

# Mazingira Bora



# TIST

The International Small Group & Tree Planting Program

www.tist.org

English Version

TIST is an innovative, time - tested, afforestation program led by the participants.



**Churiu TIST Cluster members during their monthly meeting last month. Next meeting will be on 16th June 2023.**

**Inside:** TIST: Important Reminders for our own safety as we carry out TIST duties. Page 2

**HIV & AIDS: Caring for PLWHA. Page 4**



## TIST: Important Reminders for our own safety as we carry out TIST duties.

Key minimum safety requirements are as follows;

1. It is not the policy of TIST, CAAC or any of the partners to put TIST workers in harm's way.
2. We want everybody working for TIST to be safe and act safely. And no one is allowed to ask you to do something that is unsafe. You should refuse to do it and report immediately to one of the KE Team members.
3. The Recognized Policies will be discussed: Summaries of the recognized policies will be presented. If any of these circumstances are encountered, notify the Kenya Team.
  - a. Matatus and Boda-bodas. Do not take rides if the driver appears to be intoxicated or drives in a reckless manner. If the driver is driving too fast or unsafe tell the driver to drive slower and safer. If it persists, ask to be let out or off the vehicle. In case of a robbery, do not resist and surrender the TIST equipment if it is demanded. Report the incident to the KE Team within 24 hours.
  - b. Snakes. Be aware when moving through areas where you cannot see where you are placing your foot. If unsure, use a long stick to prod the bushes or grass to identify the presence of snakes. If a poisonous snake is seen, leave the area and notify the farmer. There are NO first aid treatments for poisonous snake bites. If you are bitten by a poisonous snake you must go to the nearest hospital for anti-venom. The bite may be fatal if not treated. You could lose a limb or suffer permanent injury if bitten. You, your partner or the farmer should try to identify the type of snake so that the correct anti-venom can be selected. Even if the snake is killed it can still bite!
  - c. Elephants. Elephants are extremely dangerous. The best way to avoid an elephant attack is to not get in that situation. If an elephant is present in a project area, back away trying not to disturb it. If it attacks, your choices are:
    - i. stand your ground, it may be a bluff charge.
    - ii. if you are close enough to shelter (house, vehicle, fence, large tree), try to back away slowly (keep facing the elephant) and move to the shelter. Elephants run much faster than humans so if you cannot reach shelter, running may just trigger an aggressive response.
  - d. Encountering dangerous people. Should you encounter hostile or dangerous TIST or community members, leave the area and try to get to a place where there are other people present. Do not engage in arguments or physical confrontation. If you are with a partner, stay together and support each other. In case of a robbery, do not resist and surrender the TIST equipment if it is demanded.
  - e. Sexual Assaults. Females should work with a partner in new areas to avoid sexual assaults. If you end up in a situation where you fear an assault, leave the area and try to get to a place where there are other people present. If attacked, yell for help. Report any assault to the police and to the Kenya Team.
  - f. Dogs. If a hostile dog is present or you are concerned about a dog that is present, ask the farmer to secure it until you finish quantifying. If the farmer refuses, leave the area and notify the Kenya Team. If bitten by a dog, go to the doctor. Since dogs can carry rabies, try to determine who owns the dog for in case it needs to be tested. Rabies are fatal without treatment and treatment is necessary within days.
  - g. Bees. The effects of bee stings can range from annoying and painful to fatal, depending on whether you are allergic to the venom. Avoid being stung by avoiding swarming bees and try to remain calm if they are present. Do not agitate the bees. Avoid wearing perfume or scents. If stung, remove the stinger as soon as possible because the longer it stays in the body, the more severe the reaction. If you know you are allergic to bee stings; get stung in the mouth, nose or throat; have shortness of breath; or have severe swelling or swelling away from the site of the sting; get medical help immediately. If you know you have severe allergic reactions to bee stings, you should carry an epi-pen (ask a doctor about this).
  - h. Crossing rivers. Do not attempt to cross rivers with high, fast flowing water. You could drown.
  - i. Working on Steep Slopes. Take extra care when working on steep slopes. Do not put yourself in a situation where a fall could kill you.

**Grievance Procedure.**

The grievance procedure is intended as the tool by members and workers may formally have a grievance heard by TIST management.

All grievances are first brought to the attention of the Leadership Council where the issues are compared to standard TIST policy, TIST values and/or the Greenhouse Gas agreement among the Small Group members and CAAC. TIST policies and values are the subject of training at seminar, cluster meetings, Small Group meetings and are published periodically in the Mazingira Bora. The Leadership Council shall give the aggrieved party an answer within 30 days of receipt of the formal complaint.

If the issue is not resolved within 30 days, the aggrieved party shall be informed that the case must be presented to TIST Management and shall inform TIST Management of the issue. Where precedence or policy exists, TIST Management shall use such documents in final decision making and respond to the aggrieved person within 30 days of their receipt of the formal complaint. Where new issues arise that are outside the existing precedence, or policy, the issue shall be brought to the next seminar or Leadership Council meeting, where decisions are made by representatives of the Small Groups, Kenya Staff and TIST Management.

If conflicts or grievances cannot be resolved internally, CAAC and the aggrieved party shall agree upon a mediator to whom they shall submit the issue. Any grievances not resolved through mediation shall be subject to arbitration in through the Chartered Institute of Arbitrators, Kenya Branch within 30 days of the close of mediation.

**Sexual Harassment Policy.**

TIST is committed to providing a working environment free from discrimination, and to prohibit harassment of its employees and applicants, including sexual harassment.

Sexual harassment is defined as any unwelcome or unwanted sexual advance, request for sexual favors, or other verbal or physical conduct of a sexual nature from someone in TIST that creates discomfort and/or interferes with the job.

Conduct constitutes harassment when:

- Submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions and/or retaliation; or

- Such conduct has the purpose or effect of interfering with an individual work performance or creating an intimidating, hostile or offensive work environment.

Harassment due to race, religion, sex, sexual harassment, national origin, disability or age status will not be tolerated in TIST. Such conduct is subject to discipline, up to and including termination. Any worker whom believes he or she is a victim of sexual harassment must immediately report any incident to the Leadership Council. TIST will not tolerate retaliation against any worker who complains of sexual harassment or provides information in connection with any such complaint. If you have any questions regarding this policy, please contact the Leadership Council.

According to the preamble of the GhG contract, Member shall abide by each and every law and regulation that applies to their activities. Sexual harassment is against the law and Members that have been found to sexually harass can be removed from TIST. TIST worker that sexually harass can be dismissed.

**Non-Discrimination Policy.**

TIST does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, or sexual orientation, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

TIST is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

If a TIST member or worker feels that they have been discriminated against, you should contact the Leadership Council and request to begin the formal grievance procedure. According to the preamble of the GhG contract, Member shall abide by each and every law and regulation that applies to their activities. Discrimination is against the law and Members that discriminate can be removed from TIST. TIST worker that discriminate can be dismissed.



# HIV & AIDS: Caring for PLWHA.

**P**LWHA stands for 'People Living with HIV and AIDS'. In this article, we will be discussing the topic of looking after PLWHA at home by caregivers.

Remind people that the best way to prevent complications is to encourage people to be diagnosed early through HIV testing and to start ARV medication at the time the doctor advises. This information is for when caregivers are looking after PLWHA who have some medical complications. This article is not designed to scare people, and not all PLWHA will develop these complications. In fact, much of the advice given below is useful knowledge for looking after people both with and without HIV. They are based on good home nursing practices.

Giving proper care to PLWHA when medical complications arise may take a lot of love, patience and self-sacrifice. However, the right care can significantly increase both the quality and length of life of the patient.

Anyone who is committed to the patient is able to look after him or her at home. However, some guidelines must be followed to make sure care is given in the best way.

### Best practices while providing care to protect both the caregiver and the patient.

Caregivers have a very low risk of being infected with the virus from the patient they look after if they follow some common sense principles. Here are some general guidelines written for caregivers:

- Wash your hands with water and soap before and after doing any tasks.
- Cover any scratches or wounds on your body (especially on your hands) with a plaster before providing care to the patient.
- If blood, vomit or feces spill on the bed or the floor, you should wipe them up carefully using gloves and diluted bleach if available. The gloves should be made of rubber, and should be washed carefully after each use. If gloves are not available you can use small plastic bags. Wash your hands afterwards as well.
- Clothes or any articles soiled with the patient's body fluids should be placed in boiling water and left there for 20 to 30 minutes before they are

- then washed and hung for drying.
- Pieces of cloth and bandages from wounds or boils should be burned.
- Items used for cleaning, such as cotton wool and toilet paper should be put down the pit latrine or burned.
- Collect all needles and sharp objects in a box and take to the nearest health centre for proper disposal.
- Wear gloves when you are touching items that have been in contact with infected body fluids.
- If you accidentally come into direct contact with the patient's blood or body fluids wash the area with water and soap. If the area is bleeding, allow it to bleed for a little bit. Remember the risk of transmission is only if the infected body fluid enters your bloodstream. Intact skin is a good barrier. However, if you think the body fluids may have entered your bloodstream, for example through an open wound on your skin, get advice from your local health worker.

### Home cleanliness.

Long-term patients and especially those with HIV & AIDS are susceptible to infectious diseases. It is therefore important for patients and caregivers to observe strict cleanliness in order to reduce the chances of contracting these diseases, especially diarrhea.

