Ali Amri Mlalanaro, 51, was living his dream as a Constable with the Kenya Police Force in 1984, life held great promise for the young and ambitious police officer.

Six years later, already a husband and father of six, a job transfer from Lamu in Coast province approximately 702 Km from the capital Nairobi, to Mombasa some 342 Km from Lamu would begin a series of events that would change life as he knew it.

Appearance

“My wife refused to join me in Mombasa. Her father was sick and she refused to leave him. I divorced her and begun a relationship with another woman. Many people, including my mother and sisters were against the relationship,” Mlalanaro explains.

“They said that her partner had died of AIDS. But the woman appeared of good health to me. She was not thin or had boils and sores as we had been told was typical of a person infected with HIV,” he adds.

He therefore dismissed the concerns and went on to marry the lady in question. These were the 1990’s, HIV/AIDS awareness was at an all-time low, stigma and discrimination against those living with HIV was very prevalent.

“Those who found out they were HIV positive kept their status a secret and prepared themselves to die. Most did, it was a very difficult period to be living with HIV,” he explains.

Mlalanaro, now a police Inspector at Island Division Majengo in Mombasa County began suspecting that he may be infected with HIV in 1994 but did not confirm his status until 1998. During this time, statistics by the National AIDS Control Programme show that from a single reported AIDS case in 1984 in this East African nation, HIV adult prevalence had raised to 13.5 percent in 1999. The President at the time declared HIV/AIDS a national disaster.

This was before the Industrial Property Act 2001 and generic drugs could not be imported "ARVs were only for the rich. But I was determined to live. His wife was not so confident, on learning that she too was HIV positive, she became depressed and died three months later,” he says.

Inspector soldiers on two decades later

By JOYCE CHIMBI

Ali Mlalanaro has embarked on a campaign to ensure that more and more people know their status.
Anti-drugs campaign gets boost

By OMAR MWALAGO

The war on drugs in the Coast has intensified with religious leaders joining the bandwagon.

The Principal priest of Gospel Re-

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Pauline Njuguna lives positively and has been at the forefront helping her colleagues who are positive to live a better life and encouraging others to protect themselves. Picture: Courtesy

Pauline Njuguna lives positively and has been at the forefront helping her colleagues who are positive to live a better life and encouraging others to protect themselves. Picture: Courtesy

A Sergeant’s journey of courage and hope

By JOYCE CHIMBI

When in 2007 Pauline Njuguna, 37, decided to join her friend for a HIV/AIDS test she did not know that her life was about to change significantly. Not only would she discover that she was HIV positive, but the discovery would later chart a path for her to become one of the brightest beacons of hope for Forces in Uniform living with HIV/AIDS.

“As it is now, even in those days, the test was instant and I just sat there waiting to be told what I already knew, that I was HIV negative. But the test came back positive, like everyone else who finds themselves in these circumstances, I was in shock,” she explains.

Njuguna, a Sergeant in the Kenya Police Service at Kandara Administration Police (AP) headquarters in Nairobi, says that she felt paralyzed with fear.

“When I discovered that I was HIV positive, I was in shock, “ she explains. “As it is now, even in those days, the test was instant and I just sat there waiting to be told what I already knew, that I was HIV negative. But the test came back positive, like everyone else who finds themselves in these circumstances, I was in shock,” she explains.

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Experts alarmed over rise in heart diseases

By KIANDA MALITI

Lifestyle changes are a major cause of rising cases of heart diseases in the country.

According to medical experts, heart diseases are projected to increase by about 50% by year 2020 because of changing of lifestyles.

Researchers say that seven out of ten determinants of mortality in the world today are related to how people eat, drink and move around.

Prevalence

Heart specialists indicate the increase in consumption of salt, alcohol and cigarettes in addition to lack of exercise and prevalence of Aids/HIV, as the main risk factors in developing and developed countries.

Experts say heart ailments have become a major threat to many; yet only 40 percent of those victims were aware that they have it.

Accordingly, it takes about 15 years for a heart condition to manifest itself in a person. Many heart patients fall ill at an average age of 30 years.

This now means that many of the people who suffer from rheumatic heart conditions attract the diseases at a tender age of 15 years and below.

Therefore, consistent intake of fast foods and lack of proper exercise due to busy schedules, have affected children, especially those in school and aged between five to 18 years.

“The trend is set to increase with the high number of children redding in smoking and others smoking dangerous brands due to peer pressure,” said Dr Murithi, a heart expert and consultant at Kenyatta National Hospital.

Express

The cardiologist expressed concern that some parents and other care takers were no longer observing their children’s health as closely as is required.

Instead of buying fruits and other vegetables for their families, and especially young children, most like to buy them potato chips and other fast foods like sausages, hamburgers and soft drinks on their way home from work.

In some school, for example, the physical exercise (P.E) lessons are ignored with most teachers focusing on academic performance.

These children are given a lot of home work to complete when they arrive home after school and have no time to play. The problem is further aggravated by lack of playing fields in most urban residential areas, especially Nairobi.

According to Dr Aridanian Mukherjee, a cardiologist from the Netherlands, about 50 percent of the heart disease in developing countries is projected will be chronically ill by the year 2050.

Challenge

He said that the biggest challenge with chronic heart conditions was the fact that patients have to stay out of hospitals due to rising bills and number of heart patients.

Another group of people susceptible to heart conditions are those living with HIV/AIDS. More than 25 per cent of those patients either have heart failure because they constantly get lung infections.

On his part, Prof Gerald Yonga, the chairman of Kenya Cardiac Society, says that there is need for HIV positive patients to be aware of the functioning of their hearts, apart from just concentrating on taking anti-retroviral drugs.

The patients, he says, need to change their eating habits and embark on physical exercises because they could develop obesity, liver damages, diabetes and other ailments: “Continuous intake of ARVs increases chances of getting the disease.”

Alongside unhealthy eating habits, the experts say, HIV positive patients need to be informed that some behaviors like smoking, over consumption of alcohol, unhealthy eating and failure to exercise, are likely to expose them to heart diseases.

For patients who are under retro-viral therapy, they need to have abnor-mal heart beat rhythms. This condition is occasioned by taking anti – malarial drugs alongside anti – biotics during their therapy.

Undetected cardiovascular diseases can be identified early and managed in HIV infected persons through routine integrated activities, Prof Yonga says.

