Ministry of Health
National Tuberculosis, Leprosy and Lung Disease Program

TiBa

A magazine for DNTLD-P

ISSUE 9 / January - March 2022

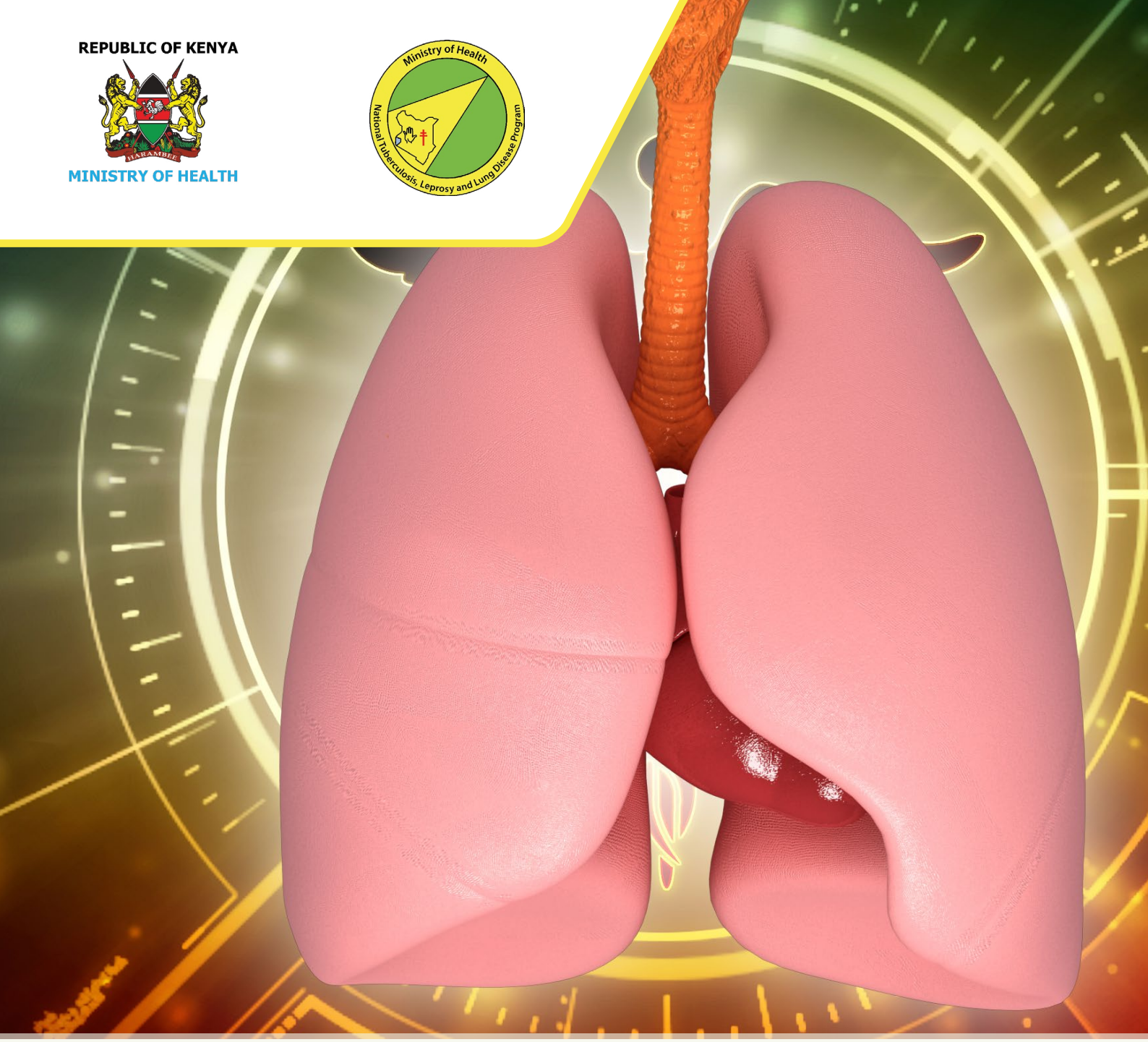
World TB Day

Stepping up efforts to end TB in Kenya

REPUBLIC OF KENYA

MINISTRY OF HEALTH

Ministry of Health
National Tuberculosis, Leprosy and Lung Disease Program



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inside

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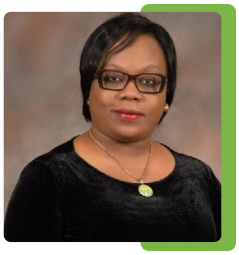
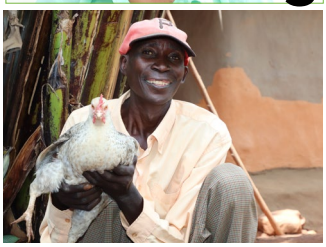
The editor welcomes articles from readers and stakeholders

Word from...

Dr. Patrick Amoth,
Ag. Director General for Health



Dr. Caroline Asin
Ag. Head, DNTLD-P



Finding Missing TB Cases Through Targeted Community Outreaches: Fredrick Story **29**

Word from the Ag. Director General for Health

Globally, there has been notable progress in the fight against TB with 54 million lives saved since 2000. The burden of TB and deaths due to this disease remains enormous. In 2020, up to 3 million of the estimated 10 million people with TB worldwide were "missed" by national TB programs. Two thirds of them are thought to access TB treatment from public and private providers who are not engaged by the National TB Program.

In 2021, Kenya reported 77,854 TB cases compared to 72,659 cases which were notified in 2020. A patient pathway analysis of 2017 revealed that the private sector is widely used, with an average of 42 %, of initial visits, in the private sector though only 20% (14,888) of all notified TB cases and an additional 4% were referred by the private sector (Private for profit [PFP] and faith-based organizations [FBOs]) in 2020. Engagement of all care providers in the public and private sectors, therefore remains an integral component of national TB strategies, to ensure that everyone with TB is detected and put on treatment early.

Engaging with all health care providers through Public Private Mix (PPM) approaches is essential to reach all people with TB who miss out on access to care due to either under-reporting or under diagnosis. The private sector plays a big role in delivering key services for the fight against TB as well as strengthening health systems in Kenya. The private sector ranges from large health institutions that offer state of the art health care services to unlicensed informal providers.

It is important to build on the PPM Action Plan 2021-2023 so as to strengthen and expand meaningful engagement and participation of the private sector in the fight against TB.

Dr. Patrick Amoth, EBS
Ag. Director General for Health

Word from the Head of Division of National Tuberculosis Leprosy and Lung Disease Program

The Division of National Tuberculosis, Leprosy and Lung Disease Program (DNTLD-Program) is mandated to develop policies and guidelines for managing Tuberculosis (TB), Leprosy and Lung Health in the country. TB is a major driver of morbidity and mortality in Kenya affecting all age groups. There are still significant gaps in the diagnosis and treatment of TB, leprosy, and other respiratory disorders.

The launch of the Program Quality Implementation Framework (QIF) and Handbook is a key milestone in the fight against TB in Kenya. These two documents will provide step-by-step assistance in the implementation of program quality and efficiency approaches. This will help resolve current gaps in the TB care and treatment continuum. It will further improve the quality of care given to people seeking services in health facilities across the country.

The success of a quality improvement initiative has so much to do with the implementation approach it follows. The QIF highlights the various implementation structures for program quality and efficiency program. The handbook comes in handy by describing the course of action during the implementation of a QI initiative from problem identification to monitoring and evaluating a QI intervention being implemented.

The planned approaches provided in the documents offer quality improvement interventions that encompass team formation, problem identification, resource planning and utilization while applying standard quality improvement methodologies.

While great care has been taken to ensure its usefulness in supporting improvement teams, we encourage our teams at the county and facility level to make use of the resource materials provided, share experiences from best practices and strengthen their grasp of quality improvement practices in service delivery.

Dr. Caroline Asin

Ag. Head, National TB Program

End term review:
Assessing 2019-2023 Strategic Plan

Dr Caroline Asin, Ag. Head, National TB Program, flagging off End Term Review of the 2019-2023 National Strategic Plan for TB Leprosy and Lung Health Disease, March 26 at Tamarind Hotel, Nairobi.

By Mbetera Felix | DNTLD-P

Kenya through the Division of the National Tuberculosis, Leprosy and Lung Disease Program (DNTLD-P) in collaboration with its stakeholders conducted an End Term Review (ETR) of the National Strategic Plan (NSP) for TB, Leprosy and Lung Disease, 2019-2023.

The review was aimed to take stock of the milestones achieved so far and offer opportunities to improve strategies and approaches in the programmatic management of TB and other lung diseases in the country.

The need for the review was informed by the fact that the current strategic plan runs between 2019 – 2023. Consequently, lessons learnt during the implementation period will inform the development of the 2024-2027 NSP. In addition, it is paramount to note that the COVID-19 pandemic has threatened to reverse the gains made in the war against TB in Kenya. The findings of the review will propose mitigation and acceleration of strategies to ensure both national and global set targets are achieved within the intended time.

The global community also developed The End TB Strategy, Sustainable Development Goals (SDGs) and innovations during the implementation of the current NSP. Therefore, there is need to align Kenya's strategies with the global guidance as a national obligation and to control these diseases.

The ETR which took place between 26th March and 7th April 2022 covered Nairobi, Kiambu, Machakos, Kajiado, Taita Taveta, Samburu, Turkana, Kericho, Siaya, Busia, Kirinyaga, and Meru counties.

Key areas of focus included; governance and political commitment, programmatic management and coordination at the national and county level, health financing and universal health coverage, multi-sectoral engagement, case finding strategies, laboratory services and surveillance, pharmacovigilance, commodities, and supply chain management as well as community health interventions and health promotion.

Partners who supported the review included the County Governments, The Global Fund, WHO, USAID, CDC, TB ARC II, KCCB, Stop TB Partnership Kenya, ReSoK, EGPAF and Amref Health Africa in Kenya.

Launch of key lung policy documents

Dr Patrick Amoth, Acting Director-General for health officiating the launch of key lung policy documents.

By MOH Press

The Ministry of Health has launched revised key policy documents that will guide the management of Tuberculosis and Asthma in the country.

Acting Director-General for Health Dr Patrick Amoth who officiated the launch ahead of the March 24, 2022 World TB-Day commemoration noted that the documents will provide up to date information to the frontline workers.

The documents included the Public-Private Mix Action Plan, Interim COVID-19/TB Management Guide, Integrated TB Leprosy and Lung Disease Guideline, and the Asthma Management Guidelines.

Dr Amoth said that TB continues to be a major public health concern with Kenya being ranked among the high burden nations in TB and TB/HIV.

He pointed out that in 2020, the country recorded 72,943 TB cases of whom 8% (5,663) were children adding that the 2016 prevalence survey showed that the country nearly missed 40% of the estimated cases and that it was paramount that everyone is engaged in the fight against TB.

"While most health interventions for TB control have largely been focused and implemented in public health facilities, the private sector has been shown to account for 48% of health facilities with a significant proportion of people seeking care from these facilities," added Dr Amoth.

The DG further noted that the TB patient pathway analysis of 2016 showed that 42% of patients with TB symptoms access the private sector as the initial point of care, while 27% of the people with TB symptoms seek care from individual private providers who have inadequate engagement with the public system.

Dr Amoth said Public-Private Mix (PPM) collaboration was important as it improves early TB diagnosis irrespective of where the patients first seek care, in the health system, and establish mechanisms that allow for efficient and high-quality diagnosis and treatment.

The DG noted that the COVID-19 pandemic threatened years of progress towards control of the TB epidemic and that the disruption in the healthcare system, caused by the pandemic, resulted in a reduction in the number of TB patients diagnosed and a rise in those interrupting treatment.