Patients and caregivers should make a habit of washing their hands before preparing food and before eating.

- Hands should be washed with water and soap after using the toilet.
- Utensils for food should be washed with water and soap.
- Cover the mouth when coughing or sneezing.
- Spitting should be done into a container set aside for that purpose. The container should have a lid and you can place some ash in it. Empty the contents into a pit latrine and clean the container with hot water and detergent.

If the patient is taking ARV's, help the patient to take the drugs at the right time and in the right dose. This is the best preventative measure. Always monitor the patient and refer to a health facility if things appear to be getting worse.

The following table is a guide on how to treat patients at home according to the illness they have.

Symptom	Home care	Symptom	Home care
Fever		<ul style="list-style-type: none"> <li>• Take off unnecessary clothes and coverings.</li> <li>• Put the patient where there is plenty of air.</li> <li>• Wipe the patient with a cloth moistened with warm water. Give the patient water, porridge or tea to drink.</li> <li>• Give Paracetamol 500 mg tablets: 2 tablets every 4 hours but not more than 8 tablets per day.</li> </ul>	
Cough		<ul style="list-style-type: none"> <li>• There should be enough air in the room.</li> <li>• Encourage the patient to sit or walk around if possible rather than lying down.</li> <li>• Shield the mouth with hand when coughing.</li> <li>• Give plenty of fluids and citrus fruit.</li> <li>• Try lemon tea with honey.</li> <li>• Medicated cough mixture may help.</li> </ul>	



<p>Difficulty breathing</p>	<ul style="list-style-type: none"> <li>• Treat any cough (see above).</li> <li>• If the nose is blocked try using steam and menthol or eucalyptus leaves to clear the airways.</li> <li>• Help the patient find a more comfortable position. Often sitting is best, with pillows for back support.</li> <li>• Drink plenty of water.</li> </ul>
<p>Mouth ulcers</p>	<ul style="list-style-type: none"> <li>• Keep the teeth brushed.</li> <li>• Avoid very hot, very cold or spicy foods.</li> <li>• Rinse with salt water after eating and before bed (a pinch of salt in a glass of water).</li> <li>• Mix two tablets of aspirin in water and rinse the mouth (spit the solution out) up to 4 times a day.</li> </ul>
<p>Nausea and vomiting</p>	<ul style="list-style-type: none"> <li>• Make sure the patient has plenty of clean air.</li> <li>• Try to eat small amounts of plain foods such as boiled potatoes, cassava etc.</li> <li>• Drink water, tea or juice slowly and frequently.</li> <li>• Some ARV drugs are better taken with food, but not all – check with your health centre.</li> </ul>
<p>Diarrhea</p>	<ul style="list-style-type: none"> <li>• Drink plenty of clean water or liquid foods such as soup, porridge, black unsweetened tea, and juice.</li> <li>• Take oral rehydration salts (this can be made by dissolving six teaspoons of sugar and half a teaspoon of salt in 1 liter of cooled boiled water).</li> <li>• Drink liquid foods with no sugar added.</li> <li>• Eat starchy foods like Ugali, cassava.</li> <li>• Potatoes, plain rice, plain bread, dry biscuits, bananas and tomatoes are good to eat as well.</li> <li>• Try 5-6 small meals rather than 3 larger meals.</li> </ul>
	<p><b>Avoid:</b></p> <ul style="list-style-type: none"> <li>• Fruit and vegetables, except bananas and tomatoes</li> <li>• Dairy products, including yoghurt</li> <li>• Spicy foods</li> <li>• Greasy foods</li> <li>• Coffee and alcohol</li> <li>• Raw foods</li> </ul>
	<p>Normal breastfeeding of a child should continue. If passing stools is painful put some petroleum jelly on the rectal area. <b>Help prevent diarrhea by:</b></p> <ul style="list-style-type: none"> <li>• Always boil water for drinking.</li> <li>• Keep drinking water in clean and covered utensils.</li> <li>• Always wash hands with water and soap before eating and after using the toilet.</li> <li>• Patient should always be given properly cooked food.</li> <li>• Leftovers should always be properly heated before they are consumed. Leftovers should only be re-heated once.</li> </ul>
<p>Dry and itchy skin</p>	<ul style="list-style-type: none"> <li>• Wash with mild soap and water</li> <li>• Keep dry in between washings</li> <li>• Avoid strong soap and detergent.</li> <li>• Apply oils like Vaseline, coconut oil, vegetable oil, glycerin etc.</li> <li>• In the case of itchy skin, cooling the skin and fanning it may provide some relief. Avoid scratching and apply Calamine lotion.</li> <li>• Tea leaves soaked in hot water may be good for itchy skin.</li> <li>• If possible, ensure the diet contains eggs, green vegetables, pumpkins, and pawpaw.</li> </ul>
<p>Scratches/small wounds</p>	<ul style="list-style-type: none"> <li>• Wash with clean water. Apply an antiseptic if available.</li> </ul>
<p>Sores and Boils</p>	<ul style="list-style-type: none"> <li>• For small sores and boils wash with salty water and allow to dry.</li> <li>• If very painful give Paracetamol or aspirin.</li> <li>• Applying ripe pawpaw flesh may help soothe the area.</li> </ul>
<p>Headache</p>	<ul style="list-style-type: none"> <li>• Some headaches are caused by tension and massaging the scalp may help.</li> <li>• A general guide for managing minor pain is as follows: Give 2 tablets of Paracetamol (500 mg per tablet) every 4 hours, and aspirin (500mg per tablet) or ibuprofen (400 mg per tablet) at night.</li> </ul>



Wounds or discharge from the penis / vagina	<ul style="list-style-type: none"> <li>• Wash wounds with salt water and soap then dry them with a clean cloth.</li> <li>• These signs may also be due to sexually transmitted diseases. It is good to take tests at a clinic to check for these diseases and take the appropriate measures.</li> </ul>
Mental confusion	<ul style="list-style-type: none"> <li>• Sharp objects like knives and machetes should be put out of reach of the patients for fear of harming themselves or others.</li> <li>• The patient should be supported when walking.</li> <li>• The patient should not be left alone in the room.</li> <li>• Keep drugs out of reach of the patient.</li> </ul>
Bed ridden	<ul style="list-style-type: none"> <li>• Turn over patient in bed after every two hours to avoid bedsores.</li> <li>• Get help to lift the person to move. Do not drag the patient on the bed.</li> <li>• Remove folds on beddings.</li> <li>• Change wet or soiled beddings without delay.</li> <li>• Wash body with water and soap daily.</li> <li>• Observe oral cleanliness daily by brushing teeth or gargling with salt water.</li> <li>• Help the patient do body exercises such as moving the joints at the wrists, elbows, shoulders and knees.</li> <li>• Check for bedsores. See section on sores and boils for treatment.</li> </ul>

The above guidelines are for managing minor illnesses. If symptoms get worse then help should be found from a health facility. The following are some of the signs which indicate the attention of a doctor or nurse is needed:

- Very painful sores
- Deep wounds or abscesses
- If skin problems such as rashes and itchiness spread over the body and especially if it reaches the eyes
- Infected wounds (red, swollen, containing pus) accompanied by fever
- White patches in the mouth that can be scraped off
- Pain and difficulty when swallowing
- Nausea for more than two weeks
- Vomiting for more than 1 day
- Abdominal pain
- Yellow eyes
- Diarrhea lasting more than 5 days
- Blood or mucus in the stool
- Chest pain and fast breathing
- Fever for more than 7 days (or immediate attention if you suspect malaria)
- Blood in sputum
- Any fever accompanied by a cough, diarrhea, stiff neck or yellow eyes
- Slurred speech
- Headache for more than 24 hours
- Sudden change in behavior
- Weakness in just one side of the body
- If pain is too severe to manage with basic painkillers
- Any symptom that lasts for more than two weeks should be checked out.

**Caring for the terminally sick.**

When it has become evident that the patient is in the last days of life, it is important that all concerned (patient, family and friends) should be prepared to accept the imminent death and know how to continue with life after the patient has died.

The patient should sit or sleep where he / she is not going to be disturbed. Reduce pain as much as possible. There may come a stage when the

healthcare worker suggests stopping some medication. Normally if the patient has TB, then that medication will continue. Keep the patient and surroundings clean all the time. The patient should be asked what he / she needs, and these should be fulfilled as much as possible. Continue to listen to the patient. Listen to their thoughts, feelings, worries and hopes. Speak words of comfort and wise counsel. Try to help the patient understand what he / she is feeling. Tell the patient they are loved and will be remembered. If the patient wants, he / she should be assisted in his / her funeral arrangements, preparing the will and thinking through any issues to do with who will look after children etc. Provide physical contact such as holding hands. Pray with and for the patient if the patient desires. After the patient has died, you as the caregiver and the close family and friends may need to have time and space to grieve. This process can take months or years and requires patience and seeking help when needed. Talk about your feelings with trusted friends. Try not to rush big decisions at this time. Help children know they will still be loved and cared for.

