



PASSIONATE: Timpiyan Leseni explains the importance of drug adherence to Nkoko (grandma in Maasai), one of those infected with TB in Kajiado county.



DEPLORABLE: Abject poverty complicates elimination of TB. This elderly woman, Nkoko, lives in this shack with three of her grandchildren. Sick with TB, she hardly has enough to eat with the children.



FOCUSED: Timpiyan Leseni treks far and wide looking for TB defaulters.

Tracing individuals who default on tuberculosis treatment among pastoralist communities remains a daunting task for health authorities in Kenya. **TIMPIYIAN LESENI** has volunteered to track those who skip picking their TB drugs from health centres straddling the vast Kajiado county. Her mission is singular — to bring them back on treatment. She runs Talaku, a community-based organisation. **WILLIAM INGANGA** of Kenya News Agency has been trailing her for almost three years to monitor her success. Throughout this period, health officials have been changing and even health services devolved. This is the first of a two-part series on the TB crisis in Kajiado.

ON THE TRAIL OF TB DEFAULTERS IN KAJIADO

"I'll definitely be coming!" John ole Minjil assures the nurse on duty, Ann Njogu, at the Namanga Health Centre. She has six defaulters on her list.

Timpiyan Leseni is on her way to Namanga Health Centre from Kajiado, 85km away. Her job is to trace those who have defaulted on their tuberculosis treatment. She hopes to lure them back to medication.

At the health centre, Njogu hands her the list. Only one has a mobile phone number. Leseni dials it immediately she steps out of the nurse's room. "Ooh!" she exclaims. Someone reveals that the person to whom this phone

belongs crossed into Tanzania to seek an herbal remedy.

"This is one of my challenges. It means I'll not be able to trace this person," Leseni laments. The then head, National Leprosy and Tuberculosis Control Programme, Dr Joseph Sitienei, states, "Herbal medicine does not cure TB. There is no documented evidence."

For the rest on Leseni's list, there are only vague physical addresses such as near a business, a school or a church. She isolates one.

She soon hits the road by public transportation, towards the direction she came from. Another community worker, Samson Thungu, joins her. They cover 17km to

Maili Tisa.

Their intensive search begins. They inquire about one family name from touts at the stage. Some shake their heads implying they have no idea whom they are looking for; others consult one another. Ultimately, fingers point to a certain direction across the road. They cross over and keep asking. Other fingers point further ahead.

Finally, they land in the premises of a business operated by a relative of the person they are searching for with zeal. A young girl guides them where the man frequents.

A thin corridor leads them to the first den of illicit brew behind a row of buildings in a compound

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fenced by twigs, reeds and thorns. He's not here. At the next stop, a den similar to this first one, the three vanish behind the fence.

A sigh of relief at last! A tin structure in this compound yields the results they've been desperately hoping for.

The woman in charge sternly warns, "Don't enter here with those cameras of yours." The young girl emerges with the community volunteers, accompanied by John Minjil. He's untidy and looks neglected. Leseni and Thungu inquire where he has been. "I lost my hospital card," he claims. "Besides, I couldn't raise Sh100 for my fare to Namanga and back."

The two volunteers strike an agreement to meet him early the following day to take him back to the Namanga Health Centre to resume his treatment.

Minjil honours this appointment. He's ushered into a Probox van with Thungu. The vehicle is crammed beyond capacity. Leseni boards another vehicle that trails Minjil's. Before strolling into the health centre, it emerges that Minjil hasn't had a meal for a couple of days. Leseni buys him breakfast at a restaurant at this border town.

The nurse is not amused that Minjil has skipped his drugs. "Where have you been?" she demands. "I couldn't raise money to cater for my transport," he replies.

TB diagnostic and treatment sites are far from clients and this contributes to defaulting. Residents who may be ailing come from as far away as 90km or more.

Minjil is one of the people in Kajiado Central District sick with tuberculosis and have interrupted their treatment. "I hear you take alcohol," the nurse charges. "Your friends tell me so. Don't ask me who they are!"

"Did you find me drinking?" Minjil asks Leseni and her colleague. The two volunteers go mum, lest they embarrass him.

Minjil is put on re-treatment with drugs for a week. Meantime, he leaves his sputum for tests. He is allowed to go home and is firmly reminded not to miss to collect his drugs as scheduled; otherwise he'd be confined at a TB treatment facility for six to eight months. He promises to abide by these directions. Three days later, laboratory test results are out. He has active TB.

