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**MEETING:** Timpiyan Leseni speaks to an audience made up almost entirely of Maasai women about the importance of expanding the windows of their manyattas.



**MAMA'S LOVE:** A young mother breastfeeds her newborn in her dwelling that is full of darkness even when there is bright sunlight outdoors.

# ON THE TRAIL OF TB DEFAULTERS IN KAJIADO

*This is the second part of our series on patients who skip their tuberculosis medication.*

BY WILLIAM INGANGA

**February 2013**

In 2012, there were about 5,000 TB defaulters countrywide, according to the head (former), National Leprosy and Tuberculosis Control Programme, Dr Joseph Sitienei. "Out of these, 3,000 have been traced and put back on treatment. Some 1,200 may have defaulted twice. The rest may have died or transferred to other facilities."

"Two defaulted twice even after being put in prison," TB defaulter Timpiyan Leseni recalls. Regrettably, one of them is John Ole Minjil, who had already served a previous jail term for the same offence. "Their cases were heard on one day in May 2013, in an open-air court. "When second-time defaulters

are sent to prison, it breaks my heart. TB is curable," says Leseni, herself a living example that one can recover from TB. She was admitted for two weeks in 2011 and she completed her medication after seven months.

In fact, this is what motivated her to become a defaulter tracer. "Mine was TB of the intestines which I contracted from drinking milk mixed with blood," she recalls.

Leseni is attempting to trace all from her original list of six. By the end of 2013, she has successfully tracked three.

At the beginning of 2014 she nets one more. Leseni finds her in critical condition near Namanga and takes her to the TB Manyatta Ward at the Kajiado District Hospital where she is confined. After two months, this patient is back on her feet. She has to

continue with her medicine from home.

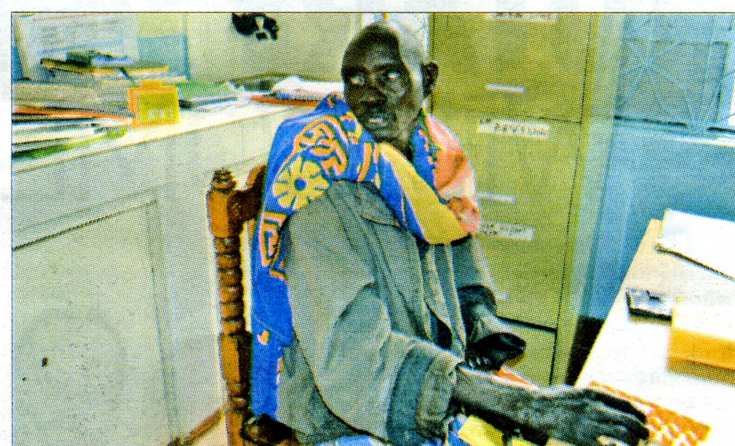
Perhaps buoyed by her success, 25 other defaulters from different health centres make a new list for her.

Leseni wonders how defaulters released from prison would react on seeing her. It's just a matter of time, "They are mad at me." They do not understand why she "could send them to prison just because they had stopped taking their drugs."

They later realise that she is mindful of their health. Residents in Maili Tisa are now aware that defaulting will lead one to prison. "The community here is of great help. They even tell me who is on medication."

Leseni faces many challenges. Some traditional religious beliefs make a few defaulters abandon or even skip their medication after being subjected to prayers.

She does not have the convenience of a car. Many times she relies on public transport, boda boda or walks long distances with no guarantee of finding her clients.



**NOT AGAIN:** A one-time defaulter, Lemomo Ntiwa, glances at a nurse (not in picture) as she sorts drugs for him at the Namanga Health Centre.



**AT RISK:** Timpiyan visits Lemomo's home. Lemomo, who once defaulted from his TB treatment, lives with his sister and her children.

As in the case of Minjil, not all patients can afford transportation to health facilities due to poverty. This problem is compounded by the frequent cases of drought, which lead to inadequate food for those on medication.

The World Bank estimates that Kenya's poverty rate in 2013 is between 34 and 42 per cent. Improved social and nutritional support to those with TB and their families may be a key intervention to further improve TB control in the country.

"We need to have pro-poor initiatives to assist such persons not to skip their drugs," says Dr

Sitienei.

**May 2014**

Since time immemorial, the Maasai have lived in dome-shaped structures. They are made with a mixture of cow dung and mud. They have pin-hole-like openings for windows. Leseni has embarked on a vigorous campaign of sensitising her community to expand these openings to improve air circulation and allow in natural light. The dampness in them would also be reduced.

She goes to markets, health centres, dispensaries and engages



audiences in discussions on TB. She targets individuals on the streets and paths in rural areas.

