



TALAKU
COMMUNITY
"Eradicating TB"

NGIPOKEN'S TB CASES

HOT SPOT IN PARTIMARO IN KAJIADO
COUNTY

MULIKA
TB MALIZA
TB POPOTE
PALE

Word from the Director

Tuberculosis is the leading infectious disease killer in Kenya in reference to prevalence survey report.

A 2015-2016 prevalence survey revealed a burden of 426 TB case per 100,000 populations twice the burden of previous estimations.

TALAKU is working very closely with Kajiado Department of medical service & public health and Amref Health Africa through Global Fund in implementing 2019-2023 National Strategic Plan for Tuberculosis, leprosy and lung health. We ensure communities are educated with knowledge on the sign and symptoms of tuberculosis to enable early diagnosis, screening of household with a bacteriological confirm patient to stop the spread of the disease to the family members and the community as a whole and we all can't achieve this without the help of the Community Health Volunteers.



At the community level TALAKU has a good relationship the local administration i.e. the chiefs who have assisted us in bringing back the stubborn treatment interrupters to treatment. We received amazing support with the adopt family initiative, which has seen patients on treatment adhere to treatment without interrupting.

Tuberculosis is a disease that is curable and preventable. We can only Mulika TB and Maliza TB Popote Pale when we work together as a team.



#Stay Safe
The clock is
ticking time to
End TB

MONTHLY DATA COLLECTION

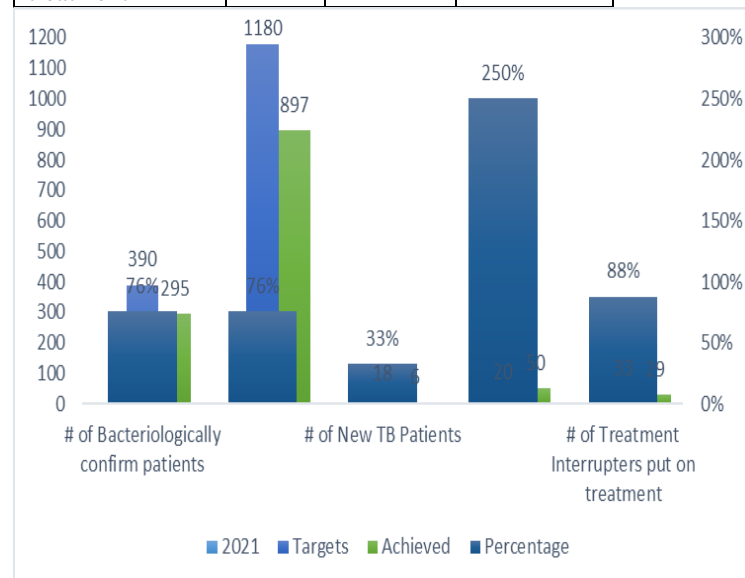
Data collection is one of the activities, as an organization, we do very month in the whole of the Kajiado County at all the health facilities that are TB treatment sites. TALAKU, as a Sub-recipient implementing GF TB grant through Amref, works with Community Health Volunteers who are linked to different health facilities in their respective sub-county through the community health strategy.

The kind of data TALAKU collects, is contact tracing forms, contact tracing is an activity whereby all smear positive patients' household members are screened for the following reasons 1) early detection 2) educating the household members on the importance of adherence 3) all under-five children are put on Tb preventive treatment (TPT) to ensure they are protected from being infected with TB since smear positive TB is transmittable.

Treatment interrupters tracing is another activity we conduct through CHVs who are requested by the TB nurse to follow-up with a patient who has interrupted treatment. This is an activity that brings back all patients who started treatment and are not adhering to it.

Below is TALAKU Jan-May 2021 report

2021	Target	Achieved	Percentage
# of Bacteriologically confirm patients	390	295	76%
# of household members screened	1180	897	76%
# of new TB patients	18	6	33%
# of Under-five children on TPT	20	50	250%
# of Treatment Interrupter brought back to treatment	33	29	88%



Data collection in Kajiado North and East

ACTIVE CONTACT SCREENING IN THE COMMUNITY

The CHVs are doing a great job by creating awareness in the community and more so when they are doing the contact screening at household levels for the bacteriologically confirmed TB patients to find out if any member of the household has developed TB. A CHV in Kajiado East at Kitengela Sub County Hospital did visit to a confirm smear positive patient to carry out contact screening. The CHV after creating awareness on TB to the household members she went ahead and screened them and none of them had any sign of TB. That is when she gave her cell phone number to the TB patient so that in case anyone presented any sign they should call her or visit the health facility immediately.

