STOP TB Partnership – Kenya Launches Strategic Plan

The STOP TB Partnership – Kenya, launched its first ever Strategic Plan (2014-2018) with a call to all Kenyans to Do something, Do more, and Do better together.

The launch took place on November 10th, 2015 at the Intercontinental Hotel in Nairobi with attendance of over 150 delegates drawn from different settings of the Kenyan population, including the work place, religious bodies, educational institutions, congregate populations, sports bodies, health workers, media, and migrant populations.

The newly launched Strategic Plan addresses social determinants of health, and taps into the capabilities and capacities of the corporate sector, the government and all Kenyans, including TB Patients, who are at the core of the partnership. The STOP TB Partnership - Kenya, whose overarching vision is to attain a healthy and prosperous Kenya free of TB and other poverty related diseases, will implement the Strategic Plan by spearheading a year-round doorstep-reaching platform for a healthy and prosperous Kenya free from TB and other poverty-related diseases.

Dr. Enos Masini, Head of the NTLD – Program was the chief guest at the launch that sought to encourage the private sector to join the Partnership in order to prevent and ultimately eliminate TB, increasing productivity of the workforce and consequently realising the economic returns of a healthy and productive workforce.

In his speech, Dr. Masini noted that financing remains a significant challenge, with a majority of funding coming from the Ministry of Health and donors.

"The goals and milestones outlined in the Strategic Plan speak to the identified need of bringing other players who have not been on board. If met, they will lead Kenya towards being a TB free country"
Word from the Dr Brenda Mungai
TB ARC Chief of Party,

The end of 2015 also marks the end of the Millennium Development Goals (MDGs) era. Are we there yet? Have we halted and reversed the incidence of Tuberculosis (TB), compared to the year 2000?

According to the 20th Global Tuberculosis Report released in October 2015, effective diagnostics and treatment saved 43 million lives between 2001 and 2015. There has been a global reduction in TB incidence by 1.5% per year, contributed to by 16 of the 22 high burden countries among others.

Are the positive steps sufficient? Unfortunately not, a lot more needs to be done. TB ranks alongside HIV as a leading killer worldwide. In 2014, 1.5 million people died of TB: 890,000 men, 480,000 women and 140,000 children. 400,000 of these deaths were TB deaths among people living with HIV. There are an estimated 9.6 million infections that occurred in 2014 but only 6.3 million were reported hence still missing a third of the cases.

The TB situation in Kenya mirrors the above with a declining case notification rate. What is the true prevalence of TB in Kenya and what proportion of cases are we missing?
On July 9, the National Tuberculosis, Leprosy and Lung Disease (NTLD) program and its partners launched the first ever post independence TB survey http://tbprevalence.nltp.co.ke.

This is a nationwide study set to run for approximately 10 months. TB ARC is one of the partners supporting the communications aspect, the IT hardware, and fleet and as part of the Taskforce. The true prevalence of TB will be known at the end of this study and will better guide programming.

The NTLD-Program targets to ensure identification of all cases through better diagnostics, quality management of TB patients by county teams as well as advocacy.

Through the Global Fund, 50 more GeneXpert machines were procured, and in September and October, TB ARC supported installation of these machines and sensitisation of health care workers at recipient facilities. There are currently 126 functional machines in the country and super user trainings have been conducted to build capacity across counties to support the use of the machines in order to reduce down time.

TB ARC and Global Fund supported technical assistance missions to counties to support and ensure quality of care is offered to TB patients. Global Fund in conjunction with TB ARC also supported the biannual performance review meeting, where sharing of data and best practices was done.

A motivational speech by Mr Kareithi Murimi (now NSSF Chair) energised participants’ to be members of high performing teams as they contribute to the vision of reducing the burden of TB in Kenya.

This period has been indeed a good time for TB advocacy. The STOP TB Partnership - Kenya (now housed at the new Afya Annex) hired a National Stop TB coordinator and launched its strategic plan with the support of TB ARC.

With a rallying call “Do something, Do more, Do Better together,” the launch of the strategic plan rallied stakeholders from different settings to commit to the fight against TB. A Parliamentarian’s Forum was held and several MPs signed a declaration for political commitment to end TB.

As quoted in the October 2015 edition of Lancet, “Waiting another two centuries for a curable and preventable disease to disappear is not an option, failure to seize opportunities to end TB will constitute both a scientific and moral failure.” STOP TB Partnership – Kenya plans to bring together partnerships to ensure these gaps are addressed.

A Parliamentarian’s Forum was held and several MPs signed a declaration for political commitment to end TB.

The 46th Union Conference with the theme “A new Agenda Lung Health and Beyond” was held in December with a call to end TB. This year’s conference also tied the sustainable development goals to the End TB Strategy.

Driving down TB deaths as envisioned in the End TB strategy requires better care and prevention, bolder policies and systems and bigger investment in research and innovation. The highlight of the conference for me was launching of the child friendly TB fixed dose combination. Now we need to find the children, diagnose them via GeneXpert and be assured they are getting the right dose in palatable and tasty solutions!

Happy Holidays All!

As quoted in the October 2015 edition of the Lancet “Waiting another two centuries for a curable and preventable disease to disappear is not an option. Failure to seize opportunities to end TB will constitute both a scientific and moral failure..” STOP TB Partnership - Kenya plans to bring together partnerships to ensure these gaps are addressed.
Continued from page 1

“In the face of a shrinking donor pool, there is need for home-grown solutions to eliminate TB,” he said. “This informs the need to rope in the private sector, individuals and other players in support of TB control. Such support is not necessarily financial but can also be in the form of ideas as well as technical skills and capacity.” he added

“The goals and milestones outlined in the Strategic Plan speak to the identified need of bringing other players who have not been on board. If met, they will lead Kenya towards being a TB free country,” he added.

Also speaking at the forum, Dr Jeremiah Chakaya, interim Chair of the STOP TB Partnership - Kenya said, “The Partnership recognises that poverty and ignorance are the root causes of this disease.”

“We urge all Kenyans to strive to be healthy and prosperous, with the longest possible high quality life expectancy from womb to tomb,” he added.

Speaking at the launch, Ms Evaline Kibuchi, Chief National Coordinator of STOP TB Partnership – Kenya made a rallying call for all attendants to make a commitment to stop TB in their respective settings.

“Let us think about what we can do to fight TB in our settings...for instance, those of us working in churches can take five minutes to talk about TB in church on Sunday,” she said.

In a highly interactive discussion on the role of players in the respective settings, participants suggested possible solutions that can contribute towards the elimination of TB in Kenya.

These included the need for increased advocacy, de-stigmatisation of TB, socio-economic empowerment of TB patients, translating theory to practice, and support for TB patients in places of work and efforts to change the attitude and approach of health practitioners providing TB services.

Representatives of the different settings made symbolic commitments to fight TB in their respective settings by signing statements bonding the signatories to do more in the fight against TB in Kenya.