If one contracts tuberculosis and lives in poorly ventilated houses, the rate of infection is likely to be high. Entire households can be affected. The sight of a teenage mother breastfeeding her newborn in what resembles a darkroom is pathetic. A kerosene flaxen lamp is required. There is no sign of it! Signs of abject poverty are aplenty.

Here, it's women who construct manyattas. Leseni joins them often to lend a hand. It's her joy when she spots some houses with modern architectural designs in this land.

By the end of this year, at least 20 manyattas have expanded their windows; almost all in Maili Tisa area. She's quite ambitious, "We are targeting all the manyattas in Kajiado County."

On her fresh list is Lemomo Ntiwa. He is a recovering tuberculosis patient. In July, Leseni guides us to the manyatta where he lives with his sister and her two little children, in Maili Tisa, 17km from Namanga, the border town with neighbouring Tanzania. The windows here are already compliant to 'Leseni's standards'.

Ntiwa, 45, has been suffering from TB for almost a year. After being diagnosed with the disease, he was put on drugs. He would collect them from Namanga Health Centre once a month.

He started responding well to the drug therapy. However, before he completed his medicine, "I travelled to Tanzania for business but I forgot my medicine and so I missed it for four days," he recalls.

He narrates that when he came back, he resumed his drugs. His health deteriorated. He was admitted for three weeks in Il Bissil then referred to Namanga Health Centre.

"I had been told the effects of skipping my drugs. So when my condition became worse, I knew this was the reason," he says. He does not travel anymore due to poor health. He relies on his sister. This may further aggravate their poverty.

The Kajiado County TB and Leprosy co-ordinator, Solonka Pilipili, warns that MDR-TB may arise. And in fact, as at the time of this interview, there are already six cases distributed all over Kajiado.

Ntiwa goes to Namanga every Friday to collect his weekly dose of medicine. When I don't have money for transport, I walk to and fro," he says.

He takes about six hours both ways through this thorny bush land.

Ntiwa does not fully understand why it is necessary to expand windows on manyattas. "I attended a meeting organised by Timpiyan and we were told to do it."

#### May 2015

"Timpiyan is doing a great job in tracing defaulters, following them to make sure that they are taking their medicine and even advising them on the proper construction of their houses," says Pilipili. "Fifty manyattas have now expanded their windows," Leseni tells me. She hopes this will



**ATTENTIVE:** Leseni chats with Ntiwa after receiving his drugs for one month at the Namanga Health Centre.



**WELL AERATED:** A woman patches her neighbour's house with a fresh smear of a mixture of mud and dung after expanding the window to improve air circulation and allow in more natural light.

minimise the spread of TB.

In 2014, he says, Kajiado South and Kajiado Central had an eight per cent defaulter rate. "This is quite high. We can't accept this."

As the world gears itself towards deciding MDG targets for the next 15 years, for Leseni, now 41, cutting down tuberculosis infections remains a priority. The proposed target is 90 per cent reduction in TB deaths and an 80 per cent reduction in new cases by 2030.

Proposed goal number one is "To end poverty in all its forms everywhere." Under this, it is stated, "by 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 (Sh110) a day."

The Director of the Centre for Respiratory Diseases Research at the Kenya Medical Research Institute, Dr Evans Amukoye, says TB has a very close link with poverty.



**POOR VENTILATION:** The little opening stuffed with some rags is the 'window' for manyattas in Kajiado.

"The government relies on community health workers to trace defaulters."

Leseni's services come in handy for the county government of Kajiado and the national government as a whole.

Other than poor housing like

the one that dots Leseni's homeland, Dr Amukoye attributes TB infection to other factors such as, "Overcrowding, delayed treatment and challenges associated with adherence."

His perspective of the way forward is "to improve housing

and coming up with treatment that is short and effective with low relapse."

It may not be known how many defaulters miss their medication due to lack of money to meet their transportation costs.

Under proposed goal 3, the target is, "Ensure healthy lives and promote well-being for all at all ages."

It is stated, "By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases."

According to the World Health Organisation, case notification has reduced from a high of 116, 723 in 2007 to 89, 170 in 2013.

The Copenhagen Consensus and the Australian Consensus have engaged in a project to determine which targets will do the most good per dollar spent. An expert panel including several Nobel Laureates has evaluated the economic evidence to classify the targets from phenomenal to poor.

Senior Lecturer, Health Economics, London School of Hygiene and Tropical Medicine, Dr Anna Vassal, says, "TB control should be a priority investment in Kenya's post 2015 development agenda." She was speaking to journalists attending the post 2015 Consensus Seminar at a Nairobi hotel on May 18, via skype from London.

Dr Vassal has noticed that Kenya has a good rate of case detection at around 75 per cent of all cases. "This needs to be further improved if deaths from TB are to continue to be reduced."

Her view is that the economic case for sustaining Kenya's strong commitment and investment in TB control is compelling. "TB treatment is low cost and effective and this combination results in substantial economic return," she says.