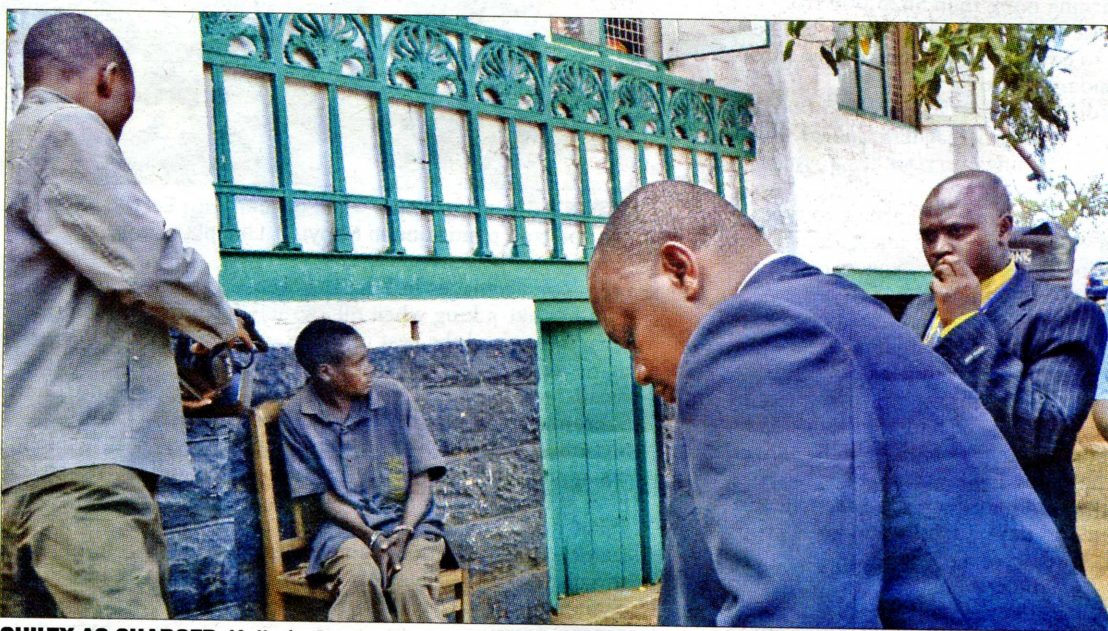
The then Kajiado Central District Medical Officer of Health, Dr Philip Ngere, says, "Under such circumstances, there is the risk of acquired drug resistance." He warns, "If a patient defaults for the second time, then we request the judicial system to take over."

Tuberculosis prevalence in Kajiado Central District currently (August 2012) stands at 300 per 100,000 people, according to Dr Ngere. One of the factors that contribute to this high prevalence is poor housing.

The dominant forms of housing in this district are the Maasai manyattas. They are erected without proper ventilation. "This makes air circulation poor. Besides, they are also dark and damp. Such an environment is conducive for the thriving of the bacteria that cause this highly infectious disease," Dr Ngere



ALL EARS: The health talk in session at the Kajiado Dispensary.



GUILTY AS CHARGED: Kajiado Senior Resident Magistrate, Peter Olengo, presides over a case in which John Minjil is charged with defaulting on his TB medication.



TECH SAVVY: Timpiyan Leseni's mobile phone is useful when defaulters have mobile phones. When they don't, then she relies on physical addresses, which offer scanty information.

points out.

Another factor contributing to the spread of TB in this region is the pastoralist life of the Maasai. Some patients are constantly on the move in search of pastures and water and therefore do not complete their treatment.

Describing TB in Kajiado as a "Big Burden", Dr Ngere says the sputum positivity rate is at 55 per cent. This means that 55

per cent of TB cases in Kajiado are infective and can spread the disease to other people, if they continue staying in these manyattas. Whole households can easily be infected.

Leseni combs the vast district once she is notified of those who have not shown up at the health centres they are assigned to collect drugs from.

Sadly, Minjil defaults yet again,

a month after being put on re-treatment. Leseni's help is sought again. This time, it's more serious. The Ministry of Public Health enlists the services of the police.

An intensive search is mounted for Minjil in Maili Tisa. Two teams simultaneously look for him from den to den. After just a few minutes, Minjil is nabbed, handcuffed and bundled into a taxi. "If I knew you people were

coming for me, I would have sneaked into Tanzania," he says.

A uniformed police officer and Leseni transport Minjil to the TB treatment Centre at the Kajiado District Hospital, known as TB Manyatta. All in the cab are masked due to Minjil's condition. Dr Ngere and a public health officer, James Okumu, swing into action. Minjil is taken to the nearest police station.

He's remanded and charged the following day in an open-air court before the Kajiado Resident Magistrate, Peter Olengo, for spreading an infectious disease.

According to the Public Health Act CAP 242(27), "Where, in the opinion of the medical officer of health, any person has recently been exposed to the infection, and may be in the incubation stage, of any notifiable infectious disease and is not accommodated in such manner as adequately to guard against the spread of the disease, such person may, on a certificate signed by the medical officer of health, be removed, by order of a magistrate and at the cost of the local authority of the district where such person is found, to a place of isolation and there detained until, in the opinion of the medical officer of health, he is free from infection or able to be discharged without danger to the public health, or until the magistrate cancels the order."

Minjil pleads guilty to the charge. He's sentenced to three months in prison or until such a time that the District Medical officer of Health will certify that he may be released.

Since she began defaulter tracing, this is the first time she's seeing someone being sent to prison due to an issue related to her work. "I really pity him," Leseni groans. "Had he adhered to his drugs, this wouldn't have happened." But she puts on a brave face, "I know this will really help."

Health workers are few. They do not have the capacity to swiftly trace all those who go missing from their TB Treatment registers.

Sadly, instead of reducing, Leseni's list may grow. The battle to contain the epidemic in Kajiado will keep taking Leseni, 38, to many homesteads in this wilderness.