The development and launch of the STOP TB Partnership – Kenya Strategic Plan was supported by USAID through the Tuberculosis Accelerated and Response Care (TB ARC) Activity as part of the sustainability strategy for TB care and control in Kenya.

“In the face of a shrinking donor pool, there is need for home grown solutions to eliminate Tuberculosis...such support is not necessarily financial but can also be in the form of ideas as well as technical skill and capacity”
The NTLD-Program launched the first ever TB Prevalence Survey since Independence on July 9, 2015 in Nairobi.

The survey launch, which was supported by the USAID, funded Tuberculosis Accelerated Response and Care (TB ARC) Activity, brought together a wide range of stakeholders to witness the launch of a survey that generally aims to accurately assess the TB burden in Kenya.

The last TB disease prevalence survey in Kenya was carried out in 1958-59, and can no longer be used to estimate disease burden and to plan for the delivery of TB and TB/HIV services.

A more recent TB Prevalence study was carried out in two divisions of the former Nyanza Province and, although the results cannot be extrapolated to the rest of Kenya, the results suggested that TB Prevalence in Kenya might be under estimated

The National Prevalence Survey therefore aims to provide an accurate estimate of Kenya’s TB burden and determine the existing challenges in accessing TB testing and treatment. The survey also seeks to characterize persons identified with TB that were not yet detected by the National TB program.

As Dr Joseph Sitienei, Survey Principal Investigator and Head of the Division of National Strategic Public Health Programs explains, “The importance of this TB survey for Kenya cannot be over emphasised. Its success is hinged on the participation of all Kenyans and involvement of all stakeholders.”

“...The Government of Kenya will use the data collected from the field to inform policy and planning and move Kenya towards eliminating TB by 2030. I cannot be more proud to be involved in the process. It has been 55 plus years since this was done. For Kenyans and Kenya this is a big achievement,” he added

The survey which is expected to take approximately 8 to 10 months, will involve a visit to individual households and where possible participants who are over 15 years of age will be invited to a nearby mobile field site located at a school or community hall. At the field site, participants will be interviewed on TB features, requested for a chest x-ray and asked to provide a sputum sample.

The study will be implemented by a series of institutions including the NTLD-Program, WHO, KEMRI/CDC, the KNCV, Tuberculosis Foundation, the Academic Medical Centre of the University of Amsterdam, KEMRI and USAID. The CHS led TB ARC activity will specifically provide logistical support for the field teams as well as technology support through tools for data collection.

Commenting on the partnership approach of the survey, Dr Nicholas Muraguri, the Director for Medical Services, said, “Public and Private Partnership is one of the many pillars that support the work the Ministry of Health does. This partnership approach guarantees that this survey is informed by the combined best thinking of a broad range of stakeholders to ensure its success
The USAID funded TB ARC Activity supported the 2nd Bi-annual Performance Review meeting held at the Machakos Technical Training Institute from September 21 to 25, 2015.

The five-day meeting co-supported by the Global Fund, brought together County Tuberculosis, Leprosy and Lung Disease Coordinators (CTLCs), County Medical Laboratory Coordinators (CMLTs) and Pharmacists to discuss county specific performance, share best practices, challenges and proposed solutions for the period under review.

Naomi Mutie, Machakos County Health Executive (CEC) officially opened the meeting by on behalf of Machakos County Governor. In her opening remarks, Dr Mutie said she was pleased by the tremendous support the county government had been receiving from the NTLD-Program and other supporting partners in the fight against TB.

Also speaking during the opening session, Dr Enos Masini, Head of the NTLD-Program said some counties had been having problems with poor notification and under diagnosis which was unfortunate in light of the availability of new diagnostic technology (GeneXpert).

Dr Masini challenged the CTLCs, CMLTs and Pharmacists to work closely with the private sector to ensure all Kenyans receive quality TB Services in line with NTLD-Program guidelines.

As working sessions began, county representatives presented their respective county profiles as well as challenges that included private facilities that do not follow recommended treatment guidelines, poor documentation and poor utilisation of the TIBU system.

At the meeting, George Onchiri, a Community Mobilisation Advisor, encouraged the CTLCs, CMLTs and Pharmacists to take note of the community calendar and capitalise on strategic opportunities to communicate with local communities. He further urged the workshop participants to involve key community stakeholders to ensure that information flows effectively from the CTLCs, CMLTs and Pharmacists to the communities.

At the end of the meeting, Bungoma, Homabay, Kisumu, Kericho, Kisii Nyandarua and Siaya Counties showcased their best practices.

These included the rational use of Drug Resistant (DR TB) patient support to achieve sustainability in Bungoma, sputum networking in Homabay which involved collection of sputum samples from non-diagnostic facilities to the nearest testing sites.

Kisii county showcased its monthly meetings to review the performance of each zone against the set target while Kisumu showcased its improved utilisation of the GeneXpert machine, Kericho and Siaya County respectively showcased their specimen networking to reduce patient movement leading to early diagnosis and prompt initiation of treatment and active leprosy case finding while Nyandarua showcased its use of mobile ART clinics to increase ART uptake among TB/HIV infected patients in Nyandarua.
With support from the USAID funded Tuberculosis Accelerated Response and Care (TB ARC) Activity, The Stop TB Partnership - Kenya hosted a Parliamentarians Forum on October 7, 2015 in Nairobi.

At the forum, parliamentarians and political leaders from 11 counties signed a communiqué committing to ensure adequate allocation to TB control during the national budgeting process. They also committed to working with the Stop TB Partnership - Kenya and other stakeholders towards ending TB in Kenya.

Led by Hon Stephen Mule, MP for Matungulu and a member of the Parliamentary Health committee, the 11 Parliamentarians who signed the Communiqué included Hon Agostinho Neto, Hon Andrew Mwatate, Hon Rachel Nyamai, Hon Ndirie A M Abdulahi, Hon James Bett, Hon Joseph Magwanga, Hon Shukra Gure, Hon M A Haffi, Hon David Kariithi and Hon Dr James Murgor.

While signing the communiqué, the 11 Parliamentarians committed to use their leadership and influence to demand for more effective action to beat the TB epidemic in Kenya.

They also committed to prioritize and raise the TB profile on the political agendas at global, national and county levels, to mitigate the impacts of the disease.

They further promised to use all means at their disposal to urge sustained action from our governments, both County and National, to secure the necessary and adequate international and domestic resources both human and financial, to combat TB; as well as legislate and defend patient centered laws for TB preparedness, response and rehabilitation.

As Evelyn Kibuchi, the Chief National Coordinator of the STOP TB Partnership - Kenya explains, “We wanted to domesticate the Barcelona declaration which we did in the communiqué. “ We hope to develop a score card for MPs to track their contribution to TB in terms of policy and advocacy,” she added.

The Barcelona Declaration called on all elected representatives across geographic and political divides to plan how to use their leadership and political platforms to demand for more effective action to fight TB.

The declaration further called for more investment in research and development for TB that will sustain and enhance the existing research initiatives. This would also support introduction of much needed new TB drugs, diagnostics and vaccines and ensure that new treatments are available, accessible, appropriate and affordable for all who need them.
The USAID funded Tuberculosis Accelerated Response and Care (TB ARC) Activity supported six staff from the National Tuberculosis Leprosy and Lung Disease (NTLD) Program and TB ARC to attend the 46th Union World Conference on Lung Health held in Cape Town, South Africa.

The Union World Conference on Lung Health is the world’s largest gathering of clinicians and public health workers, health program managers, researchers and advocates working to end the suffering caused by lung disease, with a specific focus on the challenges faced by the low and middle-income countries.

This year’s Union Conference took place from December 2 through to 6 at the Cape Town International Convention Centre and was held under the theme “A New Agenda: Lung Health Beyond 2015.”

The conference reflected the changing landscape of global public health, and the new era of action that would be implemented in the post-2015 era of global health and development. The five-day scientific program further addressed how the new agenda will influence the inter-related fight against TB, HIV, lung disease and non-communicable diseases, as well as the global campaign for tobacco control.

At the conference opening session, Naomi Wanjiru, a nurse supported by the Centre for Health Solutions – Kenya (CHS) was awarded the Kochon Prize for her outstanding contribution in the fight against TB. The Global STOP TB Partnership awards the Kochon Prize to unsung or unrecognised heroes who quietly and tirelessly make everyday miracles happen for people with TB. (Read Naomi’s full story in the next section)

At the conference, the TB Alliance and its partners unveiled the first ever child friendly TB formulation in the correct doses. According to the World Health Organisation (WHO), splitting or crushing TB pills for administration to children, the unpalatable taste and high pill burden due to use of different formulations at any one time, results in imprecise dosing for children, poor adherence to drugs and therefore makes the treatment journey extremely difficult for children, their families and health care workers.

Such challenges can also make treatment less effective, leading to poor health outcomes and the development of more difficult to treat, drug-resistant TB in children. The improved paediatric formulations officially launched at the conference are the first to meet the dosage guidelines set by the WHO. The formulations are dispersible and palatable, simple to administer, affordable and are expected to improve treatment among children with TB everywhere.

Commenting on the new paediatric formulations for children, Dr Enos Masini, Head of the NTLD Program said, “Childhood TB is a problem that can be solved when we choose to act. We need to make sure all children with TB are diagnosed and treated with the best medicines possible. I am proud to say that Kenya plans to adopt these new products for our children immediately, which will greatly improve our response to treating drug-sensitive TB.”

Speaking about the conference, Dr Brenda Mungai, TB ARC Chief of Party said, “I was impressed to see that the conference discussed social protection to reduce the catastrophic costs associated with TB. I am proud to say that Kenya was the first country to put the social protection concept into the NTLD-Program’s National Strategic plan for 2015-2018.”
CHS Supported Nurse Naomi Wanjiru Scoops 2015 Kochon Prize

Naomi Wanjiru, a TB Nurse supported by the Centre for Health Solutions – Kenya (CHS), through its CDC funded Tegemeza project, was awarded the 2015 Kochon Prize, for her outstanding contributions in the fight against TB.

The Global Stop TB Partnership made the announcement during an award ceremony at the 46th Union World Conference held on Sunday, November 29, in Cape Town, South Africa. The Kochon Prize is awarded to unsung or unrecognised heroes who quietly and tirelessly make everyday miracles happen for people with TB.

On receiving the award, Naomi said, “I am humbled and similarly excited to receive the 2015 Kochon Prize Award. It is a distinguished honour, one that I do not take individual accolade for, but dedicate to all health workers and advocates dedicated to eliminating TB.

I receive this award on behalf of health workers who are constantly exposed to a number of infectious diseases and more particularly TB as they seek to save the lives of millions of patients across the world. These are individuals who work selflessly to inspire hope but who are also at great risk of infection and potential stigma,” she said.

Six years ago, Naomi was diligently working at the busy TB/HIV Clinic at Engineer District Hospital in Nyandarua. Seven months into her work, Naomi developed intense back pain, which was later diagnosed as TB of the spine. At this point, Naomi could barely walk without support. After completion of six months of anti-TB treatment, Naomi was cleared of TB. Following her remission, Naomi resumed her work at the TB clinic providing critical TB services despite continued back pain and discomfort.

Two years later, Naomi visited an orthopaedic specialist from India who delivered grim news. TB had caused a collapse of lumbar vertebrae L 2, L 3 and L 4, and would require corrective surgery. Despite what she was up against, Naomi continued to work in the lead up to the operation.

Less than two months after a successful operation and weeks of intensive physiotherapy, Naomi was back at the clinic, providing health services to TB and HIV/AIDS patients.

Naomi’s predicament turned out to be a blessing in disguise because it prompted the need for action on prevention control at the TB clinic where she worked. The great risk that health workers faced due to the congested and poorly ventilated structure that housed the TB and HIV/AIDS clinics was brought to the attention of the hospital management.

With support from the US Centers for Disease Control and Prevention (CDC), the facility’s HIV/AIDS care and treatment partner Centre for Health Solutions – Kenya (CHS) undertook the construction of a three roomed TB clinic, with a spacious and well-ventilated waiting bay. This greatly improved infection control measures at the clinic and to date, no other health worker has been infected with TB.

Congratulating Naomi on her award, CHS CEO Dr Paul Wekesa said, “We are very glad to see Naomi receive this prestigious award. Four years ago, we got to see Naomi’s work and were able to see the gaps that existed and why she got exposed as she provided care to her patients.”

“CHS then got to work to find solutions and we were able to improve her working conditions, put in place Infection Prevention and Control (IPC) measures, and give Naomi and her colleagues a healthy and comfortable working environment.

Acknowledging the support she received from CHS, Naomi said, “I would like to thank CHS for believing in me and nominating me for this prestigious award, as well as creating a notable impact in the fight against TB in Kenya.”

According to the Global Stop TB Partnership, working in TB can be very unrewarding especially for those who provide TB care and treatment knowing that they are at permanent risk of being infected and getting sick.

As Naomi explains, “When I was diagnosed with TB, I felt broken and I could have easily given up on my vocation. However, I did not think of leaving the medical profession because I believe that it is because of our strength and courage as health care workers that the battle against TB will be won.”

Even at great personal cost, Naomi’s heroism and dedication to the fight against TB is inspiring to patients and health workers alike. Her efforts and those of her fellow health workers at the TB treatment clinic contributed to a TB treatment success rate of 90% among patients attending the clinic in 2014. Her resolve to devote most of the Kochon Prize award to fight stigma associated with TB in Nyandarua County is even more admirable.
Benjamin Omondi, TB ARC Regional Officer for Nyanza Western has a word with Dr. Lorraine Mugambi Nyaboga, TB ARC Deputy Chief of Party, and John Njenga, TB ARC Monitoring and Evaluation Specialist at the PEPFAR-funded TB/HIV implementing Partners Meeting.

