000 among women who were HIV-positive**. Of the overall TB deaths among HIV-positive people, 50% were among women. TB is one of the **top killers of women** of reproductive age.

An estimated **550 000 children became ill with TB** and **80 000 children who were HIV-negative died of TB** in 2013.

The **TB mortality rate** has decreased **45%** since 1990.

TB CARE

Access to TB care has expanded **substantially** since the start of this millennium. Between 2000 and 2013, **37 million lives were saved** through effective diagnosis and treatment.

In 2013, 5.7 million newly diagnosed cases were notified to national TB programmes. Therefore about **3 million people with TB were "missed"**, either because they were *not diagnosed* or because they were *diagnosed but not reported*.

TB/HIV CO-INFECTION

In 2013, **48% of TB patients** globally had a documented **HIV test result**. In the **African region** that has the highest TB/HIV burden, **three out of four TB patients knew their HIV status**.

Globally, **70% of the TB patients** known to be living with HIV in 2013 were **started on antiretroviral therapy (ART)**.

In 2013, **5.5 million people enrolled in HIV care** were screened for TB, up from 4.1 million in 2012.

Of the people newly enrolled in HIV care in 2013, **0.6 million were provided with isoniazid preventive therapy**.

MULTIDRUG-RESISTANT TB

Globally in 2013, an estimated **480 000 people developed multidrug-resistant TB (MDR-TB)** and there were an estimated **210 000 deaths from MDR-TB**.

The number of people **diagnosed with MDR-TB** tripled between 2009 and 2013, and **reached 136 000** worldwide. This was equivalent to 45% of the estimated MDR-TB cases among notified TB patients. Progress in the detection of drug-resistant TB has been facilitated by the use of new rapid diagnostics.

A total of **97 000 patients** were started on MDR-TB treatment in 2013, a three-fold increase compared with 2009. However, 39 000 patients were on waiting lists, and the gap between diagnosis and treatment widened between 2012 and 2013 in several countries.

Extensively drug-resistant TB (XDR-TB) has been reported by **100 countries** in 2013. On average, an estimated 9% of people with MDR-TB have XDR-TB.

NEW DIAGNOSTICS

Xpert® MTB/RIF, a rapid molecular diagnostic test, is being rapidly adopted by countries to detect TB and rifampicin-resistant TB. By end June 2014, **3 269 testing machines** and **7.5 million test cartridges** had been **procured by 108 of the 145 countries eligible for concessional prices**.

RESEARCH AND DEVELOPMENT

More than **50 companies** are involved in the development of **TB diagnostics**.

There are **10 new or re-purposed anti-TB drugs** in late phases of clinical development. In the last two years, two new drugs have been approved for the treatment of MDR-TB under specific conditions: bedaquiline and delamanid.

There are currently **15 vaccine candidates** in clinical trials.

FINANCING FOR TB CARE AND CONTROL

US\$ 8 billion per year is needed for a full response to the global TB epidemic in low- and middle-income countries by 2015, with a **funding gap of US\$ 2 billion per year**. The amount excludes resources required for research and development, which are estimated at about US\$ 2 billion per year.

DRUG-RESISTANT TUBERCULOSIS SURVEILLANCE & RESPONSE



ANTI-TB DRUG RESISTANCE SURVEILLANCE

This special supplement to the Global Tuberculosis Report 2014 marks the 20th anniversary of the Global Project on Anti-Tuberculosis Drug Resistance Surveillance and the TB Supranational Reference Laboratory Network.

It is the oldest and largest project on surveillance of anti-microbial drug resistance (AMR) worldwide.

There is impressive progress in surveillance coverage. By 2014, data on drug resistance were available for 144 countries, which collectively have 95% of the world's population and TB cases. This is a major increase compared with 1994–1999 when data were available for only 35 countries with 20% of the world's population and 16% of the global TB burden.

By 2013, data on trends in drug resistance were available for 96 countries. Analysis of trends focused on the period 2008–2013 suggests that globally, the proportion of new cases with MDR-TB was 3.5% in 2013. This has not changed compared with recent years.

As a pathfinder with two decades of experience to draw upon, the *Global Project on Anti-Tuberculosis Drug Resistance Surveillance* is a model for scaling up AMR surveillance for other infectious diseases.

MDR-TB POLICY AND RESPONSE

Surveillance of TB drug resistance over the last two decades has informed and guided the response to the MDR-TB epidemic. WHO has been issuing guidance on MDR-TB prevention, diagnosis and care since 1996.






There is progress in the MDR-TB response: 136 000 cases of MDR-TB were detected in 2013, up from 52 825 cases detected in 2009. The number of MDR-TB cases enrolled on treatment went up from 30 500 in 2009 to 97 000 in 2013.

Key challenges in the MDR-TB response include: growing gaps between numbers detected and numbers started on treatment; poor treatment outcomes due to health system weaknesses; lack of effective regimens; and insufficient funding including for research. These barriers must be urgently addressed.

Two new drugs for the treatment of MDR-TB have been approved over 2013-2014. Further, novel drug regimens for shortened treatment of drug-susceptible and/or drug-resistant TB, including new or re-purposed drugs, are under investigation.

Five priority actions – from prevention to cure – are needed to address the MDR-TB epidemic. These are outlined below:

Five priority actions to address the global MDR-TB crisis

- **PREVENT THE DEVELOPMENT OF DRUG RESISTANCE THROUGH HIGH QUALITY TREATMENT OF DRUG-SUSCEPTIBLE TB**
Prevent MDR-TB as a first priority.
- **EXPAND RAPID TESTING AND DETECTION OF DRUG-RESISTANT TB CASES**
Scale up rapid testing and detection of all MDR-TB cases.
- **PROVIDE IMMEDIATE ACCESS TO EFFECTIVE TREATMENT AND PROPER CARE**
Ensure prompt access to appropriate MDR-TB care, including adequate supplies of quality drugs and scaled-up country capacity to deliver services.
- **PREVENT TRANSMISSION THROUGH INFECTION CONTROL**
Implement appropriate TB infection control measures to minimize the risk of disease transmission. This remains one of the most neglected components of TB prevention and care.
- **INCREASE POLITICAL COMMITMENT WITH FINANCING**
Underpin and sustain the MDR-TB response through high level political commitment, strong leadership across multiple governmental sectors, ever-broadening partnerships, and financing for care and research.

The WHO Global TB Programme together with WHO regional and country offices: develops policies, strategies and standards; supports the efforts of WHO Member States; measures progress towards TB targets and assesses national programme performance, financing and impact; promotes research; and facilitates partnerships, advocacy and communication.

The battle Against TB is yet to be over: WTD celebrations Mombasa



Pupils at Mvita Primary school performing a skit on stigma reduction towards TB Patients at Mvita grounds, Mombasa

Tuberculosis remains one of the leading causes of death in the world. During the World TB day KANCO with support of Action supported CHWs from 5 counties, Taita Taveta, Mombasa, Kilifi, Kwale and Lamu. The support involved active case finding by CHWs, screening for TB and community mobilization. Skits educating the community on TB were passed by Mvita primary school emphasizing on the need to have ventilated houses, supportive family members and neighbors to ensure adherence of the TB drugs by patients. The skits also emphasized on stigma reduction which is the main reason why people fear to seek treatment. The organization represented included KANCO, huduma ya afya, KAPLTD, DSW, Kenya red cross, CHAK, Baraka FM, ICRH and the ministry of health. Others included peer educators, community health workers and other community members.

With the theme; “Reach, treat, cure everyone for TB”, and slogan; “Is that cough TB? Get tested, Get cured!” it highlighted the continued need to effectively diagnose, treat, and cure those afflicted with the disease. The campaign theme is a continuation of last year’s theme focusing on intensification of TB case finding, testing, prompt treatment and treatment adherence 100% cure rate for all TB cases.

In his speech, Dr Shem Patta the Mombasa County Director of Health thanked all the people who participated in the successful event. He noted that the day is meant to reflect on the achievement the world has made in the fight against TB. “In Mombasa the rate of TB infection has reduced due to *the efforts by different stakeholders. 4500 people are infected with TB per year and 90% get treated and cured. In 2015 our main focus is on those who get TB to get treated and cured promptly. I want to thank the CHWs who have been at the forefront working with the community health strategy to ensure those who cough for more than 2 weeks are screened for TB. During this week alone as part of the pre world TB Day 180 people were screened for TB, 6 of them tested positive and are now on treatment.*”

The speech of the guest of honor who is the Executive Minister for Health, Mombasa county was read by the assistant County commissioner Mr Wasonga. She stated, “TB remains a major public health issues worldwide. Mombasa County is one of the counties with very high TB burden. TB is not only

a health issue but also an economic issues as it infects the most productive populations of between 16 to 49 years. The County has a very vibrant monitoring and evaluation systems to ensure accurate reporting.”

She also emphasized on the need for the PLHIVs to ensure adherence of TB drugs since due to opportunistic infections most of them are very much likely to be infected. This is because a person living with HIV is usually at high risk of getting TB because he or she usually suffers low immunity. TB burden he said remains high and it’s the 4th contribution of deaths in Kenya. 20,000 of TB cases remains undetected each year hence need for more vibrancy in the fight against TB. The Mombasa County will ensure TB is one of the major agenda. Only through working together can TB be treated and cured.

Mr. Mwamburi the Team leader of the organizing committee thanked all stakeholders who supported the event. He appreciated KANCOs support for CHWs to screen community for TB which was very successful. *‘Kenya has achieved significant success in the fight against tuberculosis (TB). However, the battle against TB is not over just yet, many cases of the highly contagious TB disease still go undetected and untreated across the country hindering the nation’s efforts to attain zero TB infections and deaths’*, he noted

In Kilifi the STLC emphasized that the World TB Day is an opportunity to raise awareness about the burden of TB as well as an occasion to mobilize political and social commitment to further the progress. The community members were requested to maintain good hygiene, eating and ensure their houses are ventilated. TB is curable, but current efforts to find, treat and cure everyone who gets ill with the disease are not sufficient. It is very necessary to create awareness to people of all group and field about the disease to take precautions. All the people at workplace or at home should be encouraged about their health maintenance and must know about the prevention from tuberculosis. People must know that it is a completely curable disease at very low-cost through the DOTS treatment administered by the government. Its treatments and diagnostic tests should be accessible by each and every person affected by the tuberculosis and death rate of this disease should be zero, he stated

Source; Sophie Njuguna; KANCO Mombasa

Second chance for a Female injecting Drug User



A drug user injecting drugs

Female Drugs users are always vulnerable and highly predisposed to high risk exposures including HIV. Globally there are few female drug users compared to men but the prevalence of HIV is almost three times higher among them than in their male counterparts.

Twalia was born and raised in Watamu. She attended Watamu Primary school up to class eight but was not able to proceed to secondary school. After completing her primary school, she had a lot of free time and there were so many activities and tourists in Watamu. She explains how through the tourists, she used to earn money and live affluently a life as she observes, that not even many employed people could afford

She managed to get a white man who would pay her bills and also fend for her family members. She got married to the man and got a baby boy who is 21 years old now living in Mombasa. They lived happily with the man though the man was in Europe and was coming in Kenya after every three months, and during the period he was away he would send her money for upkeep.

In her husband's absence she could once in a while look for a Kenyan man to satisfy her sexual needs. It started casually and developed into a habit. Even when the old man came back from Europe, she could hide and visit the man whom they had an affair with. It went on for some time until when one girl who was a friend of the family told the white man what was going on behind his back. According to Twalia, her friend was jealous of her and the good life she was living and that's why she told her husband so that she could take over. The white man was so mad and furious when she caught them in a certain hotel. The man just asked for divorce which led to their separation. He went back to their country and he has never stepped back in Kenya. Life took a definitive turn, she was not in a position to sustain the comfortable life she was used, she started "going out looking for money" from

different men in different towns, Both Malindi and Mombasa. Money was never enough and she was stressed and it is at that particular point that she was introduced to drugs by her female friends, at first it was not easy she was coughing so much, then she was advised to prepare "joint" it's a mixture of heroin and bhang. After some few weeks she got used to and she could comfortably take the drugs without any difficulty.

The more she was taking drugs the more she used to spend money and at times the craving would get so high and she didn't have money hence resulting to sell some household properties or even engage in transactional sex to quench her cravings. She later remarried with a man who was also a PWID whom they lived together for six years before parting ways since it reached a point where she wanted to change her life and she had also lost her brother who was a P.W.I.D who had also been working as a KANCO peer educator.

The death of her brother turned her life around; she came to KANCO offices at Watamu, and thanked the administration for the effort and part they played in her brother's life though he passed away. She also became a regular visitor at the Drop in Centre, assisting clients to get help. She was also helping in cleaning the utensils to keep the DIC clean in the absence of the regular cleaner

When opportunity cropped up for peer educator replacement, she was vetted and now works as a peer educator. She is so grateful to KANCO and she says she is enjoying her work, though at times there are some challenges in the field, she is very optimistic that one day we will get to Zero deaths related to blood borne diseases. She is saving money so as she can start her own business within Watamu.

Source: Francis Odhiambo, Watamu DIC

Partner of the Month; Safua CBO



Safua CBO team

Stay Alive For Us All Community Based Organization (SAFUA CBO) was established and registered in the year 2004 with the Ministry of Social services as a community Based Organization in Kibwezi West Sub County of Makueni County. SAFUA offices are situated in Mbui Nzau sub-location, Kikumbulyu South ward, Kibwezi Sub County, Kibwezi West Constituency.

Vision: A society in which children, youth, women and the general community live a life in its fullness.

Mission: To develop and implement strategies geared towards mitigating the socio economic impact of HIV and AIDS, TB and STIs on the target population.

SAFUA joined KANCO in 2011, hence the partnership in the Global Fund Round 9 TB (GF R9 TB) program as a sub sub recipient of the grant. SAFUA works closely with KANCO in implementing the GFR9TB, and have over the years grown in terms of capacity as well as demonstrating excellence in implementation of the project. Their reports have been both timely and complete; have strived to always achieve their set targets and adherence to the set guidelines guiding the projects implementation.

Through the partnership SAFUA has been empowered through Organization Development System strengthening (ODSS) training, Advocacy training as well as quarterly Review meetings which is a sharing forum. Then organization was able to secure the Total War on AIDs (TOWA) grant after their capacity had been built on reporting.

The organization has 60 PLHIV support group members, 350 Orphans and Vulnerable Children (OVC), 65 caregivers and 20 TB support group members. SAFUA is managed through a committee of eleven (11) committee members elected every 2 years as required by SAFUA Constitution and the Law. The chief executive officer is the project coordinator (a member of the Committee) while the committee mainly gives organizational policy guidelines.

SAFUA mainly addresses HIV and AIDS, TB, Early Childhood Development and climate change issues in Kibwezi, Makueni County. SAFUA supports, empowers and improves the welfare of its members and families through livelihood, support, policy advocacy and governance, HIV& AIDS through programs designed to improve the target groups' quality of life in the community

SAFUA is therefore an advocacy based development organization run and governed by among others, PLHIV with a mandate to ad-

vocate for the rights of the marginalized in all aspects of their lives through implementation of programs that empower them both socially and economically. Among other strategies SAFUA achieves its mandate through capacity building.

SAFUA PROJECTS

The main projects that SAFUA has carried out and is still doing in the area of operation include:-

- HIV and AIDS Care and Support whereby they support orphans and care givers and have built 20 houses for home-based care and 10 households given goats for household economic strengthening. Caregivers trained on paralegal, stigma and farming with ministries and Prevention with Positives
- Mitigation of the impact of HIV/AIDS where they pay schools fees, buy clothes for OVC in secondary and tertiary institutions
- TB NSP Contact Tracing, Treatment Interrupters Tracing, Household NSP Health Education and Advocacy
- Climate change they advocate for planting of trees and reduction in sand harvesting near the rivers
- Early Childhood Development they have two members trained through KANCO

SAFUAs ACHIEVEMENTS;

- Organizational capacity development
- Trust by partners due to transparency and Accountability
- The County Government of Makueni has recognized SAFUA efforts and created a platform for partnership in the fight against TB and HIV, Water Harvesting and involvement in various Development Committees within the County and Constituency
- SAFUA involved in several committees eg. CACC, Social Assistance, CDF, and has submitted concept notes with other partners awaiting approval for proposal writing.
- SAFUA received an award from NACC for exemplary work ie the best in Makueni as regards TOWA funds.

Other partners that the CBO is currently working with include NACC, Office of the President, Ministry of Agriculture, AMREF, Ministry of Education, ICAP, GCSDO, DWA, Hope World Wide Kenya (Makindu) 16. KCB, KEFRI, KWS, KARI, DD, NEPHAK, . APHIA PLUS KAMILI – Through HWWK, Political Goodwill and GCM

Source: Safua