**As a final thought for this article, remember that the caregiver also needs to look after himself or herself:**

- Looking after someone at home is hard work and not always easy at all.
- Often the sick person may be frustrated and take out their anger on you.
- They may not mean everything they say during this time, so try not to react too much.
- Try to get people to come and help so that you can take breaks. No one can work all the time without a break, and to give yourself the strength to keep serving the patient you need to look after yourself.
- It is not selfish to take time away when you need it – it is an important part of ensuring you have the energy to keep strong yourself.
- Remember to look after your own health by eating well and taking exercise and making time to be with your friends and community support structure.

# Mazingira Bora



# TIST

The International Small Group & Tree Planting Program

www.tist.org

**Kimereu Version**

*TIST is an innovative, time - tested, afforestation program led by the participants.*



**Wanachama wa Cluster ya Chuuriu TIST wakati wa mkutano wao wa kila mwezi mwezi uliopita. Mkutano ujao utakuwa tarehe 16 Juni 2023.**

## **Inside:**

**TIST: Kiririrkania kia gitumi kia ugitiri kagita ka gwita ngugi cia TIST. Page 2**

**HIV & AIDS: Kumenyera PLWHA. Page 4**



## TIST: Kiririrkania kia gitumi kia ugitiri kagita ka gwita ngugi cia TIST.

Mantu ja gitumi muno ni:

1. Gutina watho wa TIST, CAAC kana antu bangi bagwataniri kuona aruti ngugi a TIST bari thinene.
2. Nitukwenda muntu wonthe ugwita ngugi na Tist akithirwa agitiri na akaimenyeera. Guti muntu etikiritue gukuria wita ngugi atu ari na ugwati. Utigetikire kuthithia uu, tigiira ukuejana ripoti iji kiri timu ya Kenya.
3. Mawatho jageta mbere kwaririrua: kwa njira ikuhi mawatho nijo jaja. Gukagia na mauntu ta jaja menyithia timu ya Kenya.
  - a) Matatu na bodaboda. Utigetithue ni ndereba murebi kana ugwitithia ngari buthuku. Ndereba agetithia ngari na rwiro muno kana bitibuuii mwire ete mpaara na njira injega. Enkirega, mwire agukimyithie nthi. Wingicemania na mwamba, utikaregane na into cia ngugi cia TIST kethira nicio akwenda. Ejana ripoti iji kiri timu ya Kenya ndeene ya mathaa 24.
  - b) Njoka. Tigagiira niukwimenyeera riria wiritire guntu ukikuumba kwo a aria ugukinya. Ukethiira ukwiona ja kwina thina, tumiira kamuti riria ukurukirite ithakene na nyakine gutigiira gutina njoka. Ukona njoka ina sumu, uuma munda jou na umenyithie murimi. Guti njira na kwigitira na cumu ya njoka. Ukeja kurumwa ni njoka iri na cumu, nonkinya wite cibitari umuntwe sindano ya kugitira cumu iji. Kurumwa ja guku no kurete thina inene muno gukaaga kurigitwa. No ute kuguru kana ukagwata mbajua ya gutuura. Ugwe kana uria bwitanagia nawe kana murimi butigiire bukumenya muthemba wa njoka iu nikenda buumba kugwata urigiti bubwega. Njoka nkinya ikethira ni yuragi no irumane!
  - c) Njogu. Njogu ni ugwati umunene muno. Njira injega ya kwigitira na njogu ni kurega gwita buru aria iri. Kethira njogu iri aria ugwitira ngugi, ita mpaari utikumitanga ume antu au. Njogu ikabanga gukuthingata, njira ni iji:
    - i. Rungama oo au uri, yoomba gucoka
    - ii. ukethira uri akuhi na antu a gwicitha ja nyomba, ngari, rwego kana muti ju munene geria gucoka mpaara na wite utegeete njogu nkinya wiciithe. Njogu ni imatukaga rwiro gukira antu kwogu ukethiira utikanya bantu ba gwicitha, kumatuka no gutume njogi ikabanga gukuretera thina.
  - d) Gucemania na antu bari na thina. Ukeja gumania na amemba bari na thina kana nkinya ntura iri na thina, uuma guntu ja guku wite kungi kuri na antu bangi. Utigeete kugia na manegene na kuonana. Kethira kuriwe burinawe, ikaraniani amwe na butethanie. Kethira kuri na wamba, utikarege na into cia ngugi cia TIST ukeja gwitua.
  - e) Thina ya kiwendo. Aruti ngugi a ekuru nibwega barute ngugi bari na muntu ungi riria bari guntu kugeni kwigitira kwona thina ya kiwendo. Ukeja kwi ithira thinene ja iji, uuma guntu ja guku na wite kungi kuri na antu bangi. Ukeja kwona thina, uga mbuu urombe utethio. Ejana ripoti ja iji kiri polici na timu ya Kenya.
  - f) Kuru. Gukethira kuri na kuru ina thina kana ukwona kwomba kwithirwa kuri na thina ya kuru, menyithia murimi akugitire nkinya urikie ngugi. Murimi akeja kurega, uuma guntu ja guku na umenyithie timu ya Kenya. Ukeja kurumwa ni kuru, ita kiri dagtari. Kuru jiomba kwithirwa na murimu jwa rabies, kwogu tigiira ukumenya mwene kuru gwikigia na bata wa kuru iji kuthimwa imenyeka. Rabies ni murimu juri na ugwati muno jwinkiaga kurigitwa na urigiti jutikajukie ntuku nyingi.
  - g) Njuki. Murimo jwa kurathwa ni njuki jwomba kuuma kiri kuthuura, kwigua murimo kana ona thina inene, kuringana na kethira muntu oomba kwithua ari na allergy. Imenyeere kurathwa ni njuki na njira kwiebaniria na njuki iri amwe kana gwita ukiritie aria njuki iri. Utigacumbure njuki. Utigeete kiri njuki wi akite maguta manunki. Ukeja kurathwa ni njuki, ruta muboora na mpui niuntu oo buria jugakaara nou ugeeta mbere kwigua murimo. Kethira ni wiji uri allergic kiri kurathwa ni njuki: ukinarathwa kanua, nyuru kana numero, ukinagia na thina ya gwita miruke, kana wagia na wiimba cua urigiti na njira ya mpui. Ukethira ni wiji uri na allergy ya kurathua ni njuki, tigiira niugukamata epi-pen (uria dagtari).
  - h) Kuuna miuro. Utikagerie kuuna miuro iri na ruuji rugwita na mpui. No rugukamate.
  - i) Gwita ngugi guntu kuri na irima inene. Imenyeere muno riria ugwita ngugi guntu kuri na irima inene. Utigeete kuria uri na ugwati wa kugua na guku.



**Njira ya gukinyia Mathina.**

Njira iji niyo ya amemba na aruti ngugi gukinyithia mathina kiri urungamiri ndeene ya TIST.

Mathina jaja jonthe mbere jakinyagua kiri leadership council aria jategagirua kulingana na mawatho, TIST values, kana contract ya GHG amwe na amemba a tukundi na CAAC. Mawatho jaja na values cia TIST nijo jaragiirua kiri seminar, micemanio ya clasta, micemanio ya tukundi tunini na jekaraga jakiandikagwa kiri mazingira bora. Mwena juria jwareta mathina jao baejagua macokio nyuma ya ntuku 30 kuuma bakinyithia mathina jao.

Kethira thina iji itoomba kuthira kagitene ga ntuku 30, mwene thina iji niamenyithagua ati arungamiri muradi wa TIST bagakinyirua ni ntumiro iji. Aria kuri na watho wigie thina ja iji, arungamiiri a TIST bagatumira mawatho jau kuejana macokio ja muthiana bamenyithanie nyuma ya ntuku 30 kuuma ripoti yabakinyira. Aria mantu ja mageni jaumiira jaria jati kiri watho, untu ja bubu bwikagua kiri seminar kana mocemanio leadership council aria macokio jaejanagua ni arungamiiri a tukundi tunini, Kenya staff na arungamiiri a TIST.

Kethira mathina jatiumba kuthirua ndeene ya TIST, CAAC na mwene mathina bagetikaniiria niku bakaira mathina jao. Mathina jaria jatikathirua na njira ya gucua wa kubagwatithania jageta kiri chartered institute of arbitrators, Rwang'i rwa Kenya ndeene ya ntuku 30.

**Watho wigie gutangwa ki wendo.**

TIST ni irutaniritie gutigiira niikuejaga kaanya ga keega ga gwita ngugi itina kumena bamwe na nkinya kurigiiria gutangwa ki wendo kwa aruti ngugi bayo na nkinya arimi baria bakwija.

Gutangwa ki wendo ni njira o yonthe itigwikirika kana kukujirirua, kurombwa kwenderua niuntu bwa ki wendo kana ona nkinya kiri ndwaria kana kwonana kwa muthemba o uriku kuuma kiri muntu o wonthe wa TIST buria bwagithagia muntu ukirii kana gutanga muntu kuumba gwita ngugi.

**Gutangwa ki wendo kwonekaga riria:**

- Wahinyirirua gwitikira utikwenda kana ukaracimithua uri muriti ngugi.
- Kuhinyirirua kana kuregua niuntu bwa murugamo waku kiri kaanya ga kuwaga ngugi kana kurugamua ngugi; kana
- Njira iji iri na mubango wa gutanga muntu gwita ngugi, kumwagithia gitio kana kumwagithia kaanya ga keega ga kurita ngugi.