Dr. Joseph Sitienei, Survey Principal Investigator and Head of Division of National Strategic Public Health, MoH has a word with Dr. Joel Kangangi, WHO/Kenya during the Prevalence Survey Launch.

Janice Njoroge, CHS Grants Development and Communications Manager talks to the community during the Prevalence Survey Entry Meeting in Kajiado County.

Faith Muigai, Head of Clinical Operations at Jacaranda Health leads discussions at the STP - Kenya Strategic Plan Launch.
Dr Shoba Vakil of NASCOP has a word with Dr Fridah Njogu Ndongwe of CHS at the PEPFAR funded TB/HIV Partners Meeting.

Eunice Omesa and Rose Wambu from the NTLD Program during a light moment at the CTLC Bi-Annual Performance Review Meeting in Machakos.

Janice Njoroge, CHS Grants Development and Communications Manager talks to the community during the Prevalence Survey Entry Meeting in Kajiado County.

Faith Muigai, Head of Clinical Operations at Jacaranda Health leads discussions at the STP - Kenya Strategic Plan Launch.

(From Left) Benjamin Omondi, TB ARC Regional Officer for Nyanza Western has a word with Dr Lorraine Mugambi Nyaboga TB ARC Deputy Chief of Party, and John Njenga, TB ARC Monitoring and Evaluation Specialist at the PEPFAR funded TB/HIV implementing Partners Meeting.
The USAID funded Tuberculosis Accelerated Response and Care (TB ARC) Activity supported a series of GeneXpert installations within the Coastal, Nairobi, Nyanza, North and South Rift, Western, Central and Eastern counties in Kenya.

The machines, which were procured by the Global Fund, were installed between September and October 2015 to help implement the rollout of GeneXpert technology in Kenya. The installation process also aimed to familiarise clinicians with the GeneXpert technology algorithm as well as build the capacity of laboratory personnel to operate and use the GeneXpert technology.

The GeneXpert installation team comprised of TB ARC’s Sheilla Chebore, Jeremiah Okari, Naomi Obobe, Josephine Wahogo and Elizabeth Gikonyo from the NTLD-Program and NTRL, Silas Otuoma, Eric Musyoka, Josiah Mwendwa and Peter Muchira from Caroga/Cepheid as well as Moses Kigen and John Mutisya from the Kenya Medical Supplies Authority (KEMSA).

The team installed a total of 50 GeneXpert machines in Kisumu, Homabay, Siaya, Migori, Nyamira, Tana River, Kwale, Kilifi, Mombasa, Taita Taveta, Machakos, Kitis, Makueni, Meru, Nandi, Baringo, Nairobi, Laikipia, Bomet, Kirinyaga, Nyandarua, Murang’a, Kiambu, Nyeri, Busia, Kakamega, Bungoma, Vihiga, Isiolo, Marsabit and Embu Counties.

During the installations, the team also set up the GeneXpert LIMS system that allows for the GeneXpert equipment to remotely post diagnostic and logistical data onto a cloud server for consumption by the NTLD-Program. The GX LIMS system is also important for monitoring equipment usage as well as reducing the turn around time for clinicians to receive results.

Describing the installation process, Sheilla Chebore, TB ARC Laboratory Technical Officer said, “When we arrived at a facility, we first made a courtesy call to the medical superintendent which was followed by a Continuous Medical Education (CME) session where all the health care workers in the facility were trained on the use of the GeneXpert algorithm, types of samples and laboratory networking. The Caroga/Cepheid specialists then unpacked the machine and made sure it was plugged into the right places within the laboratory.”

“After initialising the machine, the health care workers and lab staff at the facility were practically trained on how to use the equipment after which the GX LIMS system was set up. Four tests were run to conclusion to verify the operation of the machine up to the point were an SMS alert and email of the results was received. As the tests continued, the health care workers and lab staff were taken through the recording and reporting tools associated with the GeneXpert machine.” She added.

“At the training, the health care workers were taken through the GeneXpert testing algorithm and shown how to create admin and user passwords essential for online reporting. Each facility received an operating manual as well as a DVD highlighting the Standard Operating Procedures (SOPs) for testing and equipment maintenance,” Sheila said.

To date, TB ARC has supported the installation of 80 GeneXpert machines across the country. The machines will go a long way to enable early and appropriate treatment initiation, as well as accelerating the implementation of MDR-TB control measures, and ultimately reduce TB case incidence in the country.
TB ARC Supports Technical Assistance and Job Orientation Exercise

The USAID supported Tuberculosis Accelerated Response and Care (TB ARC) activity supported a series of Technical Assistance (TA) Missions across Kenya between September 7 and 18, 2015.

The NTLD-Program is mandated to offer TA to counties to ensure standardised patient management systems are in place, quality of care and implementation of recommended policies.

Technical assistance also provides an opportunity to identify best practices that can be scaled up nationally and address identified weaknesses in TB, Leprosy and Lung disease control activities. It is also a form of capacity building among health care workers with different levels of expertise.

As Dr. Brenda Mungai, TB ARC Chief of Party explains, “The objectives of the TA were to determine the quality throughout the continuum of a TB patient’s care, assess implementation of new policies such as GeneXpert testing and IPT and to assess the monitoring and evaluation systems in place as well as human resource availability and trainings.”

During the TA visit, a total of 15 counties were visited and these were chosen based on lack of TA support during the previous visit, identified need for TA in the just concluded quarterly meetings, low Treatment Success Rates (TSR), drop in case finding and availability of resources.

The counties that were covered in this TA mission included Busia, Kisumu, Siaya, Turkana, Baringo, Kajiado, Migori, Nakuru, Meru, Tharaka Nithi, Kakamega, Uasin Gishu, Bungoma, Makueni, Kilifi, Taita Taveta, Nyandarua and Siaya.

Following the nationwide TA missions, a number of challenges were identified especially prominent in the vast and hard to reach Turkana County.

As John Njenga, TB ARC Monitoring and Evaluation Specialist explains, “We found that Turkana was performing poorly in most indicators and we needed to bring on board new SCTLCs to help supervise and mentor facility health care workers. In order to bring these new SCTLCs to a level where they could comfortably discharge their duties, the NTLD-Program agreed to organise an on-job orientation exercise in Meru County as a form of induction,” he said.

“We saw the need for the new and old staff in Turkana County to be taken to a county that was performing relatively well from which they could learn best practices and hopefully translate the same in their county,” John Njenga further explained.

On that strength, TB ARC took the initiative to support the Turkana County TB Coordinators and lab Technologists to a one-week on-job orientation and mentorship tour to Meru County. During this one-week visit, the Turkana team held a daylong meeting with their counterparts in Meru during which best practices and challenges were shared. The team also visited different facilities throughout the county and had an opportunity to interact with facility staff and sub county staff in Meru County.