Meanwhile, Dr Christine Jowi, a leading pediatric cardiologist, says children with persistent sore throats were most likely to develop rheumatic heart conditions.

“They are advocating the treatment of the often ignored sore throats in chil-dren because the bacteria that causes them attacks the heart, causing rheu-matic heart diseases, which is hard to cure,” she says.

Indeed, general lack of facilities and qualified doctors in hospitals is one of the biggest challenges in the manage-ment and treatment of heart ailments.

Experts say several heart patients in developing countries either died at home or on their way to hospital because of lack of facilities at nearby hospitals.

Conduct

In Kenya, many patients living out-side Nairobi were forced to travel to the capital city to get medical care for heart conditions because it is the only place where government and private hospitals with right equipment were found, like Kenyatta National Hospital and Nairobi Hospital.

The machine that is used to conduct the ultra – sound of the heart is expen-sive and a few physicians can use it.

Environmental and social factors like overcrowding and damp condi-tions play a great role in the develop-ment of heart diseases. This happens during rainy seasons in tropical coun-tries, this is worsened by poverty and wet conditions prevalence.

An untreated sore throat could lead to such complications that are hard and expensive to treat. About eleven children die everyday in Kenya from rheumatic fever and rheumatic heart diseases, says the experts.

There is a possibility of reducing such high numbers of deaths caused by untreated strep – sore – throat in children which later on develop into rheumatic heart disease.

According to studies: “the disease arises from a sore throat which is ig-nored and left untreated or treated with a pair of lozenges and without consulting a doctor.”

The strep – sore – throat develops into rheumatic fever and later pro-gresses into rheumatic heart disease whereas a simple dose of Penicillin anti – biotic could have prevent this, if ad-ministered at the right time,” a source at the Kenya National Heart Foundation, Elizabeth Catumia, says.

The cardiologist revealed this dur-ing an awareness campaign targeting about 100,000 school – going children for cardiovascular diseases. They also trained 1,000 health care workers on the prevention of rheumatic heart dis-ease.

Create

The campaign was to create aware-ness about the strep – sore – throat as a critical prevention factor to reduce the number of new cases and recur-rent attacks as well as the morbidity, disability and mortality figures arising from this disease.

Research shows that in Kenya, Rift Valley, Coast and low income areas in Nairobi and Eastern regions are the most disadvantaged.

“As a strep – sore – throat can be treated with as little Kshs 250 ignor-ing treatment will cost not less than Kshs 500,000 to manage rheumatic heart disease,” says Dr Beatrice Wan-yara.

It is very important to address the strep – sore – throat before it evolves into rheumatic heart disease that leads to pre – mature deaths.

The fever develops as a result of untreated bacterial (streptococcal) respiratory infection. It affects mostly the most disadvantaged.

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The fever develops as a result of untreated bacterial (streptococcal) respiratory infection. It affects mostly the values and muscle of the heart and can cause chronic illness among young people.

By BEN OROKO

Following increasing cases of chiefs and their assistants engaging in tak-ing of illicit liquor in Borabu sub-county, the Government has issued a warning to the area leaders’ meeting, Dr Fred Matiang’i has decreed cases of chiefs and assistant chiefs consuming chang’aa in public will be sacked.

The Government has come out to clear its image of rogue chiefs and their assistants reportedly engaging in the consumption of illicit brews to the detriment of the public ser-vice image.

Consume

Information Communication Technology (ICT) Cabinet Secretary Fred Matiang’i has decreed cases of chiefs and assistant chiefs consuming chang’aa, yet they were supposed to assist the Government in the crackdown on chang’aa brew-ing and consumption in their areas of jurisdiction.

Speaking at Menyenya High School in Borabu Sub-County during the area leaders’ meeting, Dr Matiang’i warned any chief found drunk or engaging in consumption of illicit brew will lose their job for putting the public service image in disrepute.

The CS challenged area deputy county commissioner, Fredrick Ndambuki to take stern disciplinary ac-tion against any chief or their assistants found engaging consumption of illicit brews, reminding him that the Government will not condone public officers behaving disorderly in public.

Engage

“Will anyone complain that the Government has sacked any chief or their assistants found drunk in public or engaging in consumption of illicit brews while discharging their public functions as agents of the Government on the ground,” posed Matiang’i.

Matiang’i also warned public of-ficers against engaging in partisan activities while offering services to the public, saying, public officers should not take political sides while offering services to the public from whose taxes they get their daily bread.
New levies squeezing small businesses into a tight spot

By Henry Kahara

Life has never been harder for Ann Wambui since she started her small scale business in Nairobi’s Ruiru area to supplement her casual work.

Everyday, the 35-year-old single parent opens her business at 5pm with a hope of making ends meet but the declining number of customers is causing her sleepless nights.

By closing time at 8.30pm she has little to show for her efforts to woo her customers as the till is virtually empty.

Struggle

Wambui juggles between her casual job in Lavington and her business in order to put food for her and her children on the table. But of late her business has not been doing well and she is agonising with whether to sol- dier on or throw in the towel.

“I do not understand why people are not taking kales (sukuma-wiki) as they used to. The consumption level has gone down. I do not know what to do because currently some of my products are going to waste,” Wambui, who is a mother of three boys, laments.

She is pointing an accusing finger at the high tax regime which has hit the small scale traders like her very hard.

“The circumstances have forced me to multi task as both a businesswoman and a ca- sual labourer. You cannot rely on one job for now; you have to look for more than one job for you to survive in this town. I work as a ca- sual labourer although it is seasonal during the day and I open the business in the evening,” she says.

Force

And in order to survive, she wakes up at 5.30am and heads straight to Kawangware mar- ket to buy vegetables and transport them back to her house. Thereafter, Wambui embarks on her daily household chores and is expected to report at work at 8.30am.

But even with the two jobs she is still strug- gling and cannot make ends meet because of the poor pay and rise of the price of commodi- ties courtesy of the tax man.

“I count myself blessed because there are many people who are completely jobless and they are expected to pay their bills,”

The mother of three laments that the coun- try’s economy is at its worst as far as ordinary people are concerned and points an accus- ing finger at the many levies and taxes being charged by the county governments.

“John has been forced to have skip meals in the next two years.

Like many other Kenyans who live in slums, Wambui has been forced to have skip meals in order to survive. To her, breakfast and lunch are a luxury that she can do without and focus on a family dinner with her children.

While she represents the plight of fami- lies in urban slums like Nairobi, it is a reality that there are over 400,000 people in Arid and Semi Arid parts of Kenya also facing starva- tion and famine.

For now many County governments have increased tax leaving Kenyans struggling to make ends meet.

Recently there have been strikes in different counties where Kenyans have been protesting against the tax and levy increases.

On her part, Alfayo Irungu, a Nairobi resi- dent, also echoes Wambui’s sentiments saying the cost of living has been affecting by the new levies and taxes.

“It is true Kenyans that most ordinary Ken- yans like me are under pressure. The Gov- ernment should see the look for extra ways of collecting tax other than making our lives mis- erable, especially for small income earners like me,” says Irungu.

He laments that the situation has been made worse by the ongoing drought which has also seen the price of some commodities skyrocket forcing many people to cut down their budget.

Pressure

A report from the Kenya Agriculture Re- search Institute (KARI) says that at least one quarter of the 41 million people in East Africa lack sufficient food to eat due to drought and famine.

Indeed, according to the Famine Early Warning System (FEWS) in a few areas, no country is food secure as this season’s harvest of maize- the country’s staple food – was not enough to feed the nation. The Food and Agriculture Organisation of the United Nations says Kenya is short of about 10 million bags of maize and has warned that the drought is expected to reach its peak in August.
Women and children at risk of climate change

By DUNCAN MBBOYAH

Women and children’s survival and development in sub-Saharan Africa is under threat because they have been overlooked in their countries’ and international climate change agenda, a new report reveals.

The report by Plan International and Practical Action shows that the implication of food shortage, mostly on women and children, leads to the increase of malnutrition, dehydration and poor health that forces children to absent themselves from school.

“There is urgent need to translate funding to climate change programmes to target women-oriented programmes in energy, water and health,” Grace Mukasa, Practical Action’s Regional Director said.

Develop

She observed that that practical development in the region could only be realised once serious attention was paid to gender sensitive programming in water and energy.

The director is now calling for the promotion and support to civil society organisations that were visible in rural areas to engage communities in environmental and energy conservation measures.

Mukasa noted that communities need to be educated on how new technologies like improved energy-saving stoves work so that they be educated on how new technologies like improved energy-saving stoves work so that they could stop over relying on charcoal and wood fuel through illegal logging.

“Climate change poses the greatest risk to vulnerable members of the society and women and children pay a high price as often they are involved in looking for water, firewood and child labour,” Plan International Director for East and Southern Africa, Roland Angerer, said. He also expressed concern that climate change threatens women and children’s access to food, clean water and energy, and called for the interventions of regional governments.

“Governments need to review policies and strategies and invest in water and energy development to relieve the burden on women and girls who trek for long distances in search of water and firewood,” the director says.

Inform

Angerer said that the study was informed by the impacts of climate change that have become visible in the shortage of clean water, lack of energy and shortage of food.

The report was done in Kenya, Zimbabwe, Ethiopia, Malawi and South Sudan and recommends that children’s rights need to be integrated into national climate change responses. It further says that there is an urgent need to integrate climate change into national children’s rights agenda.

It also challenges policy-makers and donors to ensure that the voice of the voiceless are heard and form part and parcel of development agenda for the success of the programmes.

According to Willie Tuimusing, governments in the region must act with urgency to prioritise women and child sensitive programmes in the national development agenda.

“Deliberate increase in development funding is essential to accelerate the uptake of appropriate technologies that is critical for vulnerable households to build resilience and adaptive capacity for survival and the welfare of women and children,” the official says.

Tuimusing says that serious micro schemes on renewable energy, such as solar, wind and water, should be initiated in regions where the resources are available in abundance to help communities with cheaper energy away from diesel sources.

He says that with the many water falls in many parts of the countries, development of simple turbines is enough to generate power for domestic consumption where they are metered and people pay for it instead of leaving the population to the mercy of logging for survival.

Recommend

Tuimusing says that donor’s recommenda-
tion of supporting only mega solar farms is not possible and they should support micro schemes that could be managed by communities with ease.

The findings reveal that effects of climate change have a tendency of being accompanied by other human induced impacts such as over-exploitation of natural resources.

It found out that during crisis, most children do not go to school due to lack of food, poor health and lack of school fees. Access to electricity is also blamed for poor performance in schools as most children do not have the facility to extend their learning to late hours of the night.

The study also found out that 63 percent of women and 25 percent of girls were more affected across the countries by water.

On his part, Michael Muli, a primary school teacher in Matungulu, Machakos County, revealed that school dropout is almost 20 percent in his school.

“School children are affected by drought and they are forced out of school to take up manual jobs as sand harvesters and quarrying to supplement their parent’s effort,” he said.

The study emphasised on ways of improving access to sustainable energy for all to strengthen water and food security in the area.

Reaching out to GBV survivors

By HENRY KAHARA

Women Empowerment Link commemorated this year’s World Women’s Day in a unique style.

They opted to use it to raise funds to build safe houses for Gender Based Violence (GBV) survivors by staging a play at Phoenix Theatre.

The play was aptly titled ‘Roots of shame; seeds of pain.’

The emotional play revolved around four ladies, who had gone through GBV in their homes, shows how women frequently and secretly suffer in the hands of their husbands, parents and relatives and don’t have a place to seek refuge.

Advocate

The play was developed by Women Empowerment Link (WEL) in collaboration with Phoenix Players, as an advocacy tool highlighting the urgency of establishing safety nets for comprehensive care of women and girl survivors.

The proceeds will go towards completing the Mama Kenya Empowerment Center, based in Maragahu in Nanyuki, Naitura County.

The play depicts a young girl, Binti, who goes through Female Genital Mutilation (FGM) in the name of satisfying her parents’ wish.

After the outlawed practice, Binti finds herself admitted in the hospital with severe complications. She lands in hospital courtesy of Europeans who had gone to visit the area to witness the controversial rite of passage carried out underground in Binti’s community.

Her parents see her as disgrace and a weak person for failing to stand like a ‘lady’ during the cut.

But all in all Binti is fine with what happened as far as she didn’t run away like her older sister.

“I don’t want to be like my sister, she refused to go for a cut and my father disowned her,” Binti says.