Gutangwa niuntu bwa ki ndini, rurijo rwenu, kethira wi muntu murume kana mwekuru, kethira uri na thina ya ki mwiri kana miaka yaku gutitikirika kiri TIST. Kuthithia uju nonkinya ugwate adabu nkinya ya kurungamua ngugi. Muriti ngugi o wonthe enkithirwa ari na ugwati wa gutangwa ki wendo nonkinya aejane ripoti kiri leadership council na mpui. TIST itiumiria muntu o wonthe aumba kwithirua agitangaga bangi ki wendo kana aejane ripoti yegie gutangana gwa ki wendo. Ukethira uri na kiuria kiegie watho uju, menyithia leadership council.

Kuringana na maandiko ja mbere kiri form ya kwiandikithia gutuika mumemba wa TIST jayo GHG, mumemba nonkinya athingatiire mawatho jonthe na mendikithia jaria jakendeka kiri ngugi ya TIST. Gutangana ki wendo gutiitikiritue na mumemba uria enkioneka agitangana nika agatuika wa kurutwa kiri muradi wa TIST. Aruti ngugi baria batanganaga ki wendo nabo nika bekibutwa ngugi.

**Watho wa kwaga kugaukana.**

TIST itigaukana na itakagaukana antu niuntu bwa witikio wao, ni akuru kana ni ekuru, ki miaka, thiguru iria uumite, rangi, waathe wa mwiri, kwithira uigurene kana utigurene, kana ona mwonere wa kiwendo kiri ngugi ciayo cionthe. Ngugi iji na utigutigiira, wandikani na ubuti wa ariti ngugi, kuthuura antu ba kwiritira na endia, kana twanya o tunthe. Turutaniritie kuejana kaanya kagwitikira antu bonthe ba gwita ngugi, aguri, antu ba kwiritira, subcontractors, vendors na a biashara bonthe.

TIST ni mwandikani o ja bangi. Tutigaukana na tukajukia makinya ja meega gutigiira gutikugaukana kiri wandikani, kwandikithia amemba, matangazo ma ngugi, gucokerua into ciaku, kurungamua ngugi, guukiria muradi, guukiria ariti ngugi na mantu jangi jegie wandikwa na mwandikwa kana kuromba wira utigeerete rangi, wi mukuru kana mwekuru, nthiguru iria uumite, miaka, ndini, witikio, waathe, veteran status, kana wendi waku wa ki wendo, buria wimenyithanagia ja mukuru kana mwekuru.

Kethira mumemba wa TIST kana mwiti ngugi nikwigua niagaukanitue, nibwega amenyithie leadership council na ambirie gukinyithia mathina jawe. Kuringana na maandiko ma mbere ma GHG contract, amemba nonkinya bakathingatiira mawatho na mendikithia kiri ngugi ciao. Kugaukana antu guti kiri watho na amemba baria bagaukana bangi no barutwe kiri TIST. Muriti ngugi wa TIST uria ugaukanagia antu nawe no arungamwe ngugi.



## HIV & AIDS: Kumenyera PLWHA.

**P**LWHA irirungamira 'Antu baria bagutura na HIV na AIDS'. Ndene ya maandiko jaja, tukaaraniria kwegie kumenyeera antu baba bagwitwa PLWHA riria bari natwi nja

Rikania antu ati njira injega buru ya guciebaniria na uumo bwa mantu riria murimo juju jumba kwithirwa jurio ni gwikira antu inya ya gutegwa kurio gukurukira kuthimwa HIV na kwambiria kunyua ndawa cia ARV riria daktari akauga wambirie. Mantu jaja jari aja ni jab aria bamenyagira antu baba PLWHA baria bejagirwa ni thina ingi cia thiria ya mwiri. Jaja jari aja ti ja kumakia antu, ti PLWHA bonthe bagacemania na thina iji. Kwaria mma, kirira kiria kiri aja ni umenyo bwa bata riria ukumenyeera antu baria bari na HIV na kinya baria batina yo. Mantu jaja ni jegie njira cia kumenyeera ajii riri turina bo nja.

Kua PLWHA umenyeeri buria bubati riria thina ingi cia kithiria cikwija nikwendaga wendo, uumiria na kuciritira gukwingi. Indiri, umenyeeri buria bubati nobwongere nainya uthongo na uraja bwa uturo bwa mwajii ou.

Uria wonthe uciritirite kiri mwajii noombe kumumenyera ari nja. Indiri, mantu jamwe nomwanka jathingatirwe nikenda umenyeera ati umenyeeri bubu ni bukuejanwa na njira iria njega buru.

### **Mitire iria miega buru ya kumenyeera mwajii na njira iria ukamenyeera mumenyeeri na mwajii.**

Amenyerani barina kanya kanini ga kugwatwa ni virusi kuumania na mwajii uria bakunyeera kethira bakathingatire mantu jamwe jaria muntu wonthe abati kumenya. Jaja ni jamwe ja mantu jaria mumenyerani abati kuthingatira:

- Thambia njara ciaku na sabuni mbele na nyuma ya kuthithia mantu jonthe.
- Kunikira naria ung'ari kana urina kirona mwiline jwaku (mono njarene) na plaster mbele ya kuthithiria mwajii untu kinya buriku.
- Kethira ndamu, mataika kana kioro gigwitika gitandene kana nthiguru, nubati kwanguria na umenyeri mono ugitumaira gloves na Jik yongereri ruuji kethira irio. Gloves iji nicibati kwithirwa ciri cia mubiranna nibati kuthambua bwega rionthe warikia gwitumira. Thambia njara ciaku kinyacio warikia.
- Nguo na into bingi biakwa ruuko ni nduuji cionthe kuumania na mwiri jwa mwajii nibibati gwikirwa ndene ya ruuji rukutheruka na bitigwe ku ndaika mirongo iiri gwita ithatu

mbele ya biritwa na biurwa riu bianikwa binyara.

- Inuku bia nguo na itambaa biria biogi irondene kana kiri kiuti nibibati kuithua.
- Into bia kutheria ja bamba na kiratasi gia kwanguria kioro nibibati kugerwa kirona kia oome kana kuithue.
- Uthuraniria sindano na into bibiugi bionthe kiri boxi na wikie cibitari iria ikuiiritie nikenda bitewa uria kubati.
- Ikira gloves riria ugutonga into biria bitongete nduuji kuumania na mwiri.
- Ukeja gutongwa ni ndamu ya mwajii kana nduuji ingi cia mwiri thambia antu au na ruuji na sabuni. Kethira antu au nigukuuma ndamu, kureke kuume igita ririkai. Rikana kanya ga kugwatwa ni aki kethira nduuji iu ciumenie na mwiri jwina murimo jou igatonya kiri ndamu iria iri mwirine jwaku. Muguta jwa mwiri jukethirwa jutiuniki ni gintu gikiega mono kiri gutigithia untu bou. Indiri, ukeja kwona jaka nduuji iu cia mwiri ciumba kwithirwa cigutonya kiri ndamu ndene ya mwiri jwaku, ja mung'uanano gukurukira kirona mwirine jwaku, cwaa utethio kuumania na muriti ngugi ndene ya cibitari.

### **Utheru bwa nja.**

Ajii ba igita ririraja mono baria bari na HIV na Mukingo nibagwatagwa ni mirimo ya kwijira mono. Kwou burina bata kiri ajii na abamenyeeri kumenyeera utheru bwa iguru nikenda banyiyia kanya ga kugwatwa ni mirimo iji, mono murimo jwa kwarwa.

Ajii na abamenyeeri nibabati kumenyeria kuthambia njara ciao mbele ya kuthuranira irio na kuria.

- Njara nibati kuthambua na ruuji na sabuni warikia kuuma kioro.
- Into bia kuriira nibibati kuthambua na ruuji na sabuni.
- Kunikira muromo riria ugukoora kana ukumira.
- Mata jabati gutwirwa mukebene jwiki juri jwa ngugi iji. Mukebe juju jubati kwithirwa jurina nkuniki na nowikire muju ndene. Ituura mata jaja kiorone kia oome na uthambia mukebe jou na ruuji rwa mwanki na sabuni.

Kethira mwajii nakunyua ndawa cia ARV, tetheria mwajii kunyua ndawa iji magitene jaria abati na iria abati kunyua. Iji niyo njira iria njega buru ya kwebera mirimo iji ya kwijira. Tegeera mwajii rionthe na umwikie cibitari wona mantu kajagwita na mbele kuthuka nkuruki.



Aja kuthingatite ni mantu jaria ubati kuthingatira riria ukumenyeera ajii nja na kulingana na murimo juria bari naju.