He said similarities between TB and COVID-19 present an opportunity to control these diseases in an effective manner without significant additional stress on the country's health system.

Dr Amoth noted that the government through the National TB Program in collaboration with the development partners and citizenry participation seeks to actualize a TB-free Kenya.

"We need to intensify TB case-finding at the grassroots, increase Lab diagnosis and treatment of TB, particularly in children and special conditions as well as improve the management of drug-susceptible and drug-resistant TB," he added.

He further said Chronic Lung diseases and Leprosy are of equal concern to the government and therefore concerted efforts are of great essence to reducing the suffering of patients.

On Asthma, Dr. Amoth noted that it was a major non-communicable disease affecting both children and adults adding that there was need for all stakeholders to heighten their focus to reduce under-diagnosis and under-treatment in our country.

"The epidemiology of asthma in Kenya has not been comprehensively described to date although a few epidemiological studies have been carried out and they suggest the disease is common. The disease may affect up to 10 percent of our population," he added.

He further said reaching all care providers and health care workers to effectively prevent, diagnose and treat TB, Asthma and COVID-19 will require a people-centered approach, with comprehensive and integrated health services that address the needs of the whole person.

Dr Amoth noted that Ministry of Health has made deliberate efforts to increase access and demand for healthcare services based on strong primary health care with emphasis on promoting health and preventing disease in Universal Health Care.

He appealed to all stakeholders to put in action the principles of harmonization and alignment towards managing and ending the diseases adding that the private sector, in particular, offers numerous opportunities for advancing public health gains in prevention and care due to its vibrant, growing and always in a competitive mode.

> ***Through various initiatives that have brought together all service providers in active TB finding activities, TB detection and notification has gone up.***
>
> *- Dr Andrew Mulwa, Director of Health Services*

Dr Andrew Mulwa, Director for Health Services

World TB Day: Government's actions towards ending TB

By DNTLD-P Team

The Government of Kenya through the Ministry of Health and the National TB Program is implementing various actions that are aimed at reducing TB incidence rate and deaths, at the same time, protecting the affected families from facing catastrophic costs due to TB treatment.

While delivering Hon. Mutahi Kagwe, CS Health speech during the World TB Day 2022 which was marked on 24th March in Machakos County, the Director for Health Services, Dr Andrew Mulwa noted that the Ministry of Health has done a commendable job to accelerate expansion of TB care and control in the nation.

"Through various initiatives that have brought together all service providers in active TB finding activities, TB detection and notification has gone up", said the Director of Health Services. "We are looking forward to adopting the latest improved diagnostics for children, which will use stool sample to replace the invasive sputum sample which has been difficult to obtain from younger children".

Dr Alfred Mutua who was the Chief Guest of this year's commemoration was delighted to host the event at the Machakos Kenyatta Stadium.

"I am humbled by the recognition of our efforts by the National Government and partners on our commitment on better health service provision to our people, hence this great honour," he noted. "As a country, we must push for more education on Tuberculosis and other preventable diseases, advocate for more education on prevention and treatment to the grassroots and not just towns and urban centres. "

Mutua affirmed that the success of a nation's healthcare depends majorly on the political goodwill of leaders. From funding, investing in food security, hygiene, access to water, and women empowerment policies among other strategies. He urged leaders, to invest in issues that affect healthcare provision in the country.

"An analysis on the free Machakos Universal Health Coverage shows that an additional Ksh 1billion in each county to the health budget is sufficient to support free public healthcare. I commit to push and advocate for bigger health allocation and propose a shift of the health budget by the controller of budget from recurrent to development budget, to allow for counties to execute development programs in the health docket," he said.

Families affected by TB have to contend with high cost of treatment

Cont'd on Pg. 9

John Kuehnle, Health, Population and Nutrition Office Director, - USAID Kenya and East Africa

Dr Alfred Mutua. Governor, Machakos County

WHO representative to Kenya Dr. Juliet Nabyonga

Cont'd from Pg. 8

which exposes them to the danger of being pauperized, the TB patient cost survey indicates. The report shows that this catastrophic effect is related to indirect costs such as income loss, direct medical costs and transport or food costs due to the disease.

Drugs for susceptible TB (DS TB) patient costs Ksh 4,600 per patient for the entire treatment period while for DR TB it is as high as Ksh 230,000 for medicine alone besides other costs including social support

It is for this reason that the government is gradually taking up the cost of TB treatment to supplement donor funding. Such an initiative shows the government's commitment in the fight against TB.

"Since 2019, the government took over the costs of buying TB drugs that were previously borne by donors. Between 2021 and 2024, the Government will have covered 38% of the total cost of all TB commodities while our cordial partners, particularly The Global Fund, through Principal Recipient One (The National Treasury) and Principal Recipient Two (Amref Health Africa in Kenya) covering the remaining 62%", said Dr. Mulwa.

The tentacles of the TB preventive strategies in the nation have been extended to cover the most vulnerable population, including strengthening of the treatment of latent TB. This has been achieved through the adoption and rollout of a shorter regimen of Tuberculosis Preventive Therapy (TPT).

Some milestones have also been attained in the management of Drug-Resistant TB patients with the Ministry of Health starting off the injectable-free regimens which are safer and with minimal side effects. At the same time, Active Drug Surveillance and Monitoring (ADSM) processes have been also started. To this effect, 12 centres of excellence across the country currently piloting ADSM have been created.

Drug-Resistant TB Patients are also benefiting from a social protection scheme that is cushioning them from the associated costs in DRTB-treatment. The patients have been enrolled on NHIF. They are also provided with monthly stipends to enable them access care without financial constraints.

Since 2019, the government took over the costs of buying TB drugs that were previously borne by donors. Between 2021 and 2024, the Government will have covered 38% of the total cost of all TB commodities.

During the commemoration under the theme, "Invest to End TB. Save Lives" and whose critical aim was to sensitize the public on TB and boost the efforts to end this global epidemic which is among the world's leading infectious killer diseases, Dr Mulwa underscored the importance of engaging all the relevant stakeholders towards mobilization of resources for a sustainable way to ending TB.

He noted that partners are still bearing the largest share of TB diagnosis costs; are supporting TB management activities such as the Programmatic Management of Drug-Resistant, Active TB Case Finding, and screening among other activities.

John Kuehnle, Health, Population and Nutrition Office Director, Kenya and East Africa who spoke as the representative of the US Government commended the efforts that the Government of Kenya is putting in the fight against TB.

Other key guests present during the commemoration included former WHO representative to Kenya Dr. Juliet Nabyonga and Judith Kuria from KCB.

John Kuehnle, Health, Population and Nutrition Office Director, - USAID Kenya and East Africa and Dr Maurice Maina, TB Lead, USAID Kenya.

Dr Andrew Mulwa, Director for Health Services and Dr Nazila Ganatra, Head of Strategic Public Health, Ministry of Health.

Dr. Juliet Nabyonga, WHO Kenya Country Representative and Dr Eunice Omesa, DPC-Tuberculosis WHO Kenya.

Judith Kuria, Head, Institutional Banking, KCB.

Evaline Kibuchi, National Coordinator, StopTB Partnership-Kenya

Gladwin Sisian, TB Champion and survivor Sharing her experience

Peter owiti, CEO, WOTE youth group Makueni and a TB Champion Sharing his experience

From left, a TB champion from Machakos County, Dr Maurice Maina - USAID Kenya, Dr Alfred Mutua-Machakos County Governor, Dr Juliet Nabyonga-WHO Kenya, Dr Virgina Karanja-CIHEB, and Dr John Kuehnle - USAID Kenya and East Africa.

Dr Maurice Maina - TB lead, USAID Kenya and Dr Lorraine Mugambi-Nyaboga - Chief of Party - CHS, USAID - TB ARC II

Dr Caroline Asin - Ag Head, National TB Program, and Dr Nazila Ganatra - Head of Strategic Public Health, MoH.

Aiban Rono - M & E Section Head, National TB Program, Dr Philip Owiti-USAID Kenya, and Dr Herman Wayenga - TB Technical Advisor, CDC-Kenya.

A radiologist does a chest X-Ray during World TB Day commemoration at Kenyatta Stadium, Machakos county.

World TB Day 2022 road procession by TB stakeholders on the streets of Machakos town.

A member of public donates blood during World TB Day 2022 commemoration at Kenyatta stadium, Machakos county.

World TB Day 2022 road procession by TB stakeholders on the streets of Machakos town.

A child doning a TB awareness creation t-shirt during World TB commemoration at Kenyatta stadium,

Silas Kamuren, Daniel Ndugire (Stop TB Partnership Kenya), Rhoda Pola, Elvis Muriithi and Lilian Kerobu from National TB Program at the Kenyatta Stadium

Rhoda Pola, Lilian Kerubo and Evelyne Kibuchi during the procession

Members of the public during the procession

TB partners and stakeholders before the procession

Governor Mutua and Machakos County reperesentatives

StopTB Partnership Kenya members planting a tree during the commemoration

Chief guest planting a tree at the stadium

Procession band during the openning ceremony

Governor Mutua engaging other guests beforre the procession

A Member of the procession band entertaining guests and (R) Governor Mutua greeting members of the public at the Kenyatta Stadium.

John Kuehnle and Dr Maurice Maina from USAID Kenya planting a tree of hope in the fight against TB

Chief Guests, Governor Mutua, Dr Andrew Mulwa, Ministry of Health representatives and supporting partners representatives during the opening ceremony.

Stela Mangele: Gospel artist, social media influencer and TB Advocate

World TB Day - Turkana

By Turkana County Press

Photo: Courtesy

TB champions from Turkana County during World TB Day 2022 commemoration in the county.

The County Government of Turkana through its Department of Health Services and Sanitation has opened a new Tuberculosis (TB) treatment site at Kanamkemer Sub-County Hospital. This brings the total number of TB treatment sites in Turkana County to seventy-one. These sites are bolstering active TB case finding in the county, leading to effective and efficient diagnosis of TB, increasing enrollment of clients for treatment, additionally to improving the quality of care and cure rates.

According to the Kenya Health Information System, Turkana in 2021 reported 2634 cases compared to 2278 cases which were notified in 2020. Due to the County Department Preventive and Promotive's innovative interventions, TB treatment success rate for the county stands at 84%.

Speaking during the World TB Day celebrations held at Kanamkemer hospital grounds, the County's Health Executive Jane Ajele said, "the number of microscopy diagnostic sites has increased to 40 this year and we expect to increase the sites to 60 by end of this year, the treatment sites have also increased from 43 in 2020 to now 71".

She added, "facilities without laboratories are linked to GeneXpert sites through a robust *boda boda* rider system that refers samples supported by USAID Imarisha Jamii".

She encouraged people not to shy away from being tested and treated for TB as all these is being done for free supported by government and donors. For instance, she observed that 28 TB drug resistance cases (a drop from 42 in 2020) are currently covered under National Hospital Insurance Fund (NHIF) and receive a Ksh6,000 monthly stipend to cater their nutrition support.

The Director for Preventive and Promotive, Dr Bonventure Ameyo said that Turkana County has put forth measures that mitigate and prevent cases of drug resistance TB. At the same time, he urged the residents to continue observing the hygiene protocols introduced during Covid-19 as they have drastically reduced some of the common diseases.

The Chief of Party, USAID Imarisha Jamii, Dr Chris Barasa, appreciated the partnership his organization has with the county's health department which he described as critical in bringing the two parties to work together towards eliminating TB in the county.

Dr Job Okemwa, the County Coordinator for Tuberculosis, Leprosy and Lung Diseases, said as part of the activities for commemorating the World TB day; 12 villages in Canaan, a neighbourhood in Lodwar, were targeted for a door-to-door TB screening for two days. Other activities included Covid-19 vaccination and HIV testing services (HTS), he noted.

Peter Lomorukai, the Turkana Central Sub-County Medical Officer, urged the people to utilise the hospital as it was fully equipped to diagnose and manage TB cases.

As the host of the event, Dr Fatuma Rajab said since hospital is now fully operational, they are more optimistic of the services they can offer, noting that the facility could provide health care services at unprecedented levels.

The two invited TB survivors and champions had one key message; if one is diagnosed with TB, they should faithfully adhere to treatment and keep hope knowing that TB is treatable and curable.

Marked on the 24th March, this year's World TB Day theme "Invest to End TB. Save Lives" calls for action to invest in resources that could lead to the elimination of TB.

Others in attendances were Director of LCRH, Dr Yvonne Musa and Deputy Sub-County Administration (Turkana Central) Hosea Ameripus.

CEC Ajele appreciated all the partners, coordinated by the county government, who support TB services in the county including the Division of National Tuberculosis and Leprosy Program, World Relief International, Save the Children, International Rescue Committee, IGAD, Kenya Red Cross, CHS - USAID TB ARC II, Diocese of Lodwar, AIC Heath Ministries.

The number of microscopy diagnostic sites has increased to 40 this year and we expect to increase the sites to 60 by end of this year, the treatment sites have also increased from 43 in 2020 to now 71.

- Jane Ajele, Turkana County Health Executive

A snapshot of Machakos county TB situation

Machakos Governor, Dr Alfred Mutua and other guests during World TB Day 2022 commemoration, March 24 at Kenyatta stadium, Machakos county.

By Machakos County Press

The World Tuberculosis Day 2022, commemorated on 24th March in Machakos County was one of its kind after two years of being marked virtually since the first case of COVID-19 was reported in March, 2020. With the prohibition of public gathering as a containment measure for Corona Virus, it meant that TB stakeholders were not able to convene in person in the year 2020 and 2021 to educate the public about the impact of TB, additionally to call for more support towards actions that are geared towards combating TB as it is the norm every year.

The observance of the 2022 celebrations in Machakos County is very important as the county's TB situation mirrors the national fight against this epidemic whose cause was discovered in 1882 by German Physician and Microbiologist, Robert Koch.

With a population of 1,421,898 people, Machakos County is ranked among the high TB burden counties in Kenya, having had a TB notification rate of 185 per 100,000 people in 2021 which is higher than the national average. The county's fatality ratio of 8 percent is also higher than the national one which currently stands at 7 percent.

There are five GeneXpert machines in the county located at Machakos Level 5, Kangundo, Mwala, Matuu Level 4 hospitals, in addition to Shalom Community hospital in Athi River sub-county.

In 2021, Tuberculosis cases and deaths due to TB in the county recorded a slight increase in comparison to the year 2020. In 2021, a total of 2248 Tuberculosis cases were notified in Machakos County, among these cases, 17 were Drug-Resistant TB cases. The indicator on death rate wasn't so badly off as it was 8 percent against a national target of 7 percent.

Besides the dropping death rate which indicates that measures being applied by all stakeholders to expand TB care and strengthen prevention are fruitful, the county's cure rate of 90% shows that the quality of care is improving steadily.

All the TB cases in the county that has nine sub-counties (namely: Machakos, Athi-river, Kathiani, Matungulu, Kangundo, Mwala, Kalama, Masinga and Yatta) spanning an area of 6,208 KM2 were reported in 171 health facilities within Machakos County.

There are five GeneXpert machines in the county located at Machakos level 5, Kangundo, Mwala, Matuu level 4 hospitals, in addition to Shalom community hospital in Athi River sub-county. This equipment distribution has greatly assisted in the diagnosis of TB cases.

It has been established that Tuberculosis testing coverage within the county's health facilities is sub-optimal warranting more sites to be covered for tuberculosis testing.

However, there is a robust sample referral network via motorbike rider transport which enables the transportation of samples from one site to another, thus bringing TB services closer to Mwanachi. This has been made possible through Machakos County's partnership with the National Ministry of Health and other state and non-state actors who support TB work.

Status of National Tuberculosis Epidemic and Response

Quarter One 2022

Drug susceptible TB

22,518
Number of TB cases Notified

80.3%
Treatment success rate (All forms)

11%
Poportions of children

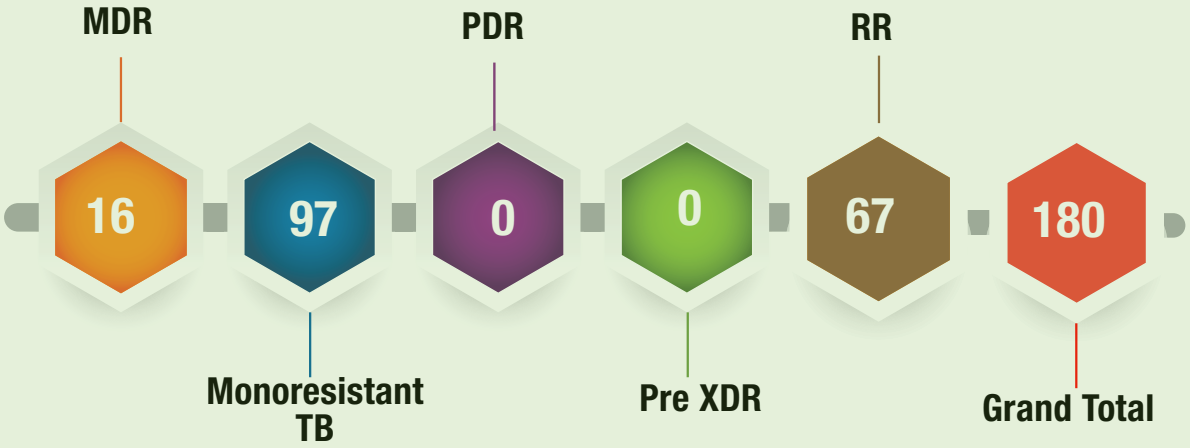
1045
Previously treated (DSTB) with DST results

21,267
Number of DSTB with Known HIV status

4.9%
Lost to Follow Up

91.4%
Proportions on ART

Drug resistant TB



Leprosy

24
Number of Leprosy Cases reported

TB Prevention Therapy

705
Children <5 initiated on IPT (contacts of bacterilogically confirmed cases

Review of performance on TB management in Kenya

Transforming TB care through data for decision-making

Dr Caroline Asin, Ag. Head NTLD-P awards the best performing county in TB control, Laikipia County, during the 2022 performance review meeting held at Lake Naivasha Resort, April 25 - 29.

By Hannah Wanjiru | USAID HealthIT

The National Tuberculosis Leprosy and Lung Disease (NTLD-P) in collaboration with USAID HealthIT and other partners held this year's annual TB Performance Review Meeting (PRM) from 25th - 29th April 2022 at Lake Naivasha Resort, Nakuru County.

The theme for the PRM was "Transforming TB Care through Data for Decision Making." The meeting aimed at identifying TB gaps and developing evidence-based and data-driven action plans for the National government and all the 47 Counties to adopt towards reducing TB incidence.

Speaking at the meeting, the Head of NTLD-P, Dr Caroline Asin congratulated the best performing counties and sub-counties in TB control. She encouraged those who did not perform well to improve on their TB indicators as the country works towards ending TB.

"The highlight of the meeting for me is the scorecard. What I pick from it is that every county has a chance to shine. We need to ensure that we submit timely data which ultimately ends up informing accurate decision making and achieving of our targets. The targets that we set towards TB control in this country are guided by the global End TB strategy targets 2015-2025. The targets aim to reduce deaths by 95%, reduce cases of new TB infections by 90% and work towards ensuring no family is burdened due TB. We would like to thank HealthIT for supporting this year's meeting" Dr Asin said

Some of the achievements in 2021 reported by the National TB Program during the meeting include;

- Reporting rate improved from 88% to 91%.
- Conducted county allocation tool technical assistance in 7 counties.
- Took team lead role in stewardship of the sub counties support supervision and county coordination for commodities and monitoring and evaluation during the Covid 19 pandemic surge phase. All the counties participated.

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- Developed the Covid 19 /TB commodities allocation tool and piloted in 5 counties hosting centers of excellence for TB.
- Developed ADSM operational research protocol, ADSM and ADSM related tools

The overall purpose of the PRM is to use data available to identify gaps in TB management and care, and develop data-informed action plans for the National Government and all the 47 Counties to adopt towards reducing TB incidence, and take stock of the milestones achieved so far. It is also aimed taking stock of the milestones achieved, and offers opportunities to improve approaches in the programmatic management of the diseases in the country so as to help end TB in Kenya.

The Pre-PRM meeting was planned well in advance and some preparatory missions were undertaken to provide critical information for the review. During the Pre-PRM, the NTLD-P in collaboration with implementing partners evaluated the performance of the TB Program based on data for selected indicators submitted by the counties on a standard template and provided feedback to the counties on areas of improvement ahead of the PRM.

Dr Jackie Kisia, section head Care and Treatment, NTLD-P, awarding Laikipia County for being the best performing county in quality of care, 2021.

During the PRM, counties are clustered and brought together to present their data on the different indicators and review the performance. This is important in ensuring that the program maintains high quality data that can be used to make strategic decisions in TB control at county and national levels. The activity also serves as a platform to review individual county and sub county performance, provide solutions and benchmarking from other counties.

During the cluster meetings, it was noted that there are emerging issues still derailing the fight against TB in the various counties for example. In some counties, commodities are still problematic, there are low case findings- despite the laid down strategies, low cure rate - weak community referral, low coverage for TB treatment sites and stock out of LTBI drugs among others.

Nellie Mukiri- Head NTRL, hands over the trophy of the third best performing county in TB control, 2021 to Homabay County CDH.

County and sub-county performances are also measured against a structured scorecard for the different indicators and the top-performing counties are awarded trophies, certificates and gain national recognition.

The meeting was attended by County Directors of Health, County TB Coordinators, County Lab Coordinators, and County Pharmacists from all 47 counties, as well as TB implementing partners and staffers from the National TB Program where both the counties and national presentations were made as regards to what is being done in the fight against TB. Implementing partners presented on how and what they have been doing to support the TB program among them: HealthIT, KCCB Komesha, CHAI, Persuade, AMREF, and CHS - USAID TB ARC II.

The PRM process is driven by NTLD-P and its partners, chief among them this year, USAID HealthIT. According to the NTLD-P, the need for the review has been informed by the fact that the current strategic plan runs between 2019 – 2023. Consequently, lessons learnt during the implementation period will inform the development of the 2024-2027 National Strategic Plan (NSP). The findings of the review will further propose mitigation and acceleration of strategies that will ensure that the within the intended time national and global set targets are achieved

This closely aligns with HealthIT's purpose of strengthening national policies, strategies, standards, and

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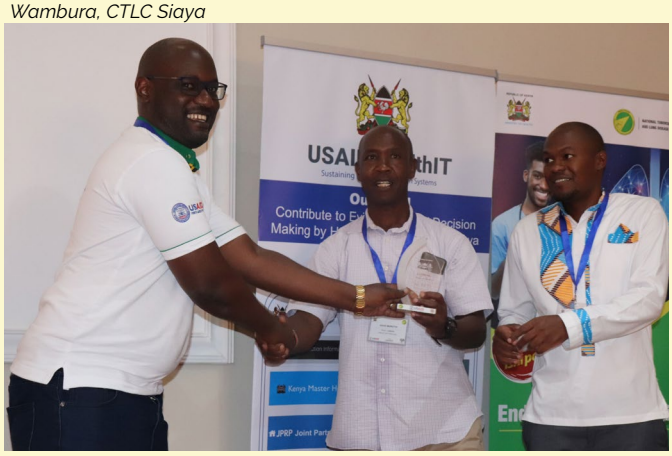
Aiban Rono, Head of M&E section- NTLD-P hands over certificate of 2nd best county in TB control to Migori CDH, Kennedy Ombogo.

Dr Raphael Pundo, USAID Health IT Chief of Party awards Gem Sub County as the 2nd best performing sub county. Receiving the award is Mary Wambura, CTLC Siaya

Dr Lorraine Mugambi-Nyaboga, CoP CHS-USAID TB ARC II hands over Nyamira North Sub County certificate of best performing Sub-County to Nyamira CDH, Dr Geofrey Nyambuti.



Dr Sam Muga, CoP USAID Koomesha TB hands over trophy of 3rd best performing sub-county to Laikipia West Sub-County

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reporting related to Kenya's Health Information System (KHIS) to support County and National level health service provision. This is achieved by strengthening National Information Systems that support reporting, provide data for decision making for GoK, counties and other stakeholders and improving institutional capacity of national and county MOH on use of health systems, quality data capture and reporting. It is also important to note that HealthIT's goal is to contribute to evidence-based decision making by health sector stakeholders in Kenya.

Although preventable and treatable, TB remains one of the world's deadliest infectious diseases, taking the lives of approximately 4,000 people every day. The Ministry of Health uses data available and technical expertise to drive innovation and advancement in TB prevention, care and treatment.

The ultimate goal of the TB program is to eradicate the TB problem from the country by the year 2030 and USAID HealthIT is at the forefront of the fight by offering support in terms of enhancing the TIBU system (a distributed platform used to capture and analyze data on TB diagnosis, treatment, interventions in Kenya) and capacity building of the key users of the system, among other areas of support.

2021 Scorecard Awards Summary:

CATEGORY	SUB COUNTY/COUNTY
2021 Best Perfoming Counties in TB control	Laikipia County Migori County Homa Bay County
2021 Best Performing Counties in Quality of Care	Laikipia County Elgeyo Marakwet County Homa Bay County
2021 Best Performing Sub-counties in TB control	Nyamira North Sub- County Gem Sub-county Laikipia West Sub-county
2021 Most Improved Counties	Elgeyo Marakwet County Samburu County Kitui County
2021 Most Improved Sub-counties	Baringo Central Sub-county Samburu Central Sub-county Samburu North Sub-county

Addressing Tuberculosis in children and adolescents

1.1 MILLION
Children fell ill with TB in 2020 globally

5,663
Childhood TB cases notified to the program representing 8% of all notified cases against a national target of 10% – 15%.

By Mbetera Felix | DNTLD-P

TB prevention, diagnosis and treatment in children is not only important for public health but also for the individual right of the child to health. Globally, children suffer severe TB-related illnesses that contribute significantly to the overall burden of TB and child mortality.

Child and adolescent TB is often overlooked by health care providers as it is difficult to diagnose and treat. It is estimated that 1.1 million children fell ill with TB in 2020 globally. In Kenya, 5,663 childhood TB cases were notified to the program representing 8% of all notified cases against a national target of 10% – 15%.

The Division of National TB Leprosy and Lung Disease Program has given higher priority to children with TB even though they are less likely to transmit the disease. In collaboration with partners, the program has developed Paediatric Curriculum incorporating recent evidence. The curriculum shows why prevention, diagnosis and treatment of childhood TB is an integral part of the Program's strategies.

During the development, members benefited from Professor Elizabeth Maleche Obimbo's expertise. Prof. Obimbo works at the Department of Paediatrics and Child Health at the University of Nairobi and she is specialized in Paediatric Respiratory Medicine, TB and HIV in children, and Epidemiology, and has extensive clinical experience in preventive, promotive and curative aspects of TB in children.

Child and adolescent TB is often overlooked by health care providers as it is difficult to diagnose and treat.

The risk of rapid progression from TB infection to active disease is high, particularly in young children (0-5 years), and they often get severe forms of TB. Other groups of children who are highly vulnerable to getting severe forms of TB are those who are malnourished, HIV infected or have other comorbidities.

The Global Fund also recommends integrated and collaborative strategies to reduce child mortality, improve maternal health and combat TB, HIV, Malaria and other diseases and improve health outcomes for women and children. Most sick children are first seen in paediatric clinics and/or wards. To win the battle against TB in children, it is vital that TB services are integrated into existing child health care services.

Bridging the gap between public and private sectors in finding missing TB cases

By DNTLD-P Team

In an effort to ensuring that functional Public-Private Mix (PPM) systems geared towards finding missing TB cases are established and effected, the Ministry of Health in a rigorous process together with the National TB Program and partners have been working with Mombasa Cement Clinic to sensitize the corporate's employees on the basic facts about TB. At the same time, the clinic has been screening and supporting those found with Tuberculosis throughout their treatment.

According to Agnes Mutuku, CHS - USAID TB ARC II PPM coordinator for Kilifi County, whose role is to engage private hospitals and clinics in the upscaling of TB screening and notification, Mombasa Cement Clinic is one of the private health facilities that have been fruitfully brought on board.

"Working with Mombasa Cement's Clinic in Active TB Case Finding has been productive. The engagement has brought together proactive stakeholders. The Mombasa Cement management has greatly supported the initiative. On its part, the County Government of Kilifi through its health department is supplying us with the TB drugs, supports chest x-rays and chest CT-Scan, and provides falcon tubes and facilitates Gene Xpert networking", says Agnes.

Jonathan Kyalo, the Mombasa Cement Clinic's Clinician notes that the partnership which started about six months ago has been made possible partly due to the network he has created in the course of his career that spans over ten years. "I was introduced to this action by a colleague working at the Kilifi Sub-County Hospital".

Later on, Kyalo received a phone call from Agnes and after some time, the

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Cont'd from Pg. 21

latter would pay Kyalo a visit. During this call, the two had deliberations which persuaded the Clinician to screen for presumptive TB cases during his consultations at the site clinic.

"We have a population of more than 300 people and the site is male-dominated which is high risk to TB. I took it positively, for me, it was a plus. These people report to work around 7a.m. or 8 a.m., they leave here at 5 p.m.or 6 PM. When they leave here maybe they go take shower, have dinner and sleep, early in the morning they are back. Basically, this is their home and so our health facility is their basic clinic. If someone contracts TB, they may not have time to go out there for the screening. That is why I think it was very important for me to have introduced TB screening here", says Kyalo.

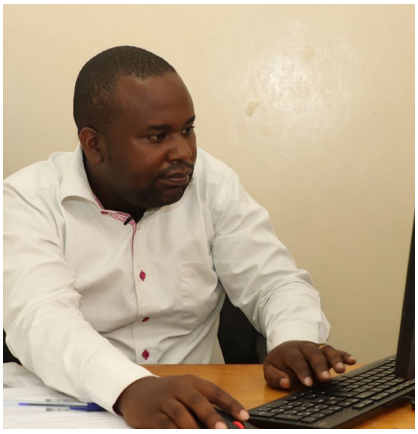
The fact that the working environment around Mombasa Cement is very dusty with high incidences of upper respiratory flu and sore throats influenced TB screening.

Once private facilities are brought on board, the National TB Program in collaboration with partners trains staff from these facilities so that they are in a position to screen for TB in their normal routine. The support with capacity building and ensuring that the clinicians and the nurses are able to diagnose more cases, actually getting more presumptive during day-to-day consultations".

Apart from training, other forms of support for this initiative include; provision of screening tools, materials and medicines. All this done at no cost to this private health facility.

After being trained, the Clinician planned and conducted a TB screening exercise in March. The screening was supported by the Program, Kilifi County Government Department of Health and USAID's TB ARC II.

A committee comprising of all the heads of departments was set up. As TB champions sensitize those under them on TB. They also scout for anyone with TB symptoms and encourage them to seek help from the company's clinic.



Jonathan Kyalo, Mombasa Cement Clinic's Clinician and (r) an employee who has recovered from TB due the initiative

Through this resourcefulness, four TB cases were found during screening.

The Clinician says, "I formed a committee whose work was to refer people from these sections who were coughing, to the site clinic for screening. Through this we found four cases of TB".

Various ways of making the Mombasa Cement Clinic activities of finding missing TB cases sustainable such as awareness creation and provision of free treatment are being implemented through stakeholder's cooperation.

"To a great extent, the attitudes and perceptions their employees have on TB are shaped by superstitions, thus negatively affecting their health seeking behavior" he notes. "Therefore, we create awareness to sensitize the community that TB is a disease that is curable and it is neither caused nor cured by superstitions".

Adding, "the other thing that we are doing is that we are not putting the burden of TB treatment on patients. Some people my shun away from being tested for TB thinking that the test might cost them a fortune. We save the patients the burden of travelling to Kilifi by picking for them their packs, thus easing the cost of accessing TB treatment. Even for those who would develop some other symptoms like numbness, we avail them pyridoxine".

Serial screenings are being conducted every single day. The committee engages people every day from the time they assemble in the morning and throughout the day by supervision. "When they notice someone who has a cough, they refer them to me on the site clinic. When those clients come here, we don't put any financial burden on them, be it x-ray or whatever, we do our best with the support of our administration", says the Clinician.

He notes that Mombasa Cement is very supportive, especially in the area of sample transportation. Kyalo commends Kilifi Sub-County hospital for making the test fast and effective. "We have 10 to 15 vehicles going to Kilifi every day so we don't need a rider. If I request for a van, I will be given one, the driver will go drop and come back. All my samples are tested at Kilifi Level Five Hospital. They provide all the falcon tubes. All the stakeholders in this initiative are providing me with invaluable support, this has helped me so much".

One depressed employee was brought by his supervisor. The wife thought that he had HIV. "He had a serious cough and was emaciated. I screened him; it was established he had TB. Immediately, I initiated him on treatment. The cough has gone and the guy is making impressive improvements on his recovery journey and is in the final month of his treatment".

Kyalo advises other corporates to embrace this initiative so as to safeguard their manpower and the overall wellbeing of their companies. He notes that this can be attained if an organization top management is fully engaged and amply informed of the program activities.

I survived TB:

My struggle with the world's leading infectious disease.

"TB can't kill you so long as you get tested and put on treatment. If you are suffering from TB, I would urge you not wto give up. TB is treatable and curable.

By DNTLD-P Team

The story of Joyce's battle with TB which she contracted at the age of 14 is tear-jerking, but at the end of her struggle when she triumphs over this illness which is the leading infectious killer disease in Kenya and the world's number one most infectious, we learn that being diagnosed with TB is not a death sentence as many people wrongly think, TB is treatable and curable.

In November 2019, when she was in class seven, Joyce was taken ill with what started with cold-like symptoms. "It was normal for me to have headaches, but what was shocking was that I wouldn't cough but sweat a lot", says Joyce. Her mother took her to three private hospitals.

A monumental struggle it was. She was treated for various conditions before what afflicted her could be established. "At times, I was told that she had Malaria and her blood level was going down drastically. She would profusely sweat, but we never knew someone with TB sweats and also their blood count goes down alarmingly", says Joyce.

At first, although they had been advised for Joyce to undergo blood transfusion, they opted for nutrition and dietetics. "In spite of giving her fruits hoping that her blood levels would rise, the opposite happed", says Joyce's mother.

Joyce adds, "I ate all kind of fruits, but my blood level was still reducing. I also took some tablets which I took after dissolving in water to see if my condition would improve. I did this every day for about two months, yet my blood level was still going down".

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Joyce Urio, and her mother during the interview.

Cont'd from Pg. 23

She became really weak and like her mother, the agony was unexplainable.

"A neighbor told my mother of a hospital in Nganjoni, where her daughter had given birth from. She said it was a good facility. We did not waste time, the following day in the morning we went there", says Joyce.

Joyce got to the hospital in a critical condition. "I was a half dead. My mind was alright, but my body was Very weak. It was quite early in the morning, the matron hadn't arrived yet, but when she came, we talked and was initiated on treatment the same day".

Her treatment started with blood transfusion as other investigations on her condition were conducted. Her mother notes that her blood levels were really low. "Her HB (Hemoglobin) was 5 points".

The blood transfusion improved her condition a bit, but they spent one and half months admitted at the hospital as doctors carried out tests to find out what Joyce ailed from. The process was made even more challenging due to the fact that the girl wouldn't cough.

"During the course of the investigations, a lot of possibilities of what could be ailing her came up. At times she was told she was sick with Dengue Fever; at other moments COVID-19 and at other times various conditions and the tests went on and on. Even after undergoing an x-ray, but nothing was found", says Joyce.

They were engulfed by a cloud of uncertainty. Never sure if she would get back on her feet and lead a normal life. Luckily, schools had been closed down due to the outbreak of COVID-19 in 2020, the year she was supposed to sit for her KCPE. In the midst of all this, something that was to change this bleak experience that inextricably tormented mother and daughter and fill their hearts with joy and hope happened.

"If people can be able to talk freely about TB without the fear of stigma, this would make a huge difference."

One day as doctors were having some tests on Joyce, she coughed. At this point, the healthcare workers decided to have a sample of her sputum tested. The results indicated that Joyce had TB and was thus with immediate effect initiated on treatment.

The mother and daughter received the news of the TB diagnosis with unbeatable optimism. Joyce says, "I wasn't shocked when I was told I had TB. Healthcare workers had talked to me, assuring me that TB is a normal disease like any other".

On her part, the mother says she felt pleased and relived. "I thanked God that what ailed my daughter at last had been confirmed and that she would go through a treatment whose safety and accuracy we had been assured by the healthcare workers. I was hopeful that God would see my child through the treatment and she would get cured".

After initiation to TB treatment, Joyce became even weaker. She developed breathing difficulties and was put on oxygen for seven days. "Day and night, she was on oxygen, but doctors tirelessly worked to see her get better and with time her condition improved", says the mother.

They are both appreciative of the fact that in their one and half month stay at the hospital, doctors and other healthcare workers treated and handled them in a kind and professional manner that made them comfortable and felt cared for.

For a mother who says her neighbours were caring to support her during her daughter's treatment, she is indebted to the government and other donors who support TB treatment as her daughter paid nothing for the treatment. "This kind of initiative is very beneficial to so many people who would be disadvantaged if we were to meet TB treatment cost", she says.

She advises the community to be positive to help in the fight against TB as stigma stifles the people's voice which is a critical component of the fight against TB. If people can be able to talk freely about TB without the fear of stigma, this would make a huge difference.

Joyce was able to walk on her own and once the lockdown that had resulted to the closure of school owing to the effects of the COVID-19 pandemic was lifted, she was able to go back to school just like other pupils and she is faring well.

Her message to her friends is, "TB can't kill you so long as you get tested and put on treatment. If you are suffering from TB, I would urge you not to give up. TB is treatable and curable. My story is sufficient proof and testimony of this". ■

TB cases identified in Mombasa through public-private mix

Ann Kamau, facility in-charge nurse, Ganjoni hospital and Nancy Gacheri, CHS - USAID TB ARC II PPM Coordinator, Mombasa County during the interview.

By DNTLD-P Team

An engagement of the National TB Program and CHS - USAID TB ARC II with the private health sector providers of TB care in Mombasa County is realizing increased detection and improved treatment of TB cases in the county.

The Public-Private Mix (PPM) Coordinator in the county, Nancy Gacheri whose main duty is recruiting facilities such as private hospitals, chemists and standalone laboratories in offering TB services, says that this arrangement and working formula has been highly impactful.

"In collaboration with the National TB Program, County Government of Mombasa Department of Health, USAID TB ARC II through the engagement of PPM, we have been able to engage twenty-four health facilities, seven chemists and two standalone laboratories in offering TB services", says Gacheri.

She adds, "these (TB) services include screening, identification of presumptive TB cases, referring the samples from these cases to nearest Gene Xpert site, receiving results and offering treatment to the diagnosed TB cases and contact management for bacteriologically confirmed TB cases".

In 2021, out of the twenty-four health facilities that have joined the PPM initiative, sixteen of them had been uplifted to treatment sites, while the rest were offering screening services and referring the presumptive TB cases.

When health facilities, chemists and stand-alone laboratories are brought on board, their staff are trained, says the Mombasa County PPM Coordinator. "We capacity build healthcare workers in the private facilities, the chemists and standalone laboratory by offering them the technical backstopping which involves doing CMEs to these healthcare workers, on job mentorships and trainings on TB work".

Further noting that through this strategy, a substantial number of TB cases have been found from these private facilities that were recently engaged. "So far, we have been able to identify 65 TB cases from these private facilities. All the clients have been initiated on treatment".

In 2021, out of the twenty-four health facilities that have joined the PPM initiative, sixteen of them had been upscaled to treatment sites, while supporting those that were previously engaged to optimise in offering screening services and referring the presumptive TB cases.

Weaving a cohesive web for public hospitals and private chemists

Dickson Chitolenge, a pharmaceutical technologist, Joyland Pharmacy serves a client at his chemist

By DNTLD-P Team

The National TB Program is working with the private pharmacists in the country through an elaborate network that brings together public and private sectors in concerted efforts in finding missing TB cases.

Dickson Chitolenge, a pharmaceutical technologist who operates Joyland Pharmacy in Mombasa says his engagement with the National TB Program through Public Private Mix has been very instrumental in the identification of TB cases in the community he serves.

"In December 2020, a team from the National TB Program, together with the Mombasa County Health Department alongside the CHS - USAID TB ARC II visited my premise and asked me if I could come on board and join them in identifying TB cases which go unnoticed. I told them I am willing and it is a good idea they invited me. "I was able to identify four TB cases and these clients were initiated on treatment", says Dickson. .

"They organized a training, whereby they enlightened us on what we were supposed to look out for when identifying these cases. They gave us materials for reference and recording. If I get any presumptive cases, I fill in the forms and send them to the sub-county level", Dickson observes.

He further states that the support has been quite helpful as pharmacists have been connected to testing facilities which they didn't have access to. This has aided them in making informed decisions.

In the course of his work, the chemist whose pharmacy serves about 70 to 100 people a day, suspected that four of the people he had served could be having TB. He filled in the form and sent them for the Gene-Xpert test at the sub-county hospital. The results turned out to be positive.

Dickson notes, "I am happy with this engagement. It helps in making the right diagnosis especially when you are not quite sure whether it could be a TB case or not. I can identify TB cases which might have otherwise gone unnoticed. It is beneficial not only to my community but also to me as a practitioner".

After getting results indicating one has TB, he refers the client to the sub-county hospital where they are initiated on TB treatment, but he makes follow-ups to establish how the clients are doing. More so to ensure that they are adhering to their treatment and management of issues that result from the treatment such as side effects.

There are challenges though. Some clients do not go to the sub-county hospital for a TB test when referred while others give unreliable contacts, thus making it impossible to trace them.

He is however optimistic that what he is doing has immense dividends to the community that he serves.

TB: Private vs Public Service Care

Elvina Mbaya, a nurse in Likoni Sub-County Hospital very strongly supports the idea of working with private facilities such as chemists in finding missing TB cases.

"It is very important to engage with the private chemists and the private hospitals because some of these patients whom we are serving from this locality prefer private facilities because they are served quickly. Some have been treated for cough and were not investigated for TB. They take antibiotics for a long time with no change. We later diagnose them with TB when the disease has advanced", says Elvina. "Delay in diagnosis occurs when a pharmacist has given a client repeated antibiotics for cough treatment with no change and ends up referring the client when a lot of time has been wasted".

After starting working with the pharmacists, Elvina notes, some of them have become so keen. When a client tells them about the history of his or her cough, they normally advise them to go for investigations. They also come in handy when do not have commodities. Sometimes, if a prescription of a drug like pyridoxine isn't available at the hospital, the client is advised to purchase from the chemists.

Improving the status of Tuberculosis in Rachuonyo North

Dan Owino, Rachuonyo North Sub-County TB Coordinator during the interview

By DNTLD-P Team

Before reforms, data indicated that the Tuberculosis (TB) situation in Rachuonyo North Sub-County was terrible, cure rates, treatment success rate was low and deaths resulting from TB infections were high. Also, owing to the fact that the sub-county is located along the shores of Lake and is expansive and populous the lost to follow up among the fisherfolk was alarmingly high.

The National TB Program in collaboration with partners initiated mitigation measures which yielding the intended results. Community outreaches, active TB case finding, infection prevention and control, additionally to capacity building has seen cure rates in the 22 TB treatment and 12 diagnostic sites across the sub-county remarkably improve. This has significantly contributed to the attainment of the national goals in the containment of TB.

Dan Owino, the Rachuonyo North Sub-County TB Coordinator notes that these achievements are a result of NTP and partner's support that has come through initiatives such as training and support supervision. Healthcare workers from six health facilities have already been capacity built through trainings such as Integrated TB Curriculum, Pediatric TB Management and Behaviour Change Communication (BCC) among others.

Rachuonyo Sub-County, Kendu Adventist and Adiedo hospitals are among the facilities that were taken through the Integrated TB Curriculum training. Afterwards, these facilities settled on three key result areas that they had to actualize in order to make the training impactful in the mission of eradicating TB by 2030.

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Staff in Homa-Line, Okikiamae and Kosere hospitals have benefited with a training on pediatric TB management. The training also focused on boosting active TB case finding, quality of care and infection prevention and control.

Stella Omulo, CHS - USAID TB ARC II Regional Officer and Carolly Migwambo, Homa bay TB and Leprosy County Coordinator

Cont'd from Pg. 27

"We have had trainings supported as the Integrated TB Curriculum Training. This was a five-day training which was done in Kisii. We chose trainees from three facilities, after which we settled on three key result areas. Working on active case finding, infection prevention and control, and on the quality of care given to our clients" says Dan Owino.

Active TB case finding at the three hospitals has gone up. "If we compare case findings snapshots of Rachuonyo sub-county hospital in 2021, when we did the training and 2020, then I would tell you that this facility increased from 35 cases to 54. In Kendu Adventist Hospital cases increased from 104 to 111 after the training, while in Adiedo hospital, cases shot up from 13 to 14. This is a small facility and even gaining one is very important".

The three facilities were also able to come up with mechanisms that allowed them to screen for TB in the midst of COVID-19, hence effectively contributing in the promotion of infection prevention and control.

Staff in Homa-Line, Okikiamae and Kosere hospitals have benefited with a training on pediatric TB management. The training also focused on boosting active TB case finding, quality of care and infection prevention and control.

"From this training, Homa Line doubled their cases from 11 to 22, finding two pediatric TB cases. At Okikiamae, the facility maintained its cases at 13, but at least they got a pediatric case", notes Dan Owino. His decision to train Kosere Hospital was based on staff turnover which he describes as one of the major challenges in his work.

The overall performance of Rachuonyo sub-county on pediatric TB is getting better, with a target of 10 to 15 percent It was 11 percent in 2020 and with the support provided, it grew by one point in 2021 to 12 percent

Healthcare workers in the sub-county have also received training in BCC. This has enabled them to run a school health program supported by partners. The BCC program is executed by giving staff who have been trained on various issues a chance to sensitize people on the same.

Rachuonyo North Sub-County healthcare workers have also been capacity-built on handling drug-resistant TB (DR TB) cases. From this, they have been able to take an action and put in place mechanisms for DR TB surveillance.

The interventions also include support on sample networking where samples are referred to Lancet in Kisumu and support supervision which has improved his access to facilities; expanded the knowledge of healthcare workers on key TB Program indicators and boosted quality of care.

"Occasionally, we do Continuious Medical Education in the afternoons and thereafter I upload data into TiBu. This cuts across wherever I go in any facility. For low volume facilities, I may cover two in a day, but for the high volume it may take me two days".

The interventions also include support on sample networking where samples are referred to Lancet in Kisumu and support supervision.

This has helped in enhancing the TB screening skills of healthcare workers. They are able to set SMART active case finding targets.

For hospitals such as Rachuonyo Sub-County, quality of care for TB patients has been strengthened through quality improvement initiatives that identify key areas where health facilities are weak and a remedial strategy developed and implemented.

In 2019, the cure rate and TSR were both at 88 percent. In 2020, due to the interventions, the cure rate and TSR rose to 94 percent and 91 percent respectively. The death rate has gone down to 7.1 percent from 9 percent and the lost follows are minimal.

The major challenges faced at the sub-county include inconsistencies in commodity supplies and lost to follow up among the fisherfolks.

"We have mapped out TB hotspots where we conduct outreaches supported by NTP and partners like CHS - USAID funded TB ARC II and Komesha TB using mobile digital x-ray machines. We also have schools programs. When people hear there is an x-ray, the turnout is very high and the yield is very good", says Dan.

Finding missing TB cases through targeted community outreaches:

Fredrick's Story

Fredrick Masamba during the interview at his homestead

By DNTLD-P Team

A year ago, 50-year-old Fredrick Masamba, a father of six and a resident of Kiogora village, Nyamira county was a hopeless sick man.

"People had lost hope in me. I was just waiting to die due to my deteriorating health condition. It is a miracle I am alive today," Fredrick tells us as we settle down for the interview.

Fredrick began feeling unwell in 2016 by experiencing chest pains and night sweats. He had been treated for Tuberculosis the previous year and gotten cured but upon seeking treatment this time round in the nearest health facility, he was treated for brucellosis and blood pressure.

"Even after completing the brucellosis treatment which involved enduring 21 painful injections and faithfully taking the blood pressure medications daily, instead of getting better, I worsened as days went by," Fredrick opens up.

When the conventional medicine seemed not to work, he sought alternative treatment using herbal medicines but still, his condition kept on deteriorating.

"By 2021, I was totally wasted and bedridden. I spent most of the time in bed in pain waiting to die. I had done all that I could have done to get cured of this mysterious disease," Fredrick recalls with sadness written all over his face.

He continues nostalgically, "Walking was extremely difficult for me. I had chest pains with difficulty in breathing. I could not even sleep. After a few minutes of sleep, I would wake up to wet beddings as a result of sweats. I used to cough blood."

On 27th July of the same year, his wife informed him of upcoming medical outreach in their home area and requested he be taken for check up.

"When my wife told me they would be taking me to the medical camp as she heard from the community health volunteer it was targeting people with

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Cont'd from Pg. 27

the symptoms like those that I had, I just shrugged her off and told her to let me die peacefully as I had made peace with death," Fredrick says.

He frantically continues, "What was this going to change? after all, I had tried conventional and herbal medicines but nothing was forthcoming? It took a lot of convincing especially from my last-born daughter to make up my mind and agree to be taken to the medical camp."

The following day, Fredrick was carried in a makeshift stretcher and taken to the Mobile Digital X-ray screening outreach.

"My attendance of the outreach was my turning point in regaining back my health. It is here at the outreach that I was thoroughly examined and found to be ailing from TB and initiated on treatment immediately," Fredrick says.

"Though at first, I was skeptical of getting cured, the medical team counseled me and reassured me that if I adhere to treatment, I would get cured. I went back home with little hope of regaining back my health," Fredrick emphasises.

Fredrick was linked up to the nearest government health facility for close monitoring and treatment follow-up.

"I was put under treatment for six months. As days progressed I began picking up. By the second month, true to the doctor's words, I was getting better as the symptoms had started disappearing," Fredrick shares.

With constant support from the health workers and his family, Fredrick is fully cured and back to providing for his family.

"I feel energetic now. My kilograms have improved from 42 to 52. I thank all those who have supported me in my journey to recovery. They saved my life. I am okay now and back to doing subsistence farming that we depend on with my family," an elated Fredrick says.

He urges those experiencing TB symptoms to go for screening and those on treatment to adhere to treatment to get fully cured.

"TB treatment is available and free in all government facilities. Once you experience any symptoms visit the nearest health facility to get treated. I am an example that the disease is curable once you adhere to treatment," Fredrick emphasizes.

He requests, "Please conduct more screening outreaches in the community to find missing TB cases like me. If it were not for the outreach, maybe I would be dead by now."

Fredrick is among hundreds of people reached through outreaches supported by National TB Program, county governments and Partners like CHS - USAID funded TB ARC II, Amref Health Africa in Kenya and KCCB. ■

Finding missing cases through outreaches

Stella Omulo, CHS USAID TB ARC II Nyanza Regional Officer, Carolly Migwambo, CTLC Homabay County and Dr Akeche Gerald Chief Officer Health, Homabay County.

By DNTLD-P Team

Stella Omulo, Centre for Health Solutions – Kenya, CHS USAID-funded TB ARC II, Nyanza Regional Officer notes that targeted hotspot outreaches are among the many strategies used to find missing TB cases.

"The National TB Program in collaboration with CHS - USAID TB ARC II and County and Sub County TB coordinators are implementing other strategies to find TB missing cases. This is by among others capacity-building health workers to screen clients for TB at all service delivery points in facilities right from outpatient to the ward, facility-based continuous medical education, on-job training, mentorship to health workers, and technical support supervision to facilities. From that, we have seen an increase in TB yield," She says.

"We engage Community Health Volunteers to do outreach mobilization at the community level. The day Fredrick was diagnosed with TB, we screened 160 people, 93 were presumptive cases and were subjected to X-ray and smear analysis. From this, we diagnosed 16 TB patients and initiated them on treatment immediately," Stella notes.

She adds, "We linked the 16 patients to the nearest health facilities for ease of access to services and treatment follow up hence the quality of care for the patients."

The selection of the targeted spot for screening was informed by the sub-county data on case notification and the area is far from the county referral hospital where the digital x-ray is stationed. ■

The day Fredrick was diagnosed with TB, we screened 160 people, 93 were presumptive and were subjected to X-ray and smear analysis. From this, we diagnosed 16 TB patients and initiated them on treatment immediately.

Support has bolstered TB case identification in Arombe Dispensary

Evelyne Omune, a clinician, attending to a client at Arombe Dispensary

By DNTLD-P Team

Notification of TB cases, both adult and pediatric, at Arombe Dispensary in Suna West sub-county, Migori county has significantly increased. This has strengthened the efforts being expanded to finding TB cases in the facility's catchment population.

According to Amune Adhiambo, a Clinical Officer at the facility's Chest and Comprehensive Care Clinic which screens thirty patients per day, the attainment which is a critical milestone to ending TB in Kenya by 2030 has been as a result of the support that the facility is getting from the National TB Program and Partners. and access to high quality, patient-centered TB, DR-TB and TB/HIV services; prevent TB.

In order to attain the set targets, healthcare workers at Arombe dispensary have been capacity-built to diagnose and treat TB. They have been trained on Integrated TB and Pediatric TB Management. On-job trainings have been done at the facility and at the sub-county level.

In order to attain the set targets, healthcare workers at Arombe dispensary have been capacity-built to diagnose and treat TB.

"The Sub-county TB Leprosy and Lung Disease Coordinator has supported us with on-job training on how to manage a Drug and Multi-Drug Resistant TB and patients as well as side effects due to the adverse drug reactions. The training also includes case finding, quality of care with an emphasis on cure rates and treatment success rate, contact management and TB Preventative Therapy (TPT) uptake. We also receive monetary funds every month for assisting in client management", says the Amune.

The trainings have greatly helped in the development of evidence-based approaches with clear action priorities for improving TB services at the health facility.

"Before the capacity building program started, the screening was low. Health care workers were not knowledgeable enough to be able to screen and refer all the presumptive TB cases for the uptake of Gene-Xpert or microscopy. Besides, contact tracing or contact invitation for the bacteriological confirmed cases was low", notes Amune.

The impact of this can be seen in the performance of this health facility. They have been able to achieve set targets on adult and pediatric TB cases. The number of clients screened and with proper documentation and consultative TB register has increased. Targets of HIV clients confirmed with TB have also been achieved and case notification gone up.

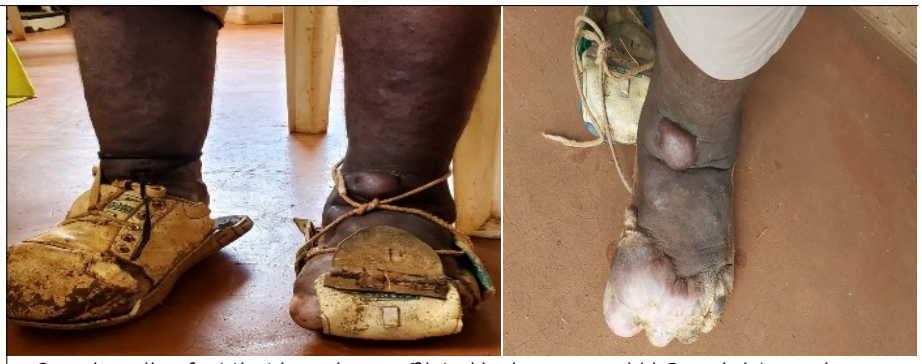
The facility also works with community health volunteers to follow up on patients. This has improved their cure rates and treatment outcomes. Healthcare workers at the facility have also been screened and that the TPT uptake has gone up.

Challenges such as a huge workload which affects the quality of care still exists. "At times, the clients are so many and you want to manage all of them at the same time which compromises on the quality of care. Besides, some clients surpass our facility to go to higher level facilities yet we are able to diagnose TB cases from the facility", she adds.

Arombe dispensary has established an abstract about the facility having improved in terms of the identification of cases in terms of pediatric and generally TB cases that have been notified. "We thought it would be a really good paper to help people notice that the TB cases identified in a facility can be done through improvement in screening and contact management", says Amune.

I Would Rather Die with my Feet Intact: A Case of Two Siblings Affected by Leprosy

By Evaline Kibuchi | StopTB Partnership



Cyrus' swollen feet that have been afflicted by leprosy and (r) Cyrus' sister on her way to recovery after four months on treatment

Cyrus, aged 60 but looking way older than this age, walks with a limp and I can tell he is in pain. He has come for a refill of his leprosy drugs. This is the second month on treatment. His sunken teary eyes tell a story of misery. His patched dirty grey coat has seen better days. His torn brown pants with loose shreds barely touch his ankles exposing his swollen feet with toes missing. Under them is a contraption of something that looks like shoes made from pieces of waste sleepers fixed together with old wires and threads.

In tow, is an old lady, definitely older than Cyrus. She too looks frail. Like Cyrus, she is dressed in an old torn dress and a mismatched sweater. I can see her scaly legs which are a bit unproportioned. She gazes at me with piercing eyes. She is Cyrus' sister. Both have come for a refill of leprosy drugs. This is her fourth month into treatment.

"It all started with tinglish feeling on my lower limbs which later turned numb", Cyrus narrates. "This was followed by itchiness on the feet which would then develop into bruises which would ooze a smelly pus like fluid . The feet then started swelling uncontrollably and were painful. The entire body was in unexplainable pain. The glands started to swell too. Before long my toes started disappearing like they are sucked into the foot". He explained with a trembling voice and holding back tears.

He could wake up in the morning with a missing toe only for another to follow suit the following day. Before long all the ten toes were gone. He never felt them drop. He just woke up to find them missing. This was the most harrowing moment of his life. He wished death upon himself but it was not coming.

This was ten years ago. He sought medical attention from different private hospitals at the local town of Muthaara and in even in Meru town. None seemed to have a name to the disease, leave alone a solution. Every waking day was a pain to him. He received uncountable injections and swallowed innumerable tablets but the symptoms persisted.

At one point he met a doctor who advised him to have both his legs amputated. He refused. "I would rather die with my two legs intact", he says. He knew his destiny was sealed in death. He was advised to take several other tests but he did not have money. This went on for ten years. He spent all his savings and was left like a leper literally.

Cyrus kept off social places to avoid bothering people with smelly wounds. He stopped going to church and any other social gathering, choosing to remain in the comfort of his small thatched house. He does not have a family. They left him when he started falling ill and they have never returned.

While all this was happening, his elder sister was going through a similar experience. Widowed at a young age, she was left to shoulder the burden of bringing up her four children who are all adults now. The onset of leprosy only worsened her already devastating situation.

Hope was restored in these siblings when they finally visited Mikinduri Sub County Hospital late last year (2021). The sister was the first one to come to the facility. The clinician at the TB clinic did not even need to do a test on her. He straight away clinically diagnosed leprosy and immediately initiated her on treatment. The brother followed two months later. The sister is on her way to recovery. The pain is now all gone and the swelling is easing. she can fit into conventional shoes. Cyrus too is on his way to recovery. He admits the pain has tremendously reduced though the feet as still swollen and of course, has no hope of recovering the lost toes.

As we end the electrifying conversation with the two siblings, a community health care worker attached to the clinic walks in and sadly announces a new presumed case of leprosy that has just been brought in for checkup.

Leprosy is a disease that is believed to be in post eradication phase. Unknown to many, the disease which is mostly known in the bible is ravaging the lives of many hapless Kenyans. Leprosy is endemic in various parts of the country which includes Kwale, Busia and Nairobi. The management of the disease is done under the National TB Program as the bacteria that causes it is similar to that of TB. The Government needs to invest in to cure the remaining few cases and control new infections. Those infected also need social support to make their lives comfortable as they battle with this unforgiving disease. ■

Abdul Ramathan's Spirited Fight that Defeated MDR-TB

Abdul, former MDR-TB Patient and now a TB champion during the interview

By DNTLD-P Team

What started as normal flu persisted for over three months. Abdul Ramathan hoped that the cold would go away as usual, but that wouldn't be the case. After a period of time struggling with the never-ending cold, he visited Kilifi Level Five Hospital where a sputum test revealed that he was infected with MDR-TB. He was immediately initiated on treatment.

Abdul says that it all started with a cough that would give him chest pain and joints pain which sometimes made him think that he had Malaria. "I thought to myself this was just a normal cold that would ebb away after two or three days, but persisted and intensified with each passing day", he says.

During this time before what ailed him was established, he underwent untold suffering prompting him to look for help and advice from various people. It didn't help much until a friend told him to try a TB test at Kilifi Level Five Hospital.

As a drug user, probably, Abdul contracted TB in one of the drug dens he frequented. He is part of the OMARI Project. He enrolled for methadone to manage his drug addiction.

He observes that it's the good handling of the healthcare workers that he found at OMARI Project that made him proceed with the TB test and later on put on treatment from the beginning to the very end. "I am thankful of how I was handled at the OMARI Project, the person I found there listened to my case, hearing every bit of how I felt. He gave me a tube to collect my sputum and after a test at the laboratory, I was found to be having MDR-TB", says Abdul.

The counseling helped. Abdul was not shocked when he was diagnosed with multidrug-resistant Tuberculosis. He had already been assured that TB is curable and treatable. The urge to regain his health also cultivated his positive attitude towards the treatment.

He was on TB treatment for one-year-nine-months. Abdul notes, "After two months I started noticing major changes like reduction of chest pains and cough".

His doctor took it upon himself to ascertain that his patient took the drugs without fail. Abdul would take the medicine as the doctor watched.

"The doctor who gave me the drugs didn't trust that I could take the medicines on my own. I had to take them before him as he looked in the morning and evening. He had to go that extra mile to ensure that I adhered to my medication. He was very kind, always reassuring me that TB is treatable and curable and I would get cured", says Abdul.

He was on TB treatment for one-year-nine-months. Abdul notes, "After two months I started noticing major changes like reduction of chest pains and cough".

The use of masks while in public had challenges. The stigma he endured from some of his friends who were highly negative about his condition was disheartening.

"I was wearing masks even before the outbreak of COVID-19. Some of my friends were concerned understood my condition and treated me well. Others stayed away from me and talked negative about me, while other were less concerned, but ended up discriminating me", says Abdul.

As a waged labourer, he depended on daily pay from hawking and touting. Being on TB treatment was hard for him to engage in his day-to-day activities and earning a living.

"Throughout my treatment, I was regularly given some money and food. At the end of treatment, I got cash support which was part of the savings. I ventured into poultry farming as an enterprise to make ends meet. This is what today I depend on as a source of livelihood", he notes.

At the end of treatment, a test was conducted and confirmed that Abdul had been cured. He states that this was one of the happiest days. "My heart was filled with gladness. I was overjoyed. I gained the morale to tell my friends about the condition and challenges that I went through. I encourage people not to default on their treatment, follow doctor's instructions because if they don't, the problem can worsen".

Abdul is now a TB champion at the OMARI Project, where he sensitizes clients on TB. His message to those undergoing TB treatment or those on the verge of giving up on their treatment is that TB is treatable and curable and for this reason they should adhere to their medication.

In a deeply reflective way, Abdul is profoundly thankful for the support accorded to him by the OMARI Project, the National TB Program and partners during his treatment.

Program Quality and Efficiency: Sealing Case Detection Leaking Bucket

Participants during the development of the Program Quality and Efficiency Handbook and Framework, Sawela hotel, Naivasha

By Oduor Otieno | PQE Exppert

The National Strategic Plan (NSP) for Tuberculosis Leprosy and Lung Disease (2019-2023) provides the overall strategic direction for the implementation of TB program activities. It is consistent with Kenya's overarching National Health Strategy and National Health Plan. The strategic plan focuses on finding missing TB patients and treating as well as curing them; Active Case Finding (ACF) is an essential component of the TB care cascade, and finding missing cases in the community to reduce the TB disease burden remains one of the most difficult challenges in TB programming.

As a result, innovations that enable the efficacy of ACF therapies are like missing pieces of the puzzle on the TB care continuum.

The Division of National TB Leprosy and Lung Disease (DNTLD) Program has been implementing facility-based ACF in all counties to accelerate case detection efforts in the 2018-2020 Global Fund (GF) grant. Despite this effort, it is estimated that in 2020, the incidence of TB disease was found to be 139,000, only 72,953 patients were notified translating to a treatment coverage of 51%. Given that TB case notification for all forms of TB has been declining steadily from 98,400 in 2012 to 75,898 in 2016 and the TB prevalence survey of 2016 revealed that about 40 per cent of estimated TB cases were never diagnosed and treated, nor notified, there have been concerted efforts in sealing the leakage in the TB care and treatment cascade with case finding being at the top-most of priority areas.

The program's goal is to institutionalize systematic facility-based active case finding and address the gaps in identifying missing people with TB. Facility-based ACF is a systematic approach to screening for TB disease, among all persons presenting to the health facility regardless of signs and symptoms. It aims to broaden TB screening to include all patients visiting a health facility for services at all service delivery points.

The ACF approach entails a set of interrelated processes, where anyone visiting a health facility is assessed for respiratory symptoms, clinically evaluated for TB disease-specific signs and symptoms, and investigated to confirm the presence of TB disease before treatment initiation.

It, therefore, goes without saying that case finding is just like any gatekeeper's nightmare in the TB care and treatment cascade. Due to lessons learnt during the 2018-2020 facility-based ACF implementation cycle as well as the low case detection rate, DNTLD intends to apply quality improvement measures in expediting case detection efforts, while optimizing available resources at the health facility level.

Though implemented successfully in the initial years, Active Case Finding has had its fair share of challenges from which key lessons have been learnt. The key challenges identified in the ACF quality improvement action plan for Kenya 2019 were; the need for robust government stewardship for TB ACF, inadequate access to quality TB diagnostic tests, the inadequate buy-in of TB ACF at the county and facility level, low index of suspicion for TB among health care workers, and sub-optimal contact investigation for TB.

To this end, DNLTD is introducing Program Quality and Efficiency (PQE) as an approach to addressing the challenges around low case detection rates, PQE is the application of a set of interrelated quality improvement

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principles in the identification of case finding hindrances and applying these principles in generating and providing solutions while maximizing on the available resources within the health facilities.

PQE for ACF will initially focus on implementing scale-able initiatives in select counties that would enable the program to package ACF best practices for spread across the country. As a result, the program has proposed incorporating quality improvement measures into Facility-based ACF activities in ten counties for the 2021-2024 GF grant.

The pilot period will follow a Quality Improvement (QI) Collaborative model where PQE teams will benefit from guided implementation support starting with sensitization and up-skilling integrated QI and working for improvement teams through the implementation process.

Teams will also get monthly and quarterly support to share the experience with other implementing teams.

The approaches aim to improve the process of active TB case finding for all while maximizing available resources for efficiency and sustainability. The main objective is to strengthen facility-based ACF by institutionalizing the PQE approach at health institutions in ten focus counties, as well as to provide a learning platform for how to better mainstream QI practice in NTP routine programming.

Alongside the main objective, there are specific objectives in the implementation of the ACF-PQE strategies in the ten select counties that will aid the program in the process of mainstreaming and scaling up the utilization of QI in addressing challenges to program outcomes, among;

- To strengthen stewardship and coordination of TB ACF at the National and County levels through a program quality and efficiency approach
- To build the capacity of stakeholders at all levels on how to implement quality improvement interventions in TB programming as outlined in the TB QI framework
- Provide an opportunity to test and align PQE processes with available standards and tools for monitoring the quality of care in TB and integrate with the national quality of care assessment platforms like the web-based Kenya Quality Model for Health portal.
- To develop a monitoring and evaluation matrix for the implementation of PQE for the DNTLD program

The implementation and mainstreaming of QI practice in the case finding process and routine programming at NTP will among other things;

- Stimulate data consumption and use for decision making and improvement at the facility level
- Established functional teams of health care providers who can drive and institutionalize QI practice at the facility level
- Encourage a targeted approach to problem identification and improvement by the established PQE teams at the health facility
- Enable healthcare workers and PQE teams both at the facility and community level to generate and develop novel and useful ideas to address active case finding challenges with the local context in mind
- Increase in TB Case finding outcomes in the ten supported counties by 23% in 2022 compared to 2021

Key activities accomplished

Having been initiated at the beginning of the NFM3 grant cycle in October 2021, the NTP together with implementing partners has begun the implementation PQE implementation process with several key activities accomplished in Q1 and Q2;

- A PQE-Coordinating team comprising implementing partners and NTP program officers has been established to oversee and provide guidance on the implementation of activities.
- PQE documents developed - QI Framework, PQE Handbook in addition to the ACF toolkit, these two documents will provide teams with guidance on how to plan and carry out a quality improvement process for active case finding initiatives.
- Training of key program officers from NTP and implementing partners on QI to support capacity building of sub-county and facility-based PQE team

Next Steps

Quarters one and two have largely been utilized to have PQE operational structures in place by having a coordination unit at the NTP and the development of accompanying implementation tools and guides. This has set the pace for the next steps of action for the remainder of the grant cycle, these being and not limited to;

- Sensitization of the County Health Management Teams in the ten counties to the nature of the ACF-PQE pilot phase implementation.
- Orientation and training of healthcare workers to implement the PQE activities at the facility/ community levels
- Implementation of QI initiatives to address case detection challenges at the health facility level
- Provision of monthly and quarterly technical support to the PQE implementing teams at the facility by the PQE coordinating unit of QI mentors trained in Q2.
- Semi-annual and annual best practice sharing platforms for the implementing teams to enable cross-learning
- Packaging of best-suited approaches to active case finding challenges in facility and community set-ups.

Strategic Annual workplanning Co-creation process: Best practices and lessons learned

"Putting the dollar in the same envelope"

Representatives from MoH, NTP and TB implementing partners during 2021 annual joint working planning meeting at the Great Rift Valley Lodge.

By Wandia Ikua, Monitoring and Evaluation Specilaist, CHS - USAID TB ARC II

The growing trend on stakeholder engagement is undeniable globally; different stakeholders forge collaborations to address the societal Grand Challenges, achieve the Sustainable Development Goals (SDGs) and respond to Call To Actions (CTOs). From a Public Health perspective, it leans towards a Multi-stakeholder partnership approach.

In Kenya, for instance, the Government of Kenya (GoK) through the National Tuberculosis Program (NTP), County Governments, Funding Agencies through their implementing partners, Civil Societies, Private sector, Healthcare workers among others constitute stakeholders at the forefront of reducing the incidence of Tuberculosis (TB) and reducing mortality related to it (TB).

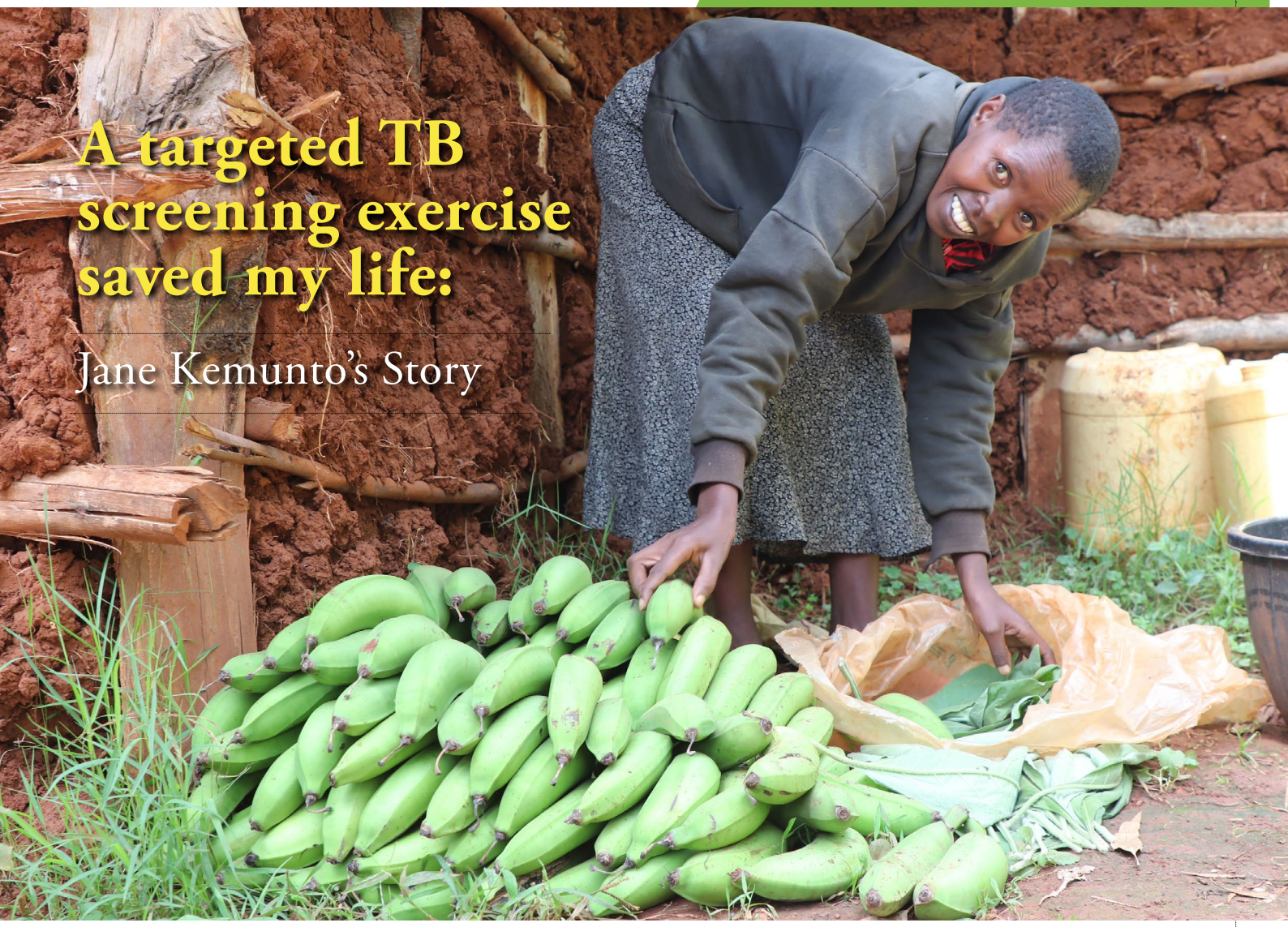
TB disease, is a public health concern due to its infectious nature. It is still a leading cause of death not only in Kenya but globally. It is estimated there were 1.3 million deaths among the Human Immunodeficiency Virus (HIV) negative people in 2020 (Global Tuberculosis Report 2021). The TB control strategies in Kenya are still heavily dependent on developmental aid from various funding agencies despite Kenya transitioning from a Low Middle Income (LMI) county to a Middle Income County (MIC) in 2014.

The transition translated that Kenya should be in a position to finance some key aspects of its development which led to an observable declining shift in the donor funding to address constantly glaring epidemics such as HIV and TB.

Due to the diminishing funds, it is paramount that the stakeholders put their "dollar in one envelope" to carry out their mandate efficiently and to avoid duplication of efforts and available resources, after all, the beneficiary is one and the same, the patient.

Each year since 2019, through USAID support, the NTP, in collaboration with Tuberculosis Accelerated Care II (TB ARC II), brings together the representatives of the above-mentioned stakeholders, to develop and "co-create" a work plan with the available resources whose sources are as diverse as the stakeholders are. This approach fosters transparency and accountability for both the inputs and their outcomes as each stakeholder commits to support the strategies depending on their scope and extent of available resources. Seemingly, the synergy of co-creating is time-saving when it comes to the actual implementation of the co-created strategies. A costed work plan with an accompanying Gantt chart and a performance measurement plan are outputs of the co-creation process that are shared with each stakeholder. The Gantt chart is collaboratively developed and activities are amicably diarized for seamless implementation.

It is deducible that this co-creation approach cements the principles of Gestalts Theory, which emphasizes that the whole of anything is greater than its parts. Looking at the TB control approach holistically is for the greater good of the patient in an era of reduced resources.



A targeted TB screening exercise saved my life:

Jane Kemunto's Story

More screening exercise should be conducted at the community to save lives

By Diana Munjuri | CHS - USAID TB ARC II

Mid-morning, July 29, 2021, 27-year-old sickly Jane Kemunto was basking in the sun outside her house in Nyamira County. This had become a norm after she fell three months ago pushing her out of her menial job of washing clothes for her neighbors at a fee.

"I had become used to going outside the house to at least get some energy from the sun rays. This is after I fell ill, occasioned by pain and congestion in the chest. For the three months, I was sick, I took over-the-counter medicine but their pain relief was temporary, " Kemunto opens up.

"As days went by so did my health deteriorate prompting me to stay home as my husband went for his menial job in the nearest market and my children to school. Since I was having chills most of the time, I used to sit outside the house to bask in the mid-morning sun and kill boredom from listening to conversations of the passersby, " Kemunto continues.

It is the eavesdropping that would save her life. Kemunto shares, "While seated there, I heard people talk of a TB screening in the nearby market place. Upon further inquiry, they explained to me that it was open to anyone experiencing any chest problems. Due to the pain I was experiencing, I decided to go and get checked."

At the screening venue, Kemunto queued with hundreds of other residents as she waited to be screened. When her turn came, she turned out to be a presumptive TB case as she exhibited night sweats, chills and chest pains which are among the cardinal signs of TB.

"I was requested to provide a sputum for laboratory test. Few hours later, the results were back confirming that I had TB," Kemunto shares.

Kemunto was counselled on the disease, treatment adherence and immediately initiated on treatment.

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She was also linked to the nearest health facility for treatment follow-up, drug refills and requested to go in the facility in the company of her husband and children for contact tracing.

"After one week, I visited the health facility where I was linked up. Apart from checking on my progress, giving me drug refills and the health workers counselling me, they also screened and tested my family members for TB. Fortunately, they all tuned out negative for TB," Kemunto says.

Her children were put on TB preventative therapy while the husband was counselled on supporting her journey to recovery. They were also encouraged on the importance of avoiding the spreading of the disease by staying in a well ventilated area.

Back at home her family provided her with both moral and material support to beat the disease.

"My mother in-law stepped in and ensured that we were comfortable despite the disease. She gave me the moral support to complete the treatment as well prepared meals for us ensuring the drugs didn't weigh me down," Kemunto says.

She continues, " This doesn't mean I didn't encounter any problems as I had neighbours and friends who upon hearing that my treatment would take six months, advised me to try herbal medicine but because I could see a positive progress after taking medicine and I had trusted the information given by the health workers that if I adhere to treatment, I would get cured, I ignored them and stuck to my cause."

Kemunto completed her treatment on January 7, 2021. She is fully cured of the disease and back to supporting her husband in caring for their children through a small business of selling ripe bananas.

"I am truly grateful to everyone who supported in my journey to recovery. From the health workers who screened and started me on treatment, to the ones who have been following on my treatment follow-ups," Kemunto says.

Jane Kemunto at her farm during the interview

"I am a true testimony that TB is a treatable and curable disease. People should go for screening as often as possible to avoid being terrorized by the disease like I was. Those on treatment should complete it to get cured like I am"

A joyful Kemunto adds, " I am also grateful to my family especially my mother in-law who encouraged and supported me throughout the treatment journey to the Ministry of Health National TB Program and its partners like CHS - USAID TB ARC II for supporting the screening exercise and ensuring availability of treatment free of charge. Were it not for the screening exercise, TB would have killed me as I would not have known what was ailing me nor gotten any treatment."

Kemunto encourages people to go for TB screening often and those on treatment to complete it. She requests for more screening exercises at the community level to finding the missing TB cases like hers.

"I am a true testimony that TB is a treatable and curable disease. People should go for screening as often as possible to avoid being terrorized by the disease like I was. Those on treatment should complete it to get cured like I am. More screening exercise should be conducted at the community to save lives like mine was," Kemunto concludes.

Kemunto is among hundreds of people reached through the Centre for Health Solutions – Kenya, USAID-funded Tuberculosis Accelerated Response and Care II (TB ARC II) activity in collaboration with the Ministry of Health National TB Program and Nyamira County supported targeted TB hotspot screening held in July 2021 at Nyamusi market, Nyamira North Sub County, Nyamira County.

Key Results: Jan 2018 - March 2021

103,420
Number of bacteriologically confirmed patients and children under 5 with TB whose households were visited and contact screening done

314,757
Number of household members screened

82,463
Number of contacts presumed to have TB and <5 yrs household members referred.

7,495
Community health volunteers (CHVs) sensitized on community TB interventions

211
facilities supported to transfer samples in **7** counties

300
CSOs from 10 counties benefitted from capacity building, including in resource mobilization and budget tracking

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