Going forward, the NTLD-Program will make a follow up visit to Turkana to assess if the job orientation and mentorship exercise was fruitful. If productive, this is an exercise that can be replicated across the country to help all counties achieve and exceed their TB care and control targets.
Regional Success Stories

**Multi Drug Resistant (MDR) TB in Mobile Populations: Omar Guleed’s Story**

*Omar Guleed stepped on the brakes of his truck.*

He had to do it today. The cough had persisted for more than two weeks, and he felt a sharp pain in his chest whenever he breathed. He had to have it checked. A seasoned long distance truck driver, Omar expertly packed his burgundy coloured 18-wheeler truck and walked into the Kisumu District Hospital.

One hour later, Omar had given his sputum, tested for TB and started on a six month TB treatment regimen. The health care workers at the hospital were especially kind and patient with him as he was unable to understand both English and Swahili.

Through a translator, Beatrice Ooko, SCTLC Kisumu East, did her best to explain to Omar the importance of adhering to his treatment. Beatrice also explained that Omar’s close contacts needed to be screened for TB something that Omar strongly objected to. He was too afraid to let anyone in his family or at work know that he was sick. His boss, who was actually his cousin’s husband, would not be too pleased if his star truck driver was sickly and on long-term medication.

“Taking the medicine can not be too hard,” Omar thought as he walked out of the hospital.

A few days after starting his medication, Omar was off to Sudan via Uganda against the advice of Beatrice and other health care workers in Kisumu. After about one month, he had fallen behind in his medication and was completely unreachable. After three months of non-responsiveness, Omar was declared an out-of-control client to the disappointment of Beatrice and the health care workers in Kisumu East.

*Omar was hurt but because of the intensive counselling he agreed to continue with the medication. His cousin also reluctantly agreed to accommodate him in a small separate room as he continued with his treatment. In a short while, Omar was feeling better and soon got into his beloved truck and resumed his long distance travels.*

He had however interrupted the continuation phase of his retreatment regimen. It did not take long for Omar to show up in the system again. He was now very ill and sought treatment at a neighbouring facility. Beatrice however traced him back and Omar was eventually diagnosed with MDR TB.

A team consisting of the TB Clinic Nurse, CHV Kisumu East SCTLC once again counselled Omar and his family emphasising the need for him to stay in one place as he took his medicine. Timothy Malika, the Kisumu CTLC also stepped in to support Beatrice and encourage Omar to complete his treatment. After a series of arrests and increased stigma from fellow truck drivers, Omar subsequently finished his medication with great support from Beatrice, Mr Malika and the DOT nurse assigned to him.

MDR- and XDR-TB are a growing concern in Kenya. In 2011, 166 MDR-TB and two XDR-TB cases were notified. In the same year, it was estimated that 3.1% and 10% of new TB cases and retreatment cases respectively had MDR-TB, translating to about 2400 and 1000 cases among new and retreatment cases respectively, suggesting low MDR-TB case finding.

The USAID funded Tuberculosis Accelerated Response and Care (TB ARC) Activity is mandated to provide transport and nutritional support to MDR TB patients like Omar to help them successfully complete their treatment. TB ARC also supports support for health care workers to facilitate home based Directly Observed Treatment that was instrumental in helping Omar complete his treatment.

“Omar is a different man today. He has gained weight and tested negative for TB. I think he is an excellent MDR TB champion and TB ambassador for truck drivers,” said Beatrice Ooko.

“His story represents how MDR TB clients struggle with their treatment and how stigma can negatively affect a patient’s outcome. We are all looking forward to getting Omar’s final culture results to confirm that he is fully cured of MDR TB. It will be such a triumph for him and all of us,” she added.

**Names changed to protect the identity of the MDR TB Client**

_Photograph courtesy of Getty Images_
Drug Resistant Tuberculosis in the Family: From Mother to Daughter: Aamun Ali’s Story

Aamun Ali and her mother could hardly believe their ears.

“The final culture results are here and I am happy to let you know that Mama is fully cured from Multi Drug Resistant Tuberculosis(MDR TB),” said Hassan Guyo, Garbatulla SCTLC.

Aamun Ali let out a shriek of joy while tears streamed down her mother’s cheeks. It had been a difficult two years but Aamun’s mother had remained stoic and faithfully taken her medication despite all the odds. And now she was fully CURED!!

Aamun and her mother joyfully thanked Hassan for his support and rushed to share the good news with the rest of their family back at their Malkadaka Village.

Three months later, Aamun visited the Malkadaka Dispensary. She had a mild but persistent cough and felt generally ill.

Despite getting some medicine, the cough persisted and this worried the Community Health Volunteer (CHV) stationed at the village. Upon the CHV’s referral, Aamun visited the Isiolo County Referral Hospital where GeneXpert technology was used to test her sputum. Aamun’s sputum tested positive for Drug Resistant Tuberculosis and this was confirmed when a second sputum sample was sent to the National Tuberculosis Reference Lab (NTRL) in Nairobi.

Aamun was dazed. How had she gotten drug resistant TB? What would her husband say? Who would take care of her children? Will she have the same resilience as her mother to complete her treatment?

Aamun’s mother was devastated but knew she had to fully support her daughter throughout the treatment process. She had walked in Aamun’s shoes and she knew the kind of support Aamun would need to get better.

First, Aamun needed to have a series of tests to confirm if she was in good health to tolerate the strong MDR TB medications. These lab tests are supported by the USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity.

TB ARC supports laboratory baseline investigations prior to initiation of DR TB treatment and follow up investigations during treatment for clients like Aamun. Once the results came in, Aamun was started on MDR TB treatment based on the national guidelines as prescribed by the NTLD-Program.

Aamun’s mother knew that her daughter needed to be closely monitored and supported as she took her medicine. She therefore organised to host Aamun away from her marital home where she could personally supervise and observe her treatment regime. Aamun’s mother built a new airy hut where Aamun could comfortably recuperate without the risk of infecting anyone else in the family.

People in close contact with infectious TB patients are at high risk for infection and should therefore be systematically investigated for TB infection and disease. WHO particularly recommends that the house - hold and close contacts of MDR TB patients should be closely investigated for TB infection and disease. With support from USAID, TB ARC supports community and health care workers like Hassan to carry out contact tracing and screening of MDR TB patient contacts.

Through Duncan Barkebo, TB ARC Eastern North Regional Officer, TB ARC provided technical assistance and transport for Hassan Gayo, Garbatulla SCTLC and other health care workers to reach Aamun and her family in the hard to reach area of Malkadaka.

During the visit, Hassan was able to screen all household contacts of Aamun and emphasise the need for strict adherence to the MDR TB medication. “We talked to Aamun and her mother about the importance of staying outdoors, appropriate cough etiquette, use of masks, proper disposal of sputum as well as general infection prevention and control measures,” Hassan said. In a follow up visit three months later, Aamun’s mother is thrilled with the progress made so far.

“I am happy with Aamun’s progress. I have been personally observing how she takes her medicine and can see a big difference,” she said. “When she was sick, she would breathe with a lot of difficulty, now she can breathe well and can walk to the dispensary for the injections,” she added.

Aamun benefited from the leadership of Mr Giro Tutu, the Isiolo CTLC. Mr. Tutu played an active role in ensuring that Aamun received the social support resources due to MDR TB clients and that her case was regularly reviewed by the clinical management team.

Aamun will continue to be monitored by the Isiolo County MDR TB management team, which reviews drug resistant TB cases in the county. This is an initiative where TB ARC partnered with other PEPFAR funded TB/HIV implementing partners to form county specific MDR-TB teams that meet to discuss how to strengthen and decentralise DR-TB control in their respective counties. The County MDR TB teams further work to ensure case finding, appropriate management of diagnosed cases, contact tracing and community sensitisation to improve case holding.

With improved contact tracing, supported laboratory investigations, regular county MDR TB management team meetings and unwavering psychosocial support, Aamun and other MDR TB clients in the country have a good chance at full recovery and an opportunity to become productive members of the Kenyan society.

*Name changed to protect the identity of the MDR TB Client.
Photo Courtesy of Kristy Siegfried/IRIN
pregnant be closely monitored, while female patients in the reproductive
duration to encourage adherence.

"I was numb and so many thoughts crossed my mind," Catherine said. Eventually Catherine was sent to the Kangemi Health Centre where she was put on first line Anti-TB drugs. Catherine took the drugs under the Directly Observed Treatment (DOTS) approach, which is an individualised patient centred approach to promote adherence. Under the DOTS approach, a health care worker would observe Catherine take the treatment in the right combinations, doses, and schedules for the appropriate duration to encourage adherence.

After taking the drugs for the initial two months, Catherine was requested to take a Drug Susceptibility Test (DST) and to her dismay, the results showed that she had developed resistance to the first line drugs. Catherine was even more astounded, mostly because she was now almost four months pregnant. “Instead of reducing, it was as if the TB had increased in those two months.” Catherine said.

An additional test at the Kenya Medical Research Institute (KEMRI) confirmed the MDR TB diagnosis and it was recommended that Catherine be initiated on MDR TB treatment as soon as possible.

The NTLD Program generally recommends that TB patients who are pregnant be closely monitored, while female patients in the reproductive age on Drug Resistant TB medications should be on effective contraception to avoid getting pregnant while on DR TB drugs. This is because DR TB medications are highly toxic with several Adverse Drug Reactions (ADRs) while the effect of these medications in pregnancy has not been sufficiently studied. The NTLD-Program however does not recommend termination of pregnancy if it occurs when a patient is on anti TB treatment.

Catherine’s case was especially complicated because prior studies had shown that some of the drugs used for MDR TB treatment could be toxic to unborn children. As her pregnancy progressed, Catherine was advised to either terminate the pregnancy or wait for delivery before starting treatment. The other option was to continue with the normal Anti-TB treatment and start on MDR TB treatment after delivery.

“It was a gruelling and difficult time for me and I was being asked to make an impossible choice” said Catherine. Eventually Catherine had to deliver her baby prematurely in order to start her MDR TB medication. For two years, she faithfully took her MDR TB medication, which comprised 18 daily tablets in addition to one year of daily injections.

It was an extremely difficult time for the new mother and she had to drop out of college and come to terms with stigma from her community and even some health care workers who were managing her case. Fortunately, her parents stepped in and fully supported her with childcare as well as the psychosocial support she needed to complete her treatment.

After two years of strict adherence to her medication, Catherine was declared fully cured. She eventually resumed and completed her education, got a job and is now a doting mother to her son.

Besides the Daadab Refugee camp, Nairobi has consistently recorded the highest numbers of Drug Resistant TB in Kenya. In 2015, a total of 51 cases of DR TB were recorded in Nairobi between January and September 2015. This has been attributed to the poor health infrastructure, high levels of poverty, dense populations, overcrowding in homes, substance abuse, high HIV prevalence rates, and delayed diagnosis within Nairobi County.

In response to the high TB and MDR TB rates in Nairobi, the USAID funded Tuberculosis Accelerated Response and Care (TB ARC) Activity has engaged a Nairobi based Regional Coordinator whose key role is to work with other PEPFAR funded partners and the NTLD-Program to improve the implementation and scale up of TB services in Nairobi County.

Commenting on Catherine’s story, Dr Rebecca Wangusi, the TB ARC Nairobi Regional Coordinator said, “Catherine has been one of our champions especially as her case was very complex. “ It is inspiring to see that with the right interventions, support from our partners, commitment of the health care workers and a patient’s resilience, Catherine and any other MDR TB patients can fully recover from MDR TB,” she added.

Today, Catherine is a fierce MDR TB advocate.

She has spoken at numerous forums including the Stop TB Partnership - Kenya to raise awareness on MDR TB. She has also worked with Dr Wangusi, and Nairobi CTLC, Elizabeth Mueni, to set up MDR support groups in Westlands and Dagoretti to encourage other MDR TB patients still on treatment.

Her story shows that with the right interventions and support in place, even the most complicated MDR TB cases can have a positive outcome and clients like Catherine can go on to live healthy and productive lives.
Diagnosing and Treating Childhood TB in Resource Constrained settings: Ndulo Muthui’s story

Five-year old Ndulo Muthui from Godo, Lungalunga sub County, Kwale County was terrified. A strange looking man with scary face paint was chanting wildly and waving a black cockerel around her head. Ndulo wanted to run away from the odd looking man but her grandmother held her tight.

“I wish I could run away and go to play with my friends in school,” she thought to herself. But her legs were no good, as they could not carry her emaciated frame. Her chest hurt and she just felt sick. So Ndulo straightened her yellow skirt and sat quietly, fervently hoping that this strange man would help her feel better.

Three years ago, Ndulo’s grandmother had noticed that Ndulo could not stand for long without falling over. She also noticed a small swelling on Ndulo’s back that kept growing bigger. At the local hospital, Ndulo was given some medicine and sent for an X-Ray, which her grandmother could certainly not afford. Not one to give up easily, Ndulo’s grandmother took her grandchild to several traditional healers who gave her all sorts of bizarre treatments to no avail. Ndulo was declared a disabled child and left to be.

One day, a group of public and community health care workers came to her village. The health care workers who saw her were concerned about her symptoms and a meeting was quickly called to discuss her case. At the meeting, Rhoda Pola, the Lungalunga, sub County Tuberculosis and Leprosy Coordinator (sC TLC), was intrigued. She had recently attended training on Paediatric TB Management in Kwale, where they had learnt to diagnose children with symptoms suggestive of Tuberculosis.

The training, which was jointly supported by the USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity and the Kwale County Government, aimed to improve early diagnosis of paediatric patients and eventually reduce the number of children dying from TB in Kenya. Diagnosing TB in children has been a major challenge for most health care workers in resource-constrained settings. The lack of access to X-rays and other radiological examinations as well as the inability of children to produce sputum has hindered health care workers from diagnosing paediatric TB leading to many missed cases.

The new national Paediatric TB guidelines from the NTLD-Program aim to demystify TB diagnosis in children and provide guidance in the management of TB in children in terms of early and accurate case identification, treatment, contact screening and management.

Explaining the new paediatric TB Guidelines, TB ARC Deputy Chief of Party, Dr Lorraine Mugambi-Nyaboga said, “The new guidelines have simplified the process of diagnosing childhood TB. While the emphasis remains on bacteriological confirmation for all children, the new guidelines encourage sputum induction, for children under five years of age, which would then be tested using GeneXpert technology.

The GeneXpert technology is the latest TB diagnostic tool, preferred for its sensitivity, specificity and short turn-around-time. In the absence of sputum and bacteriological confirmation, the new guidelines provide for diagnosis based on patient history, clinical findings and other investigations such as radiology,” she added.

Following the new guidelines, Ndulo was diagnosed with extra pulmonary TB in the spine and started on anti-TB medication on June 26, 2014. She was also put on nutrition support courtesy of the Kwale County Government.

One year later, Ndulo is thriving. She gained five kilograms and regained strength in her lower limbs, which helped her to stand and walk perfectly. Ndulo is now set to start school next year and her future is brighter than ever.

While Ndulo’s back is still deformed, her family is desperately trying to raise resources to help her get a special corset to help straighten her back as she continues to grow. In the meantime, a team of health care workers including a surgeon, a radiologist, a clinician, medical officers, an orthopaedic surgeon and plaster technician and the Lungalunga sC TLC are constantly monitoring her progress.

Commenting on this case, Lungalunga sC TLC Rhoda Pola said, “I am glad we were able to correctly diagnose Ndulo based on the new paediatric guidelines. Patients with TB of the spine respond well to medication and prognosis is usually good when diagnosis is made early.” “This case shows that there could be many undiagnosed children suffering from TB in Kenya because of lack of radiological equipment. I want health care workers to know that childhood TB can be diagnosed on clinical presentation in the absence of X-rays and other radiological equipment. A lot of sensitisation however still needs to be conducted to help health care workers diagnose childhood TB,” she added.

TB control in children is complicated by inadequate capacity among health care workers to make a diagnosis of TB among children, popular perceptions that children do not produce sputum, hence the difficulty to make a bacteriological confirmation, as well as child unfriendly formulations that require use of several formulations during treatment, sometimes resulting in under-dosing of these children.

The USAID funded TB ARC Activity has been supporting the NTLD-Program to strengthen the capacity of health care workers in paediatric TB prevention diagnosis and treatment. To be specific, the TB ARC Regional Officers in the Coastal, Eastern North and Nyanza Western region have been offering technical assistance by facilitating Paediatric TB trainings to health care workers in their regions. TB ARC has also been working with other USAID supported implementing partners to sensitize health care workers on the new paediatric TB guidelines as well as support the development and dissemination of the new paediatric TB guidelines, diagnostic algorithms, job aids and monitoring tools.

With sensitised health care workers like Rhoda Polo in place equipped with proper paediatric guidelines and tools and, children like Ndulo have a good chance at becoming healthy and productive Kenyans in the future.
The USAID funded Tuberculosis Accelerated Response and Care (TB ARC) Activity supported two GeneXpert Super Users training to help counties effectively implement GeneXpert technology without over reliance on the national office.

The trainings, which were organised by the NTLD-Program, and supported by the TB ARC activity, took place from November 2 to 6, and from November 16 to 20 in Nakuru.


During the training, participants were given an overview of how the GeneXpert technology works, how to troubleshoot and maintain the machines, how to panel test and monitor performance indicators and how to record and report data from the machines.

Commenting on the training, Sheilla Chebore, TB ARC Lab Technical Officer said, “The Super Users can now perform all or most of the activities that were previously done by the National Program.”

“A good success story is the removal of a stuck cartridge at the Nakuru Provincial General Hospital (PGH) equipment by a trained Super User. The team can also communicate closely and share knowledge on commodities and other challenges through a WhatsApp group that was formed after the training.” She added.

With trained Super Users in place, the NTLD-Program anticipates that the GeneXpert machines will be used optimally in the various counties and will go a long way to help in the diagnosis of both drug-susceptible and MDR tuberculosis as well as paediatric TB and TB/HIV co-infection cases.

The Tuberculosis Accelerated Response (TB ARC) activity organised two meetings in the last half of the year 2015, between PEPFAR funded TB/HIV implementing partners and the NTLD – Program to discuss TB/HIV support progress in Kenya.

The meetings, held every quarter, took place in August and November and brought together all implementing partners supporting TB/HIV activities in the country for better support and coordination of activities.

During the meetings representatives from the different organisations give updates on the TB/HIV activities in their respective regions. The meeting further discussed issues around GeneXpert utilisation, Isoniazid Preventive Therapy (IPT) and TB commodity status. Those attending the forum got updates on Paediatric TB as well as the outcomes from the national Technical Assistance (TA) mission carried out by the NTLD-Program.

The quarterly meetings are hosted by the CHS led TB ARC activity and generally aim to ensure better coordination of resources and efforts in the fight against TB in Kenya.

New Appointment: Evaline Kibuchi

Ms Evaline Kibuchi has joined the STOP TB Partnership - Kenya as the Chief National Coordinator. In her new role, Ms Kibuchi will provide leadership for STOP TB Partnership - Kenya as well as to steer the sustainability and advocacy activities within the partnership. Ms Kibuchi will also be responsible for ensuring that the newly launched STOP TB Partnership - Kenya strategic Plan is implemented and achieved.

The STOP TB Partnership - Kenya was created to mobilise a massive movement of organisations committed to the fight against TB in order to bolster actions and leverage resources for the elimination of TB in Kenya. Ms Kibuchi has previously served as the Senior TB Advocacy Manager at Kenya AIDS NGOs Consortium (KANCO). She comes with rich experience in health advocacy particularly around TB and HIV Control activities as well as resource mobilisation and management.
TB ARC Holds Quarterly Review Meetings with Implementing Partners

The USAID supported Tuberculosis Accelerated Response and Care (TB ARC) Activity recently held a series of quarterly review meetings for its implementing partners.

TB ARC implements its activities through a consortium led by the Centre for Health Solutions – Kenya (CHS) with support from Program for Appropriate Technology in Health (PATH), Kenya AIDS NGOs Consortium (KANCO), Kenya Association for the Prevention of Tuberculosis and Lung Diseases (KAPTLD) as well technology partners SAFARICOM and Tangazo Letu, in collaboration with the National Tuberculosis Leprosy and Lung Disease (NTLD) Program.

The meetings, which took place at the CHS Offices from October 26 2015 to November 4, 2015, were attended by representatives from the implementing partners as well as Dr Brenda Mungai, the TB ARC Chief of Party, Dr Lorraine Mugambi – Nyaboga, TB ARC Deputy Chief of Party, John Njenga, TB ARC Monitoring & Evaluation Specialist, Joseph Ruiru, CHS Contracts and Grants Manager, Dorcas Muli, CHS Compliance office and Allan Mwangi, TB ARC Finance Officer.

The meetings aimed to provide a forum for TB ARC implementing partners to report on the progress made on pre-agreed deliverables and challenges encountered. The meeting further sought to share success stories and a plan for the next foreseeable project period.

As Joseph Ruiru, the CHS contracts and grants Manager CHS explains, “The quarterly meeting was a platform for monitoring whether the activities of the implementing partners are in tune with the agreed timeframes.”

“During these meetings, we are able to address gaps in the project implementation for instance cost share reporting, spending patterns and any contractual amendments that may become necessary” he added.

With such a dedicated, capable complementary consortium in place, there is great hope that TB ARC can significantly help reduce the burden of TB in Kenya.
TB ARC Supports Guidelines and Curriculum Development Process

The USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity has been working with the Global Fund and CDC to support the ongoing process of developing an integrated guideline on TB for Kenyan health care workers.

The process is an initiative of the NTLD-Program and aims to provide guidance to health care workers charged with TB control activities in the country.

Once complete, the guidelines are expected to be a one-stop shop for health care workers in all aspects of TB control and management including prevention, screening, diagnosis, treatment initiation, monitoring of patient progress, DR TB surveillance, nutrition, community, communication, documentation reporting and other aspects in TB management and control.

Commenting on the process, John Njenga, TB ARC Monitoring and Evaluation (M&E) Specialist said, “Currently, there are many guidelines for the various aspects of TB control mentioned above and it becomes a big task for the health care worker to access all the guidelines whenever they need them hence the need to integrate them into one document.

Once the integrated guidelines are done, the next step will be to develop a training curriculum and with the training curriculum, the NTLD Program will embark on training health care workers” he added.

To date, TB ARC has supported four meetings in Nakuru and Machakos, each with over 30 participants drawn from the Ministry of Health (National and County staff), implementing partners and donors.

At the initial meeting, participants brainstormed on the process, identified existing gaps and envisioned the expected final product. In the follow up meetings, participants developed a zero draft of the integrated guidelines and finalised the guidelines in the subsequent meeting. The final meeting, supported by the Global Fund, saw participants develop training material and slides based on the developed guidelines.

In addition to the financial support for the meetings, TB ARC provided technical assistance during the process particularly in the M&E, Drug Resistance (DR) TB, TB/HIV and Paediatric sections.

The process is expected to be complete by June 2016 and health care workers will be able to have an integrated point of reference for TB control and care in Kenya.

Once complete, the guidelines are expected to be a one stop shop for health care workers in all aspects of TB Control and Management
Involving Matatu Drivers and Touts to Fight TB

Nairobi County carries the 2nd highest TB burden in Kenya. Four out of every 1,000 people in Nairobi are infected with TB, compared to the national rate of two individuals per 1,000. TB remains one of the main causes of morbidity and mortality in Kenya, yet it is preventable and curable.

A surprise factor in the spread of TB in Nairobi is the Public Service Vehicle (PSV) system. About 20,000 buses and matatus ply city roads, ferrying close to four million people annually. A regular matatu ride to work begins as early as 5AM and the return journey home could be as late as 9:00PM.

During the chilly early morning and evening rides, the windows will often be firmly shut. Any attempt to open them and let in the cold morning or evening air will be met with resistance and anger by fellow passengers and touts.

Passengers are unlikely to open windows in public transport during these times and buses and matatus usually become stuffy and unventilated mobile capsules of exhaled air.

With every cough or sneeze, a passenger infected with pulmonary TB and in the infective stage, lets out millions of TB-causing bacteria.

This means everyone in a PSV is put at risk of infection. Is it better to stay warm in a steamy, stuffy matatu and risk infection or to allow some air to cruise through the vehicle?

Matatu drivers and conductors are in a position to remind passengers of TB risks and the need for better-ventilated vehicles since they are also at risk. They can be effective TB ambassadors to thousands whom they ferry every day.

PATH, through the USAID-funded TB ARC activity, has begun a TB control advocacy initiative to sensitise matatu drivers, touts (mini-van conductors) and passengers on the importance of opening windows to allow free circulation of air.

This PSV-based intervention is complementary to the awareness-raising efforts that run on mass media and social media, and to the one-on-one, face-to-face sessions with health educators. The initiative has involved the development of TB prevention stickers and holding talks with PSV drivers and touts through their SACCOS.

“FUNGUA DIRISHA! Kifua Kikuu (TB) huenea pahali pasipo hewa safi…Jikinge! Dakika chache za baridi ni bora kuliko Kifua Kikuu.” (OPEN THE WINDOWS! TB spreads in places with poor air circulation...Protect Yourself. A few minutes of cold are better than TB.

This was a message on the stickers plastered on the body of a PSV during a PATH advocacy outreach under the TB ARC activity. In total, 1,300 PSV stickers printed in English and Swahili were distributed to PSV drivers, Sacco managers, owners and touts. On September 8, a PSV TB sticker outreach was conducted at the busy Muthurwa stage.

Fifty drivers and touts were sensitised at different intervals on TB issues, and stickers were placed in conspicuous places in PSVs where passengers can view them. Dr Victor Ndegwa represented the NTLD-Program and spoke to the PSV crew on TB. These initiatives aim to achieve NTLD-Program’s immediate short-term goal of detecting 85% of infectious TB and curing 90% of the detected cases, and consequently sustaining this effort over time.

The National Chairman of the Matatu Owners Association, Mr Simon Kimutai emphasised the value of information as pertains to diseases such as TB and urged the respective SACCOS’ to provide access to their employees to have information and screening where possible so that they may protect themselves from infection while at work.

A follow-up meeting will be done with respective SACCOS to plan for continued outreaches targeted at the service providers. PATH will continue to work with STOP TB Partnership - Kenya in advancing TB advocacy issues at county and national levels.
Tuberculosis Accelerated Response and Care (TB ARC)

**Goal**
To reduce the burden of TB in Kenya

**TB ARC Consortium Partners**
- Centre For Health Solutions – Kenya (CHS)
- Program For Appropriate Technology in Health (PATH)
- Safaricom
- Tangazo Letu

**Project Principles**
1. Fostering country ownership
2. Investment for impact
3. Multi-sectorial involvement
4. Building on existing systems
5. Optimal management of project resources

**Objectives**
1. To ensure NTLD-Unit is supported to provide reliable leadership and coordination of TB services in Kenya.
2. Ensure development, implementation and scale-up of new TB program areas
3. Ensure local adoption and scale-up of globally proven TB interventions
4. Ensure technology driven programming and monitoring of TB services in Kenya

If you have any feedback or comments please contact Dr Brenda Mungai, TB ARC Chief of Party on info@chskenya.org