After two months the CHV was called to the home state since one of the household member has started coughing and they suspected it might be TB. The CHV visited the home immediately and referred the member to hospital and when Gene-Xpert test was done the results turn to be smear positive. The household member was managed and put on Anti TB drugs.

An under-five child in the same household felt sick after three months. The parents did not take chances but called the CHVs who told them to bring the child to hospital so as to be examined. The parents took the child to the hospital and X-ray was done since getting sputum from kids not each. The X-ray was suggestive and the child was put on treatment.

A similar case happened in Kajiado North at Ngong Sub County Hospital where a CHV did screening and the household members did not show any signs of TB, but after a month the CHV was called to the house since one household member had started coughing. The CHV was able to refer the client to the hospital and through Gene-Xpert, the results turned as rifampicin resistant (MDR TB). The patient was started on medication.

Contact screening is yielding results, but this depends on the information given by the CHVs to household members. It also informs CHVs need for on job trainings, refresher sensitization meetings and more content on the general community TB health education.

COMMUNITY OUTREACH IN KAJIADO CENTRAL

A group of four which include the CHA, CHV, TALAKU staff and Kajiado Central SCTLTC embark on fighting tuberculosis in Namanga and Ngatataek by coming up with the following mitigations.

- 1) Going through the TB4 registers, i.e., 2019 to date registers to identify the hotspot areas.
- 2) Five hotspots were identified and the areas are; Birika, Orkungu, Plot for sale, Majengo and Dubai in Namanga while two in Ngatataek were spotted as hopstops i.e. Partimaro and Oloilale.
- 3) The team jotted down the list of names of patients as per their areas from the register, regardless of the kind of Tb one had that is either bacteriological, clinical and extra pulmonary Tb.
- 4) After listing of names, the team was ready to hit the ground by going door to door screening the household members of patients.
- 5) The team was on the look out to identify the common factors that are making these areas to be identified as TB hotspots.

Day One, we visited Birika and plot for sale, where 9 households were screened for TB. In one household at Birika, we came across a family that was concerned about their brothers who are on treatment but not adhering to medication. We tried to inquire if they are nearby for us to educate them on the importance of adherence, but we were informed that they are not near and it has become their trend since the elder brother was the one who started the treatment, interrupted and infected the young brother

who is also not adhering to treatment. After listening to them, the SCTLTC thought it best to inform the Public Health Officer who then informed the area Assistant Chief. The PHO requested the assistant chief to meet us the following day so to come up with mitigation of how the two brothers are to be enrolled back to treatment.



Strategizing on how to meet the Assistant Chief

At plot for sale, we meet a former TB patient who was a drunkard. Nevertheless, he stopped consuming alcohol completely due to TB treatment. He, assisted by giving us a list of names of his friends who he suspects might be having TB, and true to his word we referred most of them to hospital, and one was put on TB treatment after he was diagnosed clinically. The activity was not easy since we kept walking from one household to another and in other households, we didn't get the owners, but due to the passion we all have for our TB patient nobody complained they are tired. That evening the lab tech gave us samples to take to Kajiado County Referral Hospital lab for



At a home state where two clients were referred to KCRH

Gene- Xpert test and one of the samples turned positive.

Day two, we headed to Majengo. However, we first passed by some households that we had left pending at Birika. We succeeded in carrying out contact screening, where we referred two children, under-five years, to be put on TPT for preventing them from contracting TB, since they stay with a smear positive TB patient. Later in the afternoon, we headed to Mejango, where we were able to visit a TB patient who is on treatment. We acquire about how he was managed at the facility and he said the TB nurse counselled him well, informing him that he will be on treatment for six months without missing a single day. The household members are not screened for TB and since his family was out, we tasked the CHV the CHA to carry out contact screening to the household and also follow up with the new patient whose results turned out to be positive.

Day three, we were at a place called Dubai, visiting former TB patients, where we did contact screening for their family members. Due to proper treatment compliance, which the patients got from the TB nurse and the CHVs following up with them. We did not have anyone in the area referred for TB screening.

The **fourth day**, at Orkungu, the team was able to visit a young family. The head of the family is a TB patient, the wife had been coughing and child was on cough treatment. The team advised that the whole family to go for screening at the Namanga health center.

In Ngatataek, we did visit two drinking dens in Partimaro and Oloilelai called “ngipoken” in the Maa language. This is a place where men and women meet to enjoy a local alcohol brew. At this place, we created awareness on TB and we managed to identify a lady who exhibited all the signs and symptoms of TB.

Since the facility was a walking distance we walked with the lady to the facility, where she got screened and clinically diagnosed, she was put on treatment as we await her sputum results.

The one common fact in these areas is the “ngipokens” (drinking dens). Even with the pandemic, we are facing today as a Country, the men and women here are not adhering to the restrictions of social and physical distance of 1.5m, there is no wearing of masks, not even water for hand washing. Ngipoken are health hazards which need a lot of attention from the ministry of health.



At a drinking den (Ngipokens) creating awareness

ADOPT A FAMILY

This is an initiative that was started by TALAKU, being called upon to assist a family where the bread winner and her son had tuberculosis. The bread winner was no longer able to provide for the family, since the TB disease had made her weak and, wasted to the point she needed support from God knows where.

Driven by what was happening to the family and knowing how hard it is to adhere to treatment on an empty stomach, TALAKU took the initiative of reaching out to their friends who could adopt a family for six months, since the drug-sensitive Tb (DS TB) one takes drugs for six months. That is when TALAKU requests a friend to adopt a family for the six months when one is on TB medication. The bread winner and the son were able to complete their treatment and were declared cured.

TALAKU has seen 7 families bouncing back from not being able to carry out their daily activities and supporting their families to getting cured and going back to work. Like the theme for world TB day is the 'clock is ticking' hence people should work hand in hand to end TB in our communities.

Thanks to the following families Roimen's, Saitoti's and Mishi Resian for enabling these families to adhere to treatment by supporting them with one very essential commodity for ending TB (FOOD).

WORLD TB DAY, 2021

Each year, we commemorate World TB Day on the 24th of March, to raise awareness to the public about the devastating health, social and economic consequences of TB, and to step up the efforts to end the global epidemic. The date marks the day in the year 1882 when Dr. Robert Koch announced that he had discovered the bacterium that causes TB, which opened the way towards diagnosing and curing this disease.

Tuberculosis remains one of the world's deadliest infectious killers. Each day, nearly 4,000 people lose their lives to the disease and close to 28,000 people fall ill with this preventable and curable disease. Global efforts to combat TB have saved an estimated 63 million lives since the year 2000.

The theme of World TB Day 2021 - "The Clock is Ticking"- conveys the sense that the world is running out of time to act on the commitments to End TB made by Global leaders. This is in context of Covid-19 pandemic, that has put End TB progress at risk, and to ensure equitable access to prevention and care in line with the WHO's drive towards achieving Universal Health Coverage.



TALAKU staff together with the PHO and MDR Campion

In Kajiado County, this year's commemoration was held at the Oltepesi Health Centre, Kajiado West Sub-County. In attendance was the County Director of

Health, Department of Health staff members, TB Programs Implementing partners including World Friends and TALAKU TB, AMREF Health Africa, Oltepesi health center staff, Community Health Workers and the Oltepesi Community members. West Sub – County is counted as one of the TB prevalent areas. However, partners and the County Department of Health have combined efforts towards reaching out to more people with awareness messages on how to identify TB cases and have them reported to the nearest health facility, as TB is treatable and curable. Towards the same efforts, all TB treatment sites that have been identified by the Government's Ministry of Health, offers free TB testing and treatment services. This is to ensure that more patients are enrolled on treatment as it could be financially overburdening both the individual client and their families.

The community was advised on the adverse effects that the disease can cause not only to an individual, but in the community at large, thus the need to ensure that all measures are taken to combat the spread of TB and lower the chances of being infected with TB leading to drug resistant TB or even death, as it is our collective responsibility to take care of each other's health.

Globally, in the country and in the County levels, we have a lot of missed cases of TB that do not get reported due to low surveillance and lack of information among citizens. Creating awareness about TB should be intentional and have mechanisms that will enable more people being reached out so as to reach the End TB Goals set.

On the same day, The Kajiado County TB Framework 2019 – 2023 was launched. This will enable implementation of various strategies in ensuring that TB is tackled, both in the Health facilities and at the Community.

Let us all work together towards eradicating TB in the Community! As we say,” Mulika TB, Maliza TB”.



Kajiado County TB Strategic Framework 2019-2023