Jaria jakwonania	Uria ubati kuthithia wona mantu jau
Mwanki mwiri	<ul style="list-style-type: none"> <li>• Rita nguo na biria bimugwikite biria bitikwendeka.</li> <li>• Ika mwajii aria kwina ruugo rung'ani.</li> <li>• Anguria mwajii na gitambaa giaki ruuji ruri na murutira. Kuundia mwajii ruuji, ucuru kana chai kenda anyua.</li> <li>• Mukundie ndawa ya Paracetamol 500 mg; mpindi ijiri o mathaa janna jakuruka indi ti nkuruki ya mpindi inyanya ndene ya ntuku imwe.</li> </ul>
Gukora	<ul style="list-style-type: none"> <li>• Nikubati kwithirwa kurina ruugo rung'ani ndene ya nyomba iu ari.</li> <li>• Ikira inya mwajii gukara nthi kana gwitaita riria gukuumbika antu a kumama.</li> <li>• Kunikira muromo na njara riria agukora.</li> <li>• Mwee nduui inyingi na ntunda</li> <li>• Geria chai irina ndimu na naicu.</li> <li>• Ndawa ya kibara ya kugura no itethie.</li> </ul>
Thina ya gukucia miruki	<ul style="list-style-type: none"> <li>• Kethira nagukora muthithirie ou twauga.</li> <li>• Kethira nyiuru niingine geria gutumira ntoo kuumania na ruuji na menthol (ja kaluma) kana mathangu ja mubau maguta nikenda ukunura antu a ruugo gutonyera.</li> <li>• Tetheria mwaji gukara uria akwenda. Jaria maingi gukara nthi niku kwega nkuruki, kurina pillow mugongone kumutetheria.</li> <li>• Nanyue ruuji rurwingi.</li> </ul>
Marondo ja muromo	<ul style="list-style-type: none"> <li>• Maigo nijakirwe rionthe</li> <li>• Ebera irio birina mwanki, mpio kana ururu bubwingi.</li> <li>• Kamura na ruuji rwa cumbi arikia kuria na mbele ya kumama (kunya gacumbi kanini ugere ruujine rwa gilasi).</li> <li>• Ungania mpindi ijiri cia aspirin ruujine na ukamure muromo (riu uture) mwanka maita janna o ntuku.</li> </ul>
Nkoro njiru na gutaika	<ul style="list-style-type: none"> <li>• Menyeera ati mwajii arina ruugo rurutheru rung'ani.</li> <li>• Geria kuria twirio tunini twa irio bitiungenue ja ikwaci bitherukitue, mwanga na bingi</li> <li>• Nyua ruuji, chai kana ruuji rwa matunda mpari na maita jamaingi.</li> <li>• Ndawa imwe cia ARV ni bwega nkuruki cirijaniritue na irio, indi ti cionthe – uria daktari waku.</li> </ul>
Kwarwa	<ul style="list-style-type: none"> <li>• Nyua ruuji rurutheru na irio bia nduui bibingi ja subu, ucuru, turungi irina cukari na ruuji rwa matunda.</li> <li>• Nyua cumbi iria cia gucokia ruuji mwirine ( iji no ithithue na njira ya gwikira iciko bibinini bitantatu bia cukari na giciko gikinini kimwe kia cumbi kiri ruuji lita imwe ruria ruchamukitue na rwora).</li> <li>• Nyua irio bia ruuji bitiongeri cukari.</li> <li>• Ria irio bia kwongera inya mwirine ja nkima, mianga</li> <li>• Ikwaci, mucere jukari u, mugate, biskuiti injumu, marigu na nyanya niinjega kuria kinyacio.</li> <li>• Geria kuria twirio tunini maita jatano gwita jatantatu antu irio bibingi maita jathatu ntuku</li> </ul>
	<p><b>Ebera:</b></p> <ul style="list-style-type: none"> <li>• Matunda na nyani, ria marigu na nyanya aki</li> <li>• Iria na biria biumanagia nario, kinya yoghurt</li> <li>• Irio biikiri into bia kururia</li> <li>• Irio birina maguta jamaingi</li> <li>• Kauwa na ncobi</li> <li>• Irio bitirugi</li> </ul>



	<p>Mwana nenderee gwonkua ja ringi. Kethira gwita kioro kurina ururu aka maguta jamoro aantu au kioro kiumagira.</p>
	<p><b>Tethia kwebera kugia guku gukurukira:</b></p> <ul style="list-style-type: none"> <li>• Chamukia ruuji rionthe mbele ya kunyua.</li> <li>• Kara ukinyunyaga ruuji kuumania na into bitheri na bikunikiri.</li> <li>• Rionthe thambia njara na ruuji na sabuni mbele ya kuria na nyuma ya gwita kioro.</li> <li>• Ajii nibabati kuewa irio birugi bwega.</li> <li>• Irio biatigara nibabati kurutirua bwega mbele ya kuriwa. Birutirue rimwe aki.</li> </ul>
Kuumagara na- kwigua gwikura	<ul style="list-style-type: none"> <li>• Thambia na sabuni na ruuji</li> <li>• Gwike kuumi gatigati ka magita ja kuthambia antu au</li> <li>• Ebera sabuni irina inya mono.</li> <li>• Aka maguta ja Vaseline, maguta ja coconut, maguta jakuumania na into bia kuruga, glycerine na jangi</li> <li>• Riria ukwigua gwikura, kuumia na kubebeta antu au no gutume ukwigua bwega. Ebera kung'ara na wake maguta jagwitwa Calamine lotion.</li> <li>• Majani jarinditwe ruujine rwa mwanki no gutethie antu au ukwigua gwikura.</li> <li>• Kethira nigukumbika menyeera irio birina nkara, nyani, malenge na kibabai.</li> </ul>
Kwing'ara na irondo bibinini	<ul style="list-style-type: none"> <li>• Thambia na ruuji rurutheru. Aka antiseptic ja Dettol kethira irio.</li> </ul>
Biaru na kiuti	<ul style="list-style-type: none"> <li>• Kiri biaru na iuti bibinini thambia na ruuji rwa cumbi na urekerie binyare.</li> <li>• Kethira birina murimo mono mukundie paracetamol na aspirin.</li> <li>• Guaka kibabai gikigundu kigiti orio no gutetherie kunyia murimo antu au</li> </ul>
Murimo jwa mutwe	<ul style="list-style-type: none"> <li>• Mirimo imwe ya mutwe iumanaiya na kwithira urina mantu jamaingi mutwe na kuthathayia mutwe na njara nogutethie.</li> <li>• Mwongozo jwa kunyiyia mirimo iminini ni ja uju: mukundie mpindi ijiri cia Paracetamol (500mg o mpindi) o mathaa janna jakuruka na aspirin (500mg o mpindi) kana Ibuprofen (400mg o mpindi) utuku</li> </ul>
Ironda na ruoko kuumania na guntu kwa witho	<ul style="list-style-type: none"> <li>• Thambia ironda na ruuji rwa cumbi na sabuni riu unyarie na gitambaa gikitheru.</li> <li>• Mantu jaja kinya nojaumanie na mirimo ya gutambua gukurukira kumama na muntu. Ni bwega kuthimwa cibitari nikenda utegwa mirimo iji na ujukia matagara jaria jabati.</li> </ul>
Kuangeratana	<ul style="list-style-type: none"> <li>• Into bibiugi ja tuciu na ibanga nibabati gwikwa kuraja kuuma kiri niuntu bwa gukira bacigitaria kana bagitaria bangi.</li> <li>• Mwajii nagwatirwe riria agwita</li> <li>• Mwajii atibati gutigwa wenka nyomba.</li> <li>• Ika ndawa kuraja kuuma kiri mwajii.</li> </ul>
Kuremwa kwebaeba	<ul style="list-style-type: none"> <li>• Garura mwajii gitandene o mathaa jairi nikenda atiriritwe biaru ni gitanda</li> <li>• Cwa utethio gukira mwajii nikenda ebaeba. Ugakuria mwajii gitandene.</li> <li>• Rita mikunjano kiri shuka iria amamirite.</li> <li>• Rita nguo cia gitanda ciagia ruuji kana ruoko orio.</li> <li>• Thambia mwiri na ruuji na sabuni ntuku cionthe.</li> <li>• Menyeera utheru na njira ya kuthambia maigo kana kubucabucia ruuji rwa cumbi.</li> <li>• Tetheria mwajii kuritithia mwiri ngugi gukurukira kwebaebia jointi cia njara, mature na maru.</li> <li>• Tega wone kethira kwina biaru bia gitanda. Tega au iguru kiri Biaru na kiuti nikenda umenya njira ya kumenyeera.</li> </ul>

Mantu jau twariria au iguru ni ja kumenyeera tumirimo tunini. Jaria jakwonwa kumania na murimo jongereka riu utethio nibubati gucuwa kuumania na cibitari.

# Mazingira Bora



# TIST

The International Small Group & Tree Planting Program

www.tist.org

**Kikuyu Version**

**TIST is an innovative, time - tested, afforestation program led by the participants.**



**Amemba a Chuuriu TIST Cluster mari mucemano-ini wao wa oro mweri. Mucemano ucio ungi ugakorwo mweri 16 / 06 / 2023.**

## **Inside:**

**TIST: Kiririkano kia bata kuri ugitiri witu riria turaruta wira wa TIST. Page 2**

**HIV & AIDS: Gutungata arwaru kana nio PLWHA. Page 4**



# TIST: Kiririkano kia bata kuri ugitiri witu riria turaruta wira wa TIST.

Maundu maria ma bata hari ugitiri witu ni;

1. Ti wendi witu kuiga TIST, CAAC kana aria turutithanagia wira nao kuiga aruti wira a TIST hatika-ini.
2. Turenda muruti wira oro wothe wa TIST akoragwo ari na thayu na mugima. Na gutiitikiritio mundu oro wothe kuria mundu uria ungi gwika uria gutagiriire. Ndwagiriirwo gwitikira na ubatie gucuka mundu ucio kuri amemba a timu ya KE.
3. Maundu maria moikaine ni magirie: Maria metikanirio makerwo muingi. Maundu ta macio mangihanika, menyithia timu ya Kenya.
  - a. Matatu na Boda-bodas. Ndugetikire gukuo ni ndereva muriu kana uratwarithia atari na kihariro. Angikorwo ndereva ni aratwaritha ngari na ihenya inene mwire atwarithie kahora. Angirega, uma ngari iyo. Kungigia na uici, ndukarege kuneana indo cia TIST cingitio. Cukana undu uyu kuri timu ya KE handu-ini ha mathaa 24.
  - b. Nyoka. Wimenyerere riria urathii kuria utarona haria uraranga. Okorwo nduri na ma, huthira muti kweheria mahuti niuguo umenye haria hari na nyoka. Nyoka ya thumu ingionekana, ehara hau na umenyithie murimi. Gutiri uthondeki wa mbere ungirumwo ni nyoka ya thumu. Ungirumwo ni nyoka ya thumu wagiriirwo ni guthii thibitari uheo ndawa ya kunina thumu. Kurumwo kuu no gukorwo kuri na hathara. No utinio kuguru kana ugie na wonje wa tene na tene. We, muiuru waku kana murimi mwagiriirwo ni kumenya mithemba ya nyoka niguo ndawa cia kunina thumu cimanyeke. Ona angikorwo nyoka ni nguu no irume!
  - c. Njogu. Njogu ni njuru makiria. Ugitiri uria mwega wa njogu no gucieherera. Angikorwo njogu iri haria murarutira wira, eherai hau na mutikacimakie. Ingigukora, ubatie:
    - i. Rugama haria uri, no icierie kwehera.
    - ii. Angikorwo uri hakuhi na mucii (nyumba, ngari, rugiri, muti muraihu), geria gucoka na thutha kahora (o urorete njogu) na uingire mucii. Njogu ni iteng'era gukira mundu na angikorwo ndungikinya nyumba guteng'era no kurakarie njogu muno.
  - d. Gucemania na andu oru. Ungicemania na andu arakaru, ehara hau na ugerie guthii kuria kuri na andu angi matari arakaru. Ndukaingirire gucokaniria ciugo kana kurua. Ungikorwo uri na muiruguo, ikarai hamwe na mumaniririe. Hangikorwo hari na uici, manengere indo ciothe cia TIST mangitia.
  - e. Kuhahamwo ki mwiri. Atumia mabatie kuruta wira mari hamwe angikorwo ni itura rieru niguo megitire kuhahamwo ki mwiri. Ungiigua nduraiganira na haria uri, ehara hau na wethe handu hangi haria hari andu. Ungitharikirwo, uga mbu witeithie. Thitanga kuri borithi giko kiu oro hamwe na timu ya Kenya.
  - f. Ngui. Hangikorwo hari na ngui ndiani kana ni urekuwa ngui, uria mwene amieherie nginyagia murikie uria mureka. Na tondu ngui ni cikoragwo na murimu wa rabies, geria kuria mwene kana ngui yake ni thime. Murimu wa rabies ni muru ungiaga kurigitwo riria kwagiriire.
  - g. Njuki. Kurathwo kwa njuki kumanaga na kurakaria njuki na kuri ruo muno, angikorwo ukoragwo uri allergic kuri rubua. Wigitire kurathwo ni njuki iria cirathama na kurugama utaguthii. Ndukarakarie njuki. Ndukehake maguta manungi wega. Ungirathwo, ruta rubua oro naihenya uria unghota tondu oro uria ruraikara mwiri-ini, noguo mundu aimbaga. Angikorwo ukoragwo uri allergic na ni warathwo kanua, iniuru kana mumero; waremwo ni kuhuhia; kana ukaimba muno thii wamukire urigiti naihenya muno.
  - h. Kuringa rui. Ndukagerie kuringa rui riria rui ruihuru kana riria rurahanyuka. No utwarwo.
  - i. Kuruta wira kuria kuinamu muno. Wimenyerere muno riria uraruta wira kuria kuinamu. Ndugaikare handu haria uramenya ati no ugwe tondu no ukue.

**Mutaratara wa mateta.**

Mutaratara wa mateta ni uteithagia aruti wira guteta kuri utongoria wa TIST.

Mateta mothe mambaga gutwarwo kuri atongoria (Leadership Council) kuria maundu maigananagio na mutaratara wa TIST, maundu ma TIST kana witikanirio wa Greenhouse Gas hari amemba a ngurubu nini na CAAC. Maundu ma TIST ni ta guthomithia, micemanio ya clasta, micemanio ya ngurubu nini na kwandikwo thiini wa ngathiti ya Mazingira Bora. Atongoria ni maheanaga macokio handu-ini ha thiku 30 thutha wa mateta.

Angikorwo undu ucio ndunahingio handu-ini wa thiku 30, aria mari na mateta ni makwirwo na undu ucio ugatwarwo kuri utongoria wa TIST. Riria mawatho mahingagio, utongoria wa TIST mahuthagira maundu maria mandikitwo gutwithania undu ucio na maumirira makaheanwo handu-ini ha thiku 30 kuma riria mateta maheanirwo. Angikorwo undu ucio nduri mawatho-ini maitu, undu ucio waragirio kigomano-ini kia Leadership Council kiria kirumiriirie, kuria wamurani uheanagwo mbere ya ngurubu nini, Kenya Staff na utongoria wa TIST.

Angikorwo mateta maya matingininika, CAAC na aria mari na mateta no metikanirie methe mwamurani uria mangihe mateta. Mateta macio mangirema kwamurano ni mwamurani no matwarwo kwa (Chartered Institute of Arbitrators, Kenya Branch) handu-ini ha thiku 30.

**Watho wa kuhahamwo ki mwiri.**

TIST ni merutiire kuhe aruti wira riera riega ritari na muthutukano, na ni kugirie guthumbura kwa aruti wira oro hamwe na kuhahamwo kimwiri.

Uhahami wa kimwiri utauragwo ta kuhutia kana gukoma na mundu atakwenda, kuria mundu mukomanie kana kugweta, gwika ciiko ciigimanie na gukomania iria cingituma mundu thiini wa TIST kwaga thayu/kugiria arute wira.

Mitugo iria itumaga kugie na wagagu:

- Gwitikira maundu macio, mari mega kana moru, ihinda na undu wa mundu wira-ini;
- Gwitikira kana kurega maundu macio hari oro mundu kuhuthika ta wamurani wa mawira kana kurega; kana

- Mitugo ino igatuma wira urege kurutika kana kuhinyiririka kana kwaga thayu.

Kuhahamwo irehagwo ni kabira, kanitha, gukomania ki mwiri, kuhahamwo ki mwiri, bururi uria umite, wonje kana miaka ndungwitikiria thiini wa TIST. Mitugo ino ni ikoerwo ikinya, kana mundu akekeherio ngurubu-ini. Muruti wira oro wothe uria uhitukiire undu uyu abatie kuheana uhoru uyu kuri utongoria wa TIST (Leadership Council). TIST ndigwitikiria maundu maya ma kuhahamwo ki mwiri kuhanika kana gukorwo na mateta ta maya. Ungikorwo na ciuria cigimainie na mateta maya reboti kuri Leadership Council.

Kuringana na mawatho ma GhC contract, mumemba abatie kurumirira mawatho mothe maria mandikitwo. Kuhahama ki mwiri ni mugaru na watho na mumemba oro wothe uria wanyitikana abatie kweherio gwa TIST. Muruti wira wa TIST uria ungingyitikana akiahama ki mwiri abatie kubutwo wira.

**Watho wa guthutukania.**

TIST ndithutukanagia na ndiri hindi igathutukania kumanagia na kabira, rangi, kanitha, mumbire, miaka, kuria umite, wonje, kihiko, wira-ini oro wothe. Maundu maya ni ta, no matiikirirwo mukana, kwandika na kubuta aruti wira, gucagura erutiri wira na kuruta mawira. Ni twirutiire kuheana riera riega kuri amemba othe na aruti wira, aguri, erutiri kuruta wira, aria tuhete contract.

TIST ni iigananagia aruti wira othe. Tutiguthutukania na ni tukwoya makinya marumu kuri aria marathutukania kuri aruti wira, hingo ya guthura andu eru, kwanirira kwa aruti a wira, marihi, kunina contract, kwongerera madaraka na maundu mangi maingi hari aruti wire kana mundu kuria wira hamwe na kabira, rangi, muciarire, bururi, miaka, kanitha, wonje, ukuru, mumbire.

Angikorwo mumemba wa TIST kana muruti wira angiigwa ni arathutukano, ubatie kuriboti kuri Leadership Council na kuria mubango wambiririe wa kuhona. Kumanagia na mawatho ma GhC, mumemba abatie kurumirira mawatho mothe wira-ini oro wothe. Muthutukano ni mugaru na watho na mumemba abatie kweheria gwa TIST. Muruti wira wa TIST uria urathutukania abatie kubutwo wira.



# HIV & AIDS: Gutungata arwaru kana nio PLWHA.

**P**LWHA irungamagirira ‘People Living with HIV and AIDS’. Uguo ni kuuga “ Andu aria maturaga na murimu wa muingo. Muthi tukwaririria ndereti ikonie nadu aria matungataga arwaru a muingo me mucii. Kana home caregivers.

Niwega kuririkania andu ati njira imwe ya kugiriria kuhatiririo muno ni kuhinyiriria andu mathimwo o ri otene, na moneka mena virusi mambiririe kunyua dawa cia ARV hindi iria dagitari atariria. Ndereti ino ni ya gukumakia no niyagukuhe uugi wa uria unghoota gutungatira muruaru uhinyirikite. No akorwo ari muruaru wa muingo kana muruaru o wothe.

Gutungata muruaru wa Muingo riria ahinyiriirio ni mwiri nigukukwenda wendo muingi, gukiriria na wirutiri . Utungati mweka na uria wagiriire niuhotithagia uturo wa muruaru wongerereke na akorwo na uturo mweka.

Mundu o wothe wina wendo na muruaru no ohote kumutungata wega ari mucii. Ona kuri uguo, mitarata miege niibataranike nigetha utangata uyu ugaciire.

## Njira njega riria uratungata muruaru hamwe nawe kwigitira.

Aria matungataga aruaru a muingo kana Caregivers matikoragwo na ugwati munene wa kunyitwo ni virusi cia muingo kuuma kuri muruaru angikorwo nimakurumiriria maundu maya;

- Gwithamba moko na maai na thabuni mbere na thutha wa wira o wothe.
- Kuoha kionda kana handu hatihie muno mokoini na plaster mbere ya gutungata muruaru
- Angikorwo thakame kana matahiko kana kahinda kanene nigaitikiire uriri kana thi, wagiririrwo ni kuhura na utabaririri munene wikirite gloves na nutumire kindu ta jik. Gloves ciaku ciagirirwo gukorwo iri cia mubira na wagiriirwo ni gucithambia wega thutha wagucitumira. Thutha ucio uthambie moko maku wega.
- Nguo iria muruaru angikorwo athukitie na kahinda gaaka ciagiriirwo ni kucamukio na mai

mahu gwa kahinda ka dagika 20 nginya 30. Icooke ihurwo wega na cianikwo.

- Itambaya iria ingikorwo ciohete ironda kana bandigi thutha wa kuruto ciagiriirwo ni gucinwo.
- Cokaniriria cindano na kindu kingi ta tuhiu tutia tungikorwo tutumikite hari muruaru na utware thibitari iria I hakuhi ni getha tugate na njira iria yagiriire.
- Hingo ciothe ugekira groves riria ukunyita kindu o giothe kiratumagirwo ni mururua na gikahutania na maai make ma mwiri.
- Kwa mutino angikorwo ngothi ya mwiri waku niyanyita thakame kana mai ma mwiri kuuma hari muruaru, wagiriirwo ni gwithamba na main a thabuni. Ririkana ungewato ni virusi angikorwo ni ikingira mikiha ya thakame yaku. No angikorwo niuruno ta maai kana thakame ya muruaru ingirite mwiri waku, niwega uthii kuri muritigitane nigetha agutare uria ugwika.

## Utheru wa Mucii.

Aruaru a kanda karaya muno ta aruaru a muingo nimakoragwo na ugwati wa kunyitwo ni mirimu ingi ngurani muno mirimu ya gutherema. Koguo nikwagiriire atungati makorwo na utheru munene wa mucii nigetha kunyihia mieka ya mirimu ya kugwatanio ta kuharwo gatema gutherema.

Aruaru na atungati ao nimagiriirwo ni gwithamba moko mbere ya kuhariria irio na mbere ya kuria irio.

- Moko mathambio na thabuni na mai thutha wa guthie kahinda
- Indo cia riiko ithambio na maai na thabuni
- Humbira kanua ugikorora kana ukiathimuka
- Okorwo ni gutua mata, etha kamukebe kena nguniko na wikire muhu hau thiinie. Ukonoragia mata macio irima ria kioro na ugagathambia wega na maai mahi na jik.

Angikorwo muruaru ni aranyua dawa cia ARV, niwega kumuteithiriria nigea akanyua ihinda riria riagiriire na githimi kiria kiagiriire. Niwega kumurora kaingi nigetha angihatiririo muno umutuare thibitari o na ihenya.



**Haha thi ni uria mundu angirigitwo kuringana na murimu uria ari na guo.**

<b>Ndariri</b>	<b>Njira ya gutungata</b>
Kuhuha mwiri	<ul style="list-style-type: none"> <li>• Murute nguo iria itabatarainie kana uthathaure miringiti</li> <li>• Muiige haria hena riera riega na riingi</li> <li>• Muhure na gitambaya kina ugunyu muraru. Muhe maai kana ucuro kana iria kana cai.</li> <li>• Muhe dawa ya Paracetamol 500 mg tablets: Dawa igiri thutha wa mathaa mana no ndugakirie dawa inyanya hari muthenya.</li> </ul>
Gukorora	<ul style="list-style-type: none"> <li>• Tigirira kwina riera ria kuigana nyumba yake</li> <li>• Muringiririe akorwo agithii kana guikara thi no ti gukoma</li> <li>• Humbira kanua ugikorora</li> <li>• Muhe maai maingi na mai ma matunda</li> <li>• Geria kumuhe maai ma ndimu na uuki</li> <li>• Dawa ya gukorora no ieithie</li> </ul>
Kuremwo ni kuhuhia	<ul style="list-style-type: none"> <li>• Honia gikorora ta uguo twatariria hau iguru</li> <li>• Angikorwo maniuru nimahingiku, giria gutumira miruki mihiu ya maai kana methol kana mahuti ma miti ya mibau/minyua maai nigetha ahinguke</li> <li>• Geria wone muruaru ni akarite wega. No umuhe pillow ya gutira mugongo</li> <li>• Reke anyue maai maingi.</li> </ul>
Irona cia kanua	<ul style="list-style-type: none"> <li>• Thambia magego hingo ciothe</li> <li>• Tiga kumuhe indio hiu muno kana hehu kana cieno ururu</li> <li>• Muhe maai ma cumbi abuchabuchie kanua thutha wa kuria na mbere ya gukoma.</li> <li>• Ikiria aspirini igiri maaini na abuchabuchie kanua maita ta mana muthenya</li> </ul>
Kuire ngoro na gutahika	<ul style="list-style-type: none"> <li>• Tigirira muruaru ena riera riakuigana.</li> <li>• Geria kuria irio cia gucamurwo ta ngwaci na mianga</li> <li>• Nyua maai, chai kana juice kahoro na kwa mahinda</li> <li>• Dawa imwe cia ARV inyuagwo na irio, no ti ciothe. Uria murigitani waku</li> </ul>
Kuharwo	<ul style="list-style-type: none"> <li>• Nyua mai maingi matheru kana thubu kana ucuro kana juice ya matunda</li> <li>• Nyua mai ma mcumbi na cukari. Ikira tuciiiko turia tunini tutandatu twa sukari na nuthu gachiko ga cumbi tukania wega maai mahoru macamukie.</li> <li>• Nyuma maai ma irio matari mekire cukari</li> <li>• Urie irio ta ngima kana mianga kana waru, muceere, mugate, marigu</li> <li>• East starchy foods like Ugali, cassava</li> <li>• Geria kuria maita matano kana matandatu hari muthenya handu ha kuria maita matatu</li> </ul>
	<p><b>Tigana na :</b></p> <ul style="list-style-type: none"> <li>• Iria igatatu ta yoghurt</li> <li>• Indo cia gukwira irio mucamo kana ururu</li> <li>• Irio cirri na maguta maingi</li> <li>• Kahua kana njohi</li> <li>• Irio itari nduge</li> </ul>



	<p>Kuongitha mwana kwagiriirwo ni guthii na mbere Guthii kahinda kanene kungikorwo na ruo haka maguta njira ya kioro.</p>
	<p><b>Giriria kuharwo na njira ici:</b></p> <ul style="list-style-type: none"> <li>• Hingo ciothe ugacamura maai ma kunyua</li> <li>• Ikira maai ma kunyua handu hatheru.</li> <li>• Hingo ciothe ugethamba moko na maai na thabuni mbere ya kuria na thutha wa kioro</li> <li>• Muruaru agiriirwo ni kuheo irio nudge wega</li> <li>• Irio cia hwai kana ciagutigara ciagirirwo ni kuhiuhuo wega</li> </ul>
<p>Ngothi niaru na ina mwithua</p>	<ul style="list-style-type: none"> <li>• Withambe na thabuni uteri na munongo na maai</li> <li>• Ikara wi muniaru</li> <li>• Ndugatumire thabuni wina mutaririko</li> <li>• Tumira maguta ta Vaseline, coconut oil, vegetable oil, glycerin</li> <li>• Angikorwo ngothi yaku ina mwithua, ndugathue na nuutumire Calamine lotion.</li> <li>• Machani maikitio mai-ini mahiu no mateithie ngothi ina mwithua</li> <li>• Irio ciaki niciagiriirwo nigukorwo na nyeni, marengi, matumbi. Mapaipai ni meega</li> </ul>
<p>Turonda</p>	<ul style="list-style-type: none"> <li>• Thambia na main a deto</li> </ul>
<p>Iroruha na mahuha</p>	<ul style="list-style-type: none"> <li>• Thambia na mai ma cumbi</li> <li>• Angikowo na ruo, muhe panadol kana aspirin</li> <li>• Tumia ibaibai kuhaka turonda tuu</li> </ul>
<p>Kurio ni mutwe</p>	<ul style="list-style-type: none"> <li>• Kurio ni mutwe no kurehwo ni meciria. Guthugua kiongo no guteithie</li> <li>• Muhe panadol igiri</li> </ul>
<p>Ironda ciroira kuma ciiga ciake cia thiri</p>	<ul style="list-style-type: none"> <li>• Thambia ironda na mai ma cumbi na urihure na gitambaya githeru.</li> <li>• Ironda ta ici no ikorwo iri ndariri ya murimu ya kugwatanio kimwiri na niwega umutware thibitari.</li> </ul>
<p>Guchanganyikirwo / gutukanirwo hakiri</p>	<ul style="list-style-type: none"> <li>• Indo ta tuhiu kana banga ikwenda kuiguo haraya na mururua ndakegere ngero na cio</li> <li>• Muruaru agiriirwo ni kunyitirirwo agithii</li> <li>• Muruaru ndagiriirwo ni gutigwo ari woika rumu yake.</li> <li>• Iga dawa haraya na muruaru</li> </ul>
<p>Riria e gitanda-ini atakwihota</p>	<ul style="list-style-type: none"> <li>• Mugarurure thutha wa mathaa mere nigetha ndakagie ironda mwiri</li> <li>• Geria kumuteithiria riria arenda gukira. Ndukamugucanie.</li> <li>• Mwehererie kindu kingimuhihinya uriri wake</li> <li>• Mucenjerie macuka na miring angithukia na kahinda o hindi iyo</li> <li>• Muthambie na maai na thauni oo mthenya</li> <li>• Reke ethambe kanua o mthenya na kabuchabucia maai ma cumbi</li> <li>• Teithia muruaru kunogora ciiga cia mwiri</li> <li>• Rora kana ni aragira turonda na ututhonoke toguo tutariirie hau iguru</li> </ul>

Njira ici tutariirie hauiguru ni cia gutungata tumathina tunini. Ndware ingeneneha, niwega umutware thibitari.

# Mazingira Bora



# TIST

The International Small Group & Tree Planting Program

www.tist.org

**Kiswahili Version**

*TIST is an innovative, time - tested, afforestation program led by the participants.*



**Wanachama wa Cluster ya Chuuriu TIST wakati wa mkutano wao wa kila mwezi mwezi uliopita. Mkutano ujao utakuwa tarehe 16 Juni 2023.**

**Ndani  
ya  
Gazetti**

**TIST: Vikumbusho Muhimu kwa usalama wetu tunapotekeleza majukumu ya TIST. Uku. 2**

**VVU na UKIMWI: Kuwatunza PLWHA. Uku. 4**



## TIST: Vikumbusho Muhimu kwa usalama wetu tunapotekeleza majukumu ya TIST.

Mahitaji muhimu ya chini ya usalama ni kama ifuatavyo;

1. Sio sera ya TIST, CAAC au washirika wowote kuwaweka wafanyakazi wa TIST katika hatari.
2. Tunataka kila mtu anayefanya kazi kwa TIST awe salama na achukue hatua kwa usalama. Na hakuna mtu anayeruhusiwa kukuuliza ufanye kitu ambacho sio salama. Unapaswa kukataa kuifanya na uripoti mara moja kwa mmoja wa washiriki wa Timu ya KE.
3. Sera Zinazotambuliwa zitajadiliwa: Muhtasari wa sera zinazotambuliwa utawasilishwa. Ikiwa mojawapo ya hali hizi itakabiliwa, ijulishe Timu ya Kenya.
  - a. Matatus na Boda-boda. Usipande magari ikiwa dereva anaonekana kulewa au anaendesha kwa uzembe. Ikiwa dereva anaendesha kwa kasi sana au si salama mwambie dereva aendeshe kwa mwendo wa polepole na salama zaidi. Ikiendelea, omba uruhusiwe kutoka au kutoka nje ya gari. Katika kesi ya wizi, usipinga na kusalimisha kifaa cha TIST ikiwa kitadaiwa. Ripoti tukio hilo kwa Timu ya KE ndani ya saa 24.
  - b. Nyoka. Jihadharini wakati wa kusonga kupitia maeneo ambayo huwezi kuona mahali unapoweka mguu wako. Kama huna uhakika, tumia kijiti kirefu kupeperusha vichaka au nyasi ili kutambua uwepo wa nyoka. Ikiwa nyoka yenye sumu inaonekana, ondoka eneo hilo na umjulisha mkulima. HAKUNA matibabu ya huduma ya kwanza kwa kuumwa na nyoka wenye sumu. Iwapo utaumwa na nyoka mwenye sumu, lazima uende hospitali ya karibu kwa ajili ya kuzuia sumu. Kuumwa kunaweza kuwa mbaya ikiwa haitatibiwa. Unaweza kupoteza kiungo au kupata jeraha la kudumu ukiumwa. Wewe, mpenzi wako au mkulima jaribu kutambua aina ya nyoka ili dawa sahihi ya kuzuia sumu iweze kuchaguliwa. Hata nyoka akiuawa bado anaweza kuuma!
  - c. Tembo. Tembo ni hatari sana. Njia bora ya kuzuia shambulio la tembo ni kutoingia katika hali hiyo. Ikiwa tembo yuko katika eneo la mradi, rudi nyuma ukijaribu kutomsumbua. Ikiwa inashambulia, chaguo zako ni:
    - i. Simama msimamo wako, inaweza kuwa malipo ya bluff.
    - ii. Ikiwa uko karibu vya kutosha kujikinga (nyumba, gari, uzio, mti mkubwa), jaribu kurudi nyuma polepole (endelea kumtazama tembo) na sokea kwenye makazi. Tembo hukimbia kwa kasi zaidi kuliko wanadamu kwa hivyo ikiwa huwezi kufika mahali pa kujificha, kukimbia kunaweza kusababisha mwitikio mkali.
- d. Kukutana na watu hatari. Iwapo utakumbana na TIST au wanajamii wenye uhasama au hatari, ondoka eneo hilo na ujaribu kufika mahali ambapo kuna watu wengine waliopo. Usijihusishe na mabishano au makabiliano ya kimwili. Ikiwa uko na mpenzi, kaeni pamoja na kusaidiana. Katika kesi ya wizi, usipinga na kusalimisha kifaa cha TIST ikiwa kitadaiwa.
- e. Mashambulizi ya Ngono. Wanawake wanapaswa kufanya kazi na wenza katika maeneo mapya ili kuepuka unyanyasaji wa kijinsia. Ikiwa unaishia katika hali ambayo unaogopa kushambuliwa, ondoka eneo hilo na ujaribu kufika mahali ambapo kuna watu wengine. Ikishambuliwa, piga kelele kwa usaidizi. Ripoti shambulio lolote kwa polisi na kwa Timu ya Kenya.
- f. Mbwa. Ikiwa mbwa mwenye uhasama yupo au una wasiwasi kuhusu mbwa aliyepo, mwombe mkulima amlinde hadi umalize kuhesabu. Ikiwa mkulima atakataa, ondoka eneo hilo na uarifu Timu ya Kenya. Ikiwa mbwa ameumwa, nenda kwa daktari. Kwa kuwa mbwa wanaweza kubeba kichaa cha mbwa, jaribu kuamua ni nani anayemiliki mbwa ikiwa anahitaji kupimwa. Ugonjwa wa kichaa cha mbwa ni mbaya bila matibabu na matibabu ni muhimu ndani ya siku.
- g. Nyuki. Madhara ya kuumwa na nyuki yanaweza kutoka kwa kuudhi na kuumiza hadi kuuu, kulingana na ikiwa una mzio wa sumu. Epuka kuumwa kwa kuepuka nyuki wanaozagaa na jaribu kuwa mtulivu ikiwa wapo. Usiwasumbue nyuki. Epuka kuvaa manukato au manukato. Ukiumwa, ondoa mwiba haraka iwezekanavyo kwa sababu kadiri unavyokaa mwilini, ndivyo majibu yanavyokuwa makali zaidi. Ikiwa unajua kuwa una mzio wa kuumwa na nyuki; kuumwa kwa mdomo, pua au koo; kuwa na upungufu wa pumzi; au kuwa na uvimbe mkali au uvimbe mbali na eneo la kuumwa; pata msaada wa matibabu mara moja. Ikiwa unajua kuwa una athari kali ya mzio kwa nyuki, unapaswa kubeba epi-pen (muulize daktari kuhusu hili).
- h. Kuvuka mito. Usijaribu kuvuka mito yenye maji mengi yanayotiririka kwa kasi. Unaweza kuzama.
- i. Kufanya kazi kwenye Miteremko mikali. Kuwa mwangalifu zaidi unapofanya kazi kwenye mteremko mwinuko. Usijiweke katika hali ambayo kuanguka kunaweza kuuua.

**Utaratibu wa Malalamiko.**

Utaratibu wa malalamiko unakusudiwa kwani chombo cha wanachama na wafanyakazi kinaweza kusikilizwa rasmi na wasimamizi wa TIