

Hope restored among the once TB underserved Souls

The support of our esteem individual donors, SORAK has been able to engage with the district leadership as well as monitoring TB/HIV service delivery among community based health units. The result of this has been the **Prioritization of TB/HIV activities in the district operational plan**. This project tasks district policy makers and planners into targeting the improvement of TB/HIV in the district. The District and community health workers reveal that the contribution from SORAK still remained significant more especially among underserved communities. This is where health workers find it difficult to serve due to lack of basic social amenities in such localities.

Our effort with the support of Global Giving partners have yielded results to the extent that all the Health Centre-III, in the four project sub counties have been stocked with recently acquired laboratory equipment and staff. Communities had are starting to trickle in for TB/HIV screening. SORAK will therefore assess these in order to deliver home based care to needy widows and orphans



Health workers in these units however recommended SORAK's support for outreaches . This is because of the fact that these health facilities were still far from the majority of poor and highly stigmatized remote area resident communities.

"Your meetings with the district and radio programs made our district respond by establishing Laboratories like this, we acquired this microscope, we can now screen for TB and HIV. TB/HIV suspects' response to turning up for screening is still very poor, we welcome your continued support for outreaches; observed a laboratory assistant; Kiyuni Health Centre III in Kiyuni sub county"



Plate 2-Laboratory Assistants –Kiyuni Health Centre III

There is now increased knowledge on the relationship between TB/HIV among patients, caregivers and the community



Community based TB/HIV screening in progress

SORAK works with district health officers to undertake community based TB screening. This has yielded good results for instance a laboratory technician once commented;

"Yes this has been a good start; but more enclaves of high TB endemicity are still unreached; we still need much more resources to reach them and later cover the entire district, hopefully this can be attained in no less than 3 years"