In the hospital no one bothers to visit her. According to her culture, she is a disgrace; her community believes that a lady is supposed to be strong enough to undergo the cut.

At the same time her parents are very involved in the activities in the village therefore they do not have time to visit her.

Involve

“My mum is the leader of my age-set and she is busy taking care of them, while my father is the chief and he has a lot of issues to sort out in the village,” says Binti.

At the end of the play, Binti is overwhelmed by the situation and she passes on.

Another girl, Veronica, finds herself raped by a police officer who she lived with. The girl was traumatised and she feared revealing who raped her. When she gathers courage to speak out, her aunt dismisses her claiming that she wears short skirts which made her husband to fall in to temptation.

During her stay in hospital, Veronica wonders where she will go to, for she fears going back to her aunt’s house. But luckily she finds a woman friend who accepts to accommodate her.

The play shows how many women have suffered from GBV for long and in silence. Many of them are helpless and lack a refuge to run to, even when those vices continue taking root in their lives.

According to WEL’s Founder and Managing Director, Grace Mbanya, many women have continued suffering in the house silently for they do not have a place to seek refuge when assaulted.

“We need to build safe houses where women can seek refuge whenever their rights are violated,” says Mbanga.

“The many women are still suffering from GBV and there is no one to help them, we need to create more safe houses for them,” she adds.

Survey

Mbanga says that some women have gone to an extent of committing suicide while others have left with complications due to the ordeal.

According to a separate survey by WEL, between January and September 2013, Nairobi received 373 reports of sexual and GBV cases and 100 reports of child negligence cases, from Kibera, Kangemi, Makadara, Kangemi and Dagoretti constituencies.

Those reports covered 19 per cent rape, 11 per cent attempted rape, three per cent gang rape, 32 per cent defilement, and five per cent attempted defilement, six per cent sexual exploitation and three per cent sodomy.

According to the Kenya Demographic Health Survey (KDHS) 2008/2009, about 45 per cent of women between ages 15–49 in Kenya have experienced either physical or sexual violence with women and girls counting over 90 per cent.

The report further says that one in every five Kenyan women has experienced sexual violence at one time or another.

In 2012, child-line Kenya received 1,253 sexual abuse cases out of all reported cases of abuse through the Child Helpline Service (116).

A report by the Gender Violence Recovery Center reveals that most GBV cases are carried out by people known by the offenders, and only six per cent account to strangers.
Concerns over rising neonatal deaths

By CAROLYNE OYUGI

Imagine an airplane crashing every
day killing all the 140 passengers.
The media will be busy covering the
crash, but some social media posts
could be jammed due to the number of
hits and the public's concern will be
trending.

The world leaders would be hold-
ing discussions and spending sleep-
less nights just working round the
dock thinking of how to stop the
wanton loss of lives.

Now imagine the accidents hap-
pening and no-one writing a report
about them. That will be odd.

This is, however, what happens ev-
eyday when we lose 140 babies in
Kenya and yet no one talks about it.

Report

According to a report recently
launched by Save the Children titled
Ending Newborn Deaths in 2012, nearly
30,000 babies died in Kenya
during their first and only day of
life or were stillborn where the heart
stopped beating during labour.

The research further reveals that
despite some progress in reducing
child mortality, Kenya remains off
target to achieve MDG 4 (Millenni-
un Development Goals) targets.

“At 75 deaths per 1,000 live births in
2012, the under-five mortality rate
is currently double the 2015 target,
and has only declined by 25 percent
since 1990,” says Duncan Harvey,
Save the Children Country Director.

The director laments that prog-
ress on reducing newborn mortality
rates had been even slower — almost
stagnant.

Speaking during the launch of the
report, Harvey noted that the first
day of five children is the worst.
He encouraged mothers to attend pre-
natal care, give birth in health facil-
ties and also attend post-natal care
so that any complications before and
after birth can be detected early and
addressed.

“We know how to reduce maternal
mortality and I believe we can reduce
infant mortality too.” The director
says.

He also advised the public to take
collective responsibility to ensure that
the expectant mother and the child
were healthy and lived in a conducive
environment.

Head of Family Health Division
(directors) Patrick Amoth said the waiver of maternal
fees in public health facilities since
June last year had reduced the deaths of
newborn babies and their moth-
ers.

He also encouraged the relevant
government departments and NGOs
to ensure that children who are HIV
positive had access to ARV’s,
Why are children not access-
ing ARV? The number children who are HIV positive and not ac-
cessing ARV is shocking. We have
so far done well in living the adults,
the same drugs so it should not be a
problem when it comes to children.

Urg

At the same time, Dr. Amoth
urged Kenyans to embrace devolu-
tion saying it was an opportunity
to take services where they are needed the
most. “Why should doctors con-
centrate in areas where the services
are already available?”

He also encouraged the county
leaders to come up with by laws that
encouraged good health citing an
example of Kiambu county, where
for a child to attend school in one class,
the parents must show a certificate of
immunisation.

Louisa Muteti, the Head of the
Midwives Association, however says
that the free maternal services in the
public hospitals were good but not
good enough.

“Children get sick and even moth-
thers get post delivery complications
that need medical attention. These
are some of the aspects of both the
mother and baby that also need the
government’s attention.”

The official also warned people
against taking the death of a baby im-
mediately after birth lightly.

“Many people will always say it
was just a baby, the mother will get
another one without considering the
psychological trauma that the mother
goes through. She might later recover
from it but she will never forget.”

Solution

Dr David Cathunga, chairman of
Kenyana Pediatric Association, also
agrees that that the problems of infant
mortality are known and the solutions
were available, but there was lack of
political good will to end the crisis.

“How do you expect a health pro-
vider to perform well where the sys-
tems are not in order, the infrastruc-
tures are either poor or do not exist
and the personnel are not enough?”
he said.

Dr Githanga says it is a big crisis
but they have no voices to air their
grievances, and blames the mothers
for poor breastfeeding habits.

He laments that the problem is a
cross the board in urban and rural ar-
eas. “Even mothers in rural areas
are not breast feeding as required hence
leading to malnutrition on children.”

In order to save the innocent ba-
bies, the report calls on the Govern-
ment to ensure that the implemen-
tation of the free maternal health
is done smoothly and sensitively.

Despite resources being allocated to-
wards the new policy at national level,
there have been serious delays in re-
leasing the funds.

The Government should also fo-
cus on training health workers to im-
prove their services.

By BEN OROKO

Following decades of neglect and
lack of access to high cost health-
care services among majority of the
poor residing in the rural areas, the
Kisii County Government has finally
come to their aid through establish-
ment of a healthcare social protec-
tion scheme.

This comes after Kisii County
Governor, James Ongwae’s assurance
that his Government will develop a
social protection scheme through
which the County Government will
pay National Health Insurance Fund
(NHIF) contributions for the poor and
vulnerable members of the soci-
ety in the County to facilitate them
access quality healthcare services.

Afford

Ongwae regretted that, ma-
majority of the poor and vulnerable
members in the County could not afford
to foot medical bills and hence relied
on fundraisers and contributions from well wiser

"We know how to reduce maternal mortality and I believe we can reduce infant mortality too."

— Duncan Harvey

"It is a call among all residents from Kisii County to register as NHIF members, since the program
will not only assist individual con-
tributors and their beneficiaries ac-
cess quality healthcare services, but will
also translate to quality service
delivery by hospitals whose revolv-
ing funds will have been strength-
ened by the NHIF contributions," observed Ongwae.

Inform

The Forum’s Youth President,
Dennis Oroki disclosed that the
Forum partnered with NHIF Kisii
branch to roll out the NHIF card mo-
bilization campaign targeting 100,000
residents to register as NHIF mem-
ers within a period of one month.

Speaking during the launch Oro-
ki and the Forum Secretary-General,
Justine Nyagami said the campaign
was informed by increasing fund-
raising requests made by majority of
the rural poor who cannot afford to
foot their medical bills in high cost
health facilities in the County and
other parts of the country.

“We have taken up the initiative to sensitize members of the public
on the importance of having an
NHIF card to facilitate them access
quality healthcare services and scale
down dependence on fundraisers
among the most vulnerable mem-
bers of our society who move from
one office to the other seeking assis-
tance for their medical bills,” stated
Nyagami.

Oroki, however, observed that
the Forum picked on the initiative
since a health population provides
the required human resource that
drives the country’s socio-economic
development agenda.

He disclosed that, the Forum has
engaged 1,000 youths as facilita-
tors alongside 1,000 youth groups to
spread the campaign to the vil-
lages across the County.

Ms Julia Nyaboke, a single moth-
ery of four and Kisii town vendor
welcomed the Governor’s dream of
spearheading the campaign to the vil-
lages across the County.

Ms Nyaboke said, the initia-
tive was timely as it will assist
the elderly and poor members of
the local community’s foot bills
easily after accessing healthcare
services in healthcare facilities.

She regretted that, due to high cost
of living and bad economic times,
majority of the poor in the County
died from curable diseases due to
lack of funds to support them seek
specialized and quality treatment.

“It is true that majority of the rural
poor who are not NHIF members
resorted to fundraisers or disposal
of their land and properties to foot
their medical bills in high cost
health facilities,” disclosed Nyaboke.

In some cases, vulnerable and poor
members of the society who do
not have NHIF cards ended up be-
ing detained in hospitals for failure
to pay their medical bills which are
financially beyond their reach, prom-
mitting their relatives to orga-
nize fundraisers or dispose the af-
"Unfiltered, uninhibited...just the gruesome truth"

ISSUE 096, April 1-30, 2014

Unfiltered, uninhibited...just the gruesome truth

Afford

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majority of the poor and vulnerable
members in the County could not afford
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Patients in Bondo District can now heave a sigh of relief as the surgical ward was commissioned recently.

The facility will cost a whopping Shs.3 million and is expected to serve the Bondo County which borders with Kisumu and Kakamega and Busia Counties. Speaking during the groundbreaking ceremony for the construction of the surgical ward, Bondo District Hospital Medical Superintendent Fredrick Ochanda, stated that the facility was going to help patients access the facility which is right there in the hospital instead of going to towns for treatment.

Speaking at the same function, Bondo MP, Dr Gideon Ochanda, said the facility was going overnight to serve the residents of the entire County.

It is very sad that 50 years after independence, our people still cannot get quality healthcare. Sh. Jim is not adequate but it will help in keeping the service in the hospital running,” said Ochanda.

The MP singed out a maternity facility at the hospital as an example saying that it only requires Sh.15m to have the project completed.

Reopen Bondo hospital to improve healthcare by reducing the distance covered by patients to get surgery.

Deplorable state of Chaka Market

By WAIKWA MAINA

To residents of Chaka in Nyeri County, the rainy season is not something to look forward to with high expectations.

To them, the downpour brings total agony and regrets in its wake because of the looming disaster and eminent danger of disease outbreak, courtesy of rampant open defecation and urination due to lack of public toilets and a drainage system at the ever-busy open-air market and matatu (minibus) stage. Chaka is one of the busiest and biggest markets in the County after Karatina and Gakindo due to its strategic location and varied high quality livestock and abundant fresh horticultural produce.

Security

Insecurity has been identified as a challenge because of the roaming business at the market. Residents are, however, optimistic that the recently announced namba Kumi (10 house) neighbourhood watch initiative would help mitigate insecurity issues in the area.

But worst of all is the lack of sewerage system and drainage system which blocked decades ago and has been given a wide berth ever since.

The small dusty but extensively filthy town during rainy seasons attracts an average of 10,000 visitors on its market days Wednesdays, Saturday and Sundays.

Whenever it rains, the residents and visitors have to fight to lay claim to the products of their businesses in stinking flooded business premises and living rooms.

The market attracts traders from as far as Nanyuki, Muranga, Kimira, Karatina, Thika and Nairobi during market days, but it has no public toilets for the commuters, businesses and visitors.

“Chaka has a history of crime due to high circulation of money; it is strategically positioned along the busy Nyeri-Nanyuki highway. Business was even better when the railway was operating, “ says a trader Paul Ndii-rangi.

According to Ndirangi “The place is now being avoided by commuters and tourists travelling on the busy highway due to its filthiness. We have lost a lot of business, just walk around and see all butcheries and bars are closed, that’s has never been the case before whether in a market day or not.” He further says that the situation has remained the same for the past eight years since he invested in the area. He adds, “Chaka became an alternative investment area for low income earners due to its proximity to the busy highway due to its filthiness. I shifted from Nyeri town due to high costs of living and accommodation within the municipality. Business is good, but the markets filthy condition especially when it rains is pathetic, discouraging many customers and investors,” says Ndirangi.

Nyeri County government collects Sh30 per day from traders in the open market, which translates to more Sh300, 000 each market day, and this amount does not include charges on trucks loading and offloading trading merchandise at the market, or fees charged from livestock market.

Traders operating other businesses such as bars, shops, hotels are charged between Sh200 and Sh10,000 annually, depending on the size of the business, while matatu operators pay Sh1, 000 each month to operate from the filthy terminus.

Traders are charged an annual fee of Sh500 by the public health officers, which are also remitted to the County government.

Concern

To make matters worse, the county government has proposed to introduce parking fee for private motorists, though there is no reserved parking bay in the filthy neglected town.

A senior ministry of public official said they were frustrated by the County government officials who always threaten them whenever they raise concerns about sanitation issues.

“We have sent several letters and notices to the council, but all we get are threats of getting fired. Our hands are tied; we cannot demolish the houses or close the businesses. Where will these people go if we demolish their houses or business premises? We are also human beings, we are aware of the situation, its worse, cases of typhoid and cholera increase whenever it rains, but there is nothing we can do about it says the public health officer.

All is not well at Chika says Margaret Irimong, a student.

“I am compelled to wakeup very early in the morning to prepare food for my family. The news that we are going to be served is not something to look forward to with high expectations. I am compelled to wake up early in the morning to prepare food for my family,” says the student.

“Many of my tenants have vacated my houses and shifted to Nairumara and Kigaranza towns.”

Situation

“The houses are stinking and breeding areas for mosquitoes, litters are flooded to the top with rain water which spills into residential and business premises. Those who cannot afford to shift are living in that mess with their children. Our efforts to have the drainage system re-done and unblocked have been in vain,” says Irimong, saying some residents are forced to go and relieve themselves in the dark.

“The county government has already increased charges from Sh1, 750 to Sh2, 300, despite its inefficiency in service delivery.”

Winnie Wamuci, a student says she cannot study nor do her homework due to the poor sanitation in the area.

“I have to approach a friend who lives in the Kwa Gakindo area to study because I cannot concentrate at home,” says the student.

One trillion shillings to run county governments

By NICOLE WAIHERA

County governments will require 249 billion for the smooth running of the counties in this year alone.

The counties are also expected to raise one trillion shillings so as to be able to sustain themselves.

The Commission for revenue allocation (CRA) argued that the money could only be raised if the central government empowered the county governments with more technical staff.

Speaking at a breakfast meeting organized by the Constitution Implementation Commission Martin Logadi of the Council of Governors called upon the central government to release the Sh2 billion it has been budgeted for health under the National Government.

Employ

“Health is the most developed function, the health ministry should release the amount down to counties. Some counties are straining to provide health services and the amount if shared to counties would ease the burden.”

According to CRA, there was need for county governments to employ experts who would assist them in matters to do with the running of the county like coming up with good budgets.

The head of research at CRA Linet Omala said that there was no need to allocate huge amounts of money down to county levels where the county governments do not know the clear guidelines on how best to spend the money.

“Countries need to be allowed to employ technical staff and advisors. That way, they will be advised on how to best run the counties.”

It is zero work to give them money there is no one advising them on how to spend the money”, said Omala.

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CCTV Cameras rescue patients in Kisii County

By MARY MWENDWA

Tales of patient neglect, poor service delivery, loss of drugs and other medical equipment, are the order of the day in most public Health facilities in the country.

Kisi Level 5 Hospital, in Kisi County in Western Kenya, is no exception.

But thanks to the recent introduction of sophisticated digital security gadgets, the patients and their relatives and friends are now heaving a sigh of relief.

Big brother is watching every room and corner of the biggest and busiest hospital in Southern Nyanza.

Strategy

The CCTV cameras were strategically installed in all the facility’s wards, walk ways, stores and parking lot.

“These cameras have really helped us, we used to come here and wait for ages on the queue, especially the customer care desk was very poorly manned. I am now happy, I got attended to very fast and effectively,” says Lilian Nyaboke, a mother of six, echoes similar sentiments saying: “I am happy, I get attended to very fast and effectively.

“Once the patient enters the ward, the camera is able to track the location of the patient from the CCTV services.

Other one was of a staff from the medical superintendent’s office. This new technology has helped curb corruption and laziness in the hospital.

Benefit

On her part, Mary Okundi, 43, who is a mother of six, echoes similar sentiments saying: “I am happy, I get all the drugs I need, sometime back I was conned money by a stranger on my way home or in places where hygiene conditions are grossly inadequate.

Dr Ondari monitors them closely and they have also benefitted immensely from the CCTV services.

Says the official: “We used to have many cases of patients being neglected by health workers; some could come to my office and complain they had stayed on queues for very long and unattended. Maternal Child Health Clinics were chaotic, babies yelling and crying because of delay from some staff members was common.”

Some mothers travelled from very far and on reaching the facility, they found long queues were forced to turn unattended to their homes.

In case it was a day reserved for vaccinations, the baby would miss the viral drugs.

Since the gadgets were introduced, Dr Ondari monitors them closely from the comfort of his office’s main server.

“Everything that is happening in the hospital is recorded, we recently had a case where a doctor was bribed with Sh2000 by a patient, and another one was of a staff from the store who stole a gas cylinder. We were able to handle all these cases because of the tangible footage that was available. We used to lose millions of shillings through such kinds of crime that impacted our patients badly,” the superintendent says with pride.

The Kenya Demographic and Health Survey (2008 -2009) reveals that socio-economic factors that are related to obtaining quality antenatal care affects a woman’s level of attending the maternal health clinic.

Reveal

A woman who gets a good conducive environment and is offering quality service is in a position attend clinic regularly, this reduces chances of complication which could be detected early during pregnancy.

The study further shows how vaccines are important, for example Tetanus Toxoid Injection, which is among leading causes of neonatal deaths in developing countries, where a high number of deliveries are conducted at home or in places where hygiene conditions are below par.

Dr Ondari is happy with the CCTV saying they have boosted service delivery and customer satisfaction.

Government urged to give Anti TB campaign priority

By DAVID NJOROGE

Nairobi County ranks top among counties in Kenya with highest rate of Tuberculosis (TB) prevalence according to the Ministry of Health Statistics dated 2012.

The statistics show 490 out of 100,000 Nairobians are having been infected by TB with majority being oblivious of their health status.

Globally, Kenya is ranked in third position among countries with highest TB burden and twenty second in the world.

Nairobi is followed closely by Homa Bay County, in Western Kenya, which is second with 426 infections, with Kiira County ranking third with 376 cases.

Isiolo and Busia counties are position four and five with thirty eight and three twenty nine respectively.

Rank

According to Dr Thomas Ogaro, TB Coordinator in Nairobi, the high rates in TB infections is as a result of poverty amongst urban slum dwellers who he notes lives in houses not well ventilated and in poor conditions.

“Most of the houses in Nairobi do not have proper aeration, and this makes the people living in them become prone to TB bacteria infections,” says Dr Ogaro.

With majority of Nairobi residents, living under a dollar a day, the coordinator observes, that a lot is needed to ascertain, safety and quality of their daily life.

“Failure for us will lead in more infections emanating from people infected uninfecting,” he adds.

He calls on the government to invest heavily in health sector to facilitate faster and quality treatment for those with diseases like TB.

“The high cost of TB treatment and diagnosis has resulted to majority of people being unable to maintain treatment because of the high cost involved,” Ogaro added.

The coordinator advises TB patients to seek early treatment and diagnosis for better results in their treatment, disqualifying misconceived notions about the disease.

“I would advise those having problems relating to TB to seek advice from a qualified doctor instead of paying attention to people who can hardly help them,” he added.
Drug barons flood seed market with counterfeitse

By ABISAI AMUGUNE

Farmers have been warned that drug barons have now shifted their base to the seed industry, says the Kenya Seed Company Chief Executive Officer, Albert Bett.

The CEO says the barons, similar to those dealing with drug trafficking, had now found a soft landing in the seed industry by distributing fake seeds.

"As a country we cannot fight hunger if we cannot protect farmers against fake seeds. We should not address this issue casually because the fake seeds have been stolen from the premises," Bett said.

He said the KSC had reported a deficit of 10 million bags of seed maize.

But he warned Betty is that in the current rainy season, some farmers planted their seeds out of time while others have been over dependent on various strains.

"We have all the mechanisms and capacity to substitute varieties. For example, the 613 or 614 maize varieties meant for the high altitude areas can be substituted with the 629 or 626 varieties which equally have high potential yields," says the CEO.

Smoking could compromise TB treatment

By HENRY OWINO

There is growing evidence that tobacco smoking increases tuberculosis (TB) resistance, hence weakening patients' ability to recover.

Medical experts also say that continued use of tobacco may decrease the effectiveness of TB treatment leading to higher rates of resistance and spread of the disease.

Despite this, smoking remains a major public health problem, with the World Health Organization (WHO) warning that every year millions die because of smoking-related diseases.

In Kenya, according to the National TB and Leprosy Control Programme, the prevalence of smoking is high.

The World Health Report 2013 (WHO) says smoking is the leading cause of preventable death worldwide, with each smoker having a 100% chance of dying as a result of smoking-related diseases.

The report, which is among others, makes a case for tobacco control and policies to reduce risks associated with the use of tobacco and its products.

Concerns

The concerns were raised in separate interviews with Albert Okumu, TB laboratory Director Kenyatta National Hospital (KNH), and-centre, Kisaian and Pamela Gwaro, Clinical Officer at Jaramogi Oginga Odinga Teaching and Referral Hospital in Kisumu.

Tough anti-tobacco laws were passed by Parliament and operationalised in the past decade, these include the Tobacco Control Act, 2009, which criminalises the cultivation of tobacco and its products from being advertisement and marketing.

Smoking of cigarettes, pipes or breath holding of 18 years is also a crime but some smokers smoke in the presence of their children.

Currently the prevalence of smokers among men and women recently diagnosed with tuberculosis (TB) in diverse health facilities in Kenya is worrying. For example, in Kisumu County, there are quite a number of patients that represents different TB epidemics in terms of burden and epidemiology in the country.

A tobacco use survey conducted in Kisumu town, Oloika, among the representatives of various TB patients from any walks of life. Fishermen, boda-boda operators, taxi drivers, kaa sector, farmers, bar owners, and white collar workers in the region.

Majority are from the six constituencies of Kisumu, Kisumu Town East, Kisumu Town West, Kisumu Rural, Nyando, Migori and Nyakach.

All these have at least a representative of different TB epidemic in terms of burden and epidemiology together they represent people with diverse occupations but with the same epidemiological TB disease. However, epidemic is very high among tobacco smokers.

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"We have observed that most people who suffer from TB have a history of smoking. Smoking makes the TB bacteria resistant to the treatments," Okumu said.

Okumu explained the laboratory has been well equipped with the latest equipment to better detect tuberculosis.

He said the laboratory is the first facility in the county to be awarded International Interlaboratory Standardisation Certification (ISO) 15189 in handling TB samples.

The three main ways he pointed out are; smoking damages the lungs and can make them more susceptible to TB infection, smoking harms the body's immune system, meaning smokers are less able to fight off infection and smoking reduces the effectiveness of TB treatment which can lead to longer periods of infection and or more severe forms of the disease.

The Clinician says when cigarette smokers breathe in TB bacteria, they may be up to three times more likely to develop latent TB infection than non-smokers. The risk of infection also increases when one smoke and the longer he or she has been smoking.

"There is a good level for second-hand smoke exposure to non-smoker individuals. In fact, the secondhand smoke is more harmful for the lungs than the level of a zero-time, which in many cases is not," Okumu explains.

Concern

However, he denied that the popular 613 and 614 varieties had been exported to Uganda saying that they had only run out of stock because of their high demand by farmers.

The KSC MD urges the farmers to adopt the new commercial Seed Act, distributors of fake seeds are liable to a fine and go for alternative seed varieties, plant your crop by the mid-April period and purchase your seeds from recommended stockists and agents.

The seed firm sees the subsiding of prices on seeds and fertilizers by the “responsive” government as a shot in the arm to farmers to diversify their production. For example, one kilogram of maize seed was being retailed at Shs 150 instead of Shs 180.

According to the KSC boss, early planting was also avoided to prevent crops diseases apart from the potential maximum yields.

The company has other seed maize varieties such as H6210 and H625 and H613 while for lowlands of coastal region there is the H14. The dry land areas of Kitui, Makueni and Baringo there are the D101, D102 and D104 varieties.

Potential yields vary between 16 – 50 bags of maize per acre.

On the issue of the firm’s shareholding the ownership remains a “hybrid” holding between the KSC and the government’s 53 per cent and the private shares of 47 per cent.
Women traders want share of devolved funds

BY HENRY KAHARA

Throughout Africa, women are a powerful force for growth and development, making important contributions to the economy as workers and entrepreneurs, and to the welfare of their families.

In many African countries, however, unequal access to property, discrimination in the labor market, and business-related obstacles hinder women from contributing even more to their countries’ growth and wellbeing.

Although there have been some efforts to empower women in Kenya, much still needs to be done in order to rescue them from the vicious cycle of poverty and dependence.

Beatrice Nduku, 59, and a beads-maker in the famous Kariokor market in Nairobi’s East side, laments that women are still stigmatised and marginalised for too long.

Aggravate

“Women are a forgotten lot and we need empowerment,” says Nduku adding that not even the increased number of women in parliament has made a dent in their plight as ordinary folks.

She says that the new positions created by the Kenya constitution 2010 are “worthless” and they have aggravated their problems.

“I thought things would be better but sincerely speaking things are worse in this regime than in the previous one,” the beads-maker says.

Nduku is unhappy with most of the women who were either nominated or elected into the Senate, Parliament and County Assemblies saying their contribution has not been delivered.

This reveals how much in the dark many women are about devolved funds by the Government. These are the Women’s Enterprise Fund, Youth Fund, Uwezo Fund, and CDF among others.

According to Women Enterprise Fund, women constitute over 50 percent of population yet their contribution to Gross Domestic Product (GDP) is not fully recognised.

The report says that women face more challenges in accessing credit and other financial challenges compared to their male counterparts.

In its manifesto, the Jubilee government promised to meet the needs of women and youth and to give them the top priority in its development agenda.

Some of the key areas the Jubilee government promised to look at was to introduce structural change across every stratum of society and government, work in its basic form will put food and clean water on every Kenyan’s table, ensure that every child in Kenya gets quality education, create wealth, ensure that every Kenyan gets quality and affordable healthcare, empower Kenyan women to take their rightful place in developing the country and keep Kenya safe and secure both internally and externally.

Constrain

According to a report by the World Bank, unleashing the power of women though access to finance is an obstacle for all, women rated as the single biggest constraint that is preventing them from growing their businesses.

The prevalence of a collaborative banking system and lack of a credit bureau that could capture women’s excellent repayment rates in microfinance are key constraints.

The report reveals that women’s businesses face more severe bureaucratic barriers than their male rivals do. Female or owned enterprises have outgrown the maximum loan limits from microfinance institutions which have great difficulties obtaining loans of Shs1 million and above from commercial banks.

Removing such obstacles will help empower women and also unlock the full economic potential of the country.

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Kisii woman leads anti-HIV Aids campaign

By DAVID NJOROGE

Despite consistent efforts by religious leaders in Kisii to reduce HIV/AIDS infection in the region and its related stigma, the disease is still prevalent.

Investigations reveal that majority of the people still live under stress and desperation because of the stigma associated with it.

However, despite the stereotype, some people are now educating the public on various HIV/AIDS prevention ways at no cost.

Lead

People living positively work relentlessly to ensure they lead quality lives devoid of pain and labelling.

Agnes Bosibori, 55 from Kisii’s Nyabosio’s ‘B’ Iringo sub location, in Bomet, is a perfect example of few women who, through their efforts, change has been affected in the region.

As she narrates her story, she reveals how it all started when she first got financial assistance from the Kenya Aids Control Council Ten years ago.

The mother of three says she started a program in her villa aimed at educating her community on the dangers associated with unsafe sex.

And she says, “My husband was infected with HIV/AIDS in 1997; I was unhappy about his status.

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Prevalence

“Watching these children suffer is the worst thing an able person can ever do to them,” he states.

Since its inception five years ago, the school has been receiving a good number of student admissions, with over five qualified teachers in the school.

According to UNAIDS, the levels of HIV prevalence in Kisii County stood at 9.8 by 2011 against 5.6 percent nationally.

According to Dr Geoffrey Otomo, the County Health Director, the high rate of prevalence is largely contributed by stigma in the region.

“We are organising a meeting with local area leaders because I believe we are still on track to reduce the rate of infections and stigma in this region,” says Otomo.

According to Dr Otomo, the county has 73,000 HIV positive people, with only 15,000 accessing care and treatment services.

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Mr. Marobe, who doubles up as the school’s directorial, notes that majority of parents in the area cannot afford school fees for their children in the area, hence the need to give a helping hand.

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A trader dying cereals in Kibera Nairobi. Women are demanding to be involved more in the distribution of funds in the devolved government so they can grow financially. Picture George Ngesa
Meet Selina Ekipor, 47, a mother of four boys and 2 girls. She is shaking a tin filled with pebbles to produce a sound that scares away birds from eating sorghum at her farm, after she worked hard to bring them to maturity and is now waiting for them to dry so that she could harvest.

“Previously my family depended on pastoralism but over time the rains became less and less, and we were unable to find pasture and water for our livestock. As a result we were forced to depend on relief food and supplies,” says Ekwuam.

“Although we did not get a lot of rain, the water in the bunds was enough to grow this sorghum crop to maturity. I harvested 10 bags. I will sell enough to grow this sorghum crop to maturity. I harvested 10 bags. I will sell them to buy other things that I need and keep the balance.”

Women in Turkana are slowly abandoning pastoralism for agriculture, an initiative that is improving food security in the region. Pictures: Malachi Motano.

Turkana women abandon pastoralism for agriculture

Malachi Motano tells the story of how women in Turkana County are today embracing simple solutions to the hunger situation.

The World Food Program (WFP) has been giving us relief food for a long time and now we are proud that we are farming, “ says Selina.

Nangor Lobongia is also among several smallholder farmers who have been able to harvest a reasonable crop of sorghum and maize.

“I sing for joy as I harvest my crop,” says Nangor, a widowed mother of seven. “The last three years were very difficult, and for the first time, my family does not depend on aid. I thanked God that WFP helped us and we are proud that we are now waiting for them to dry so that she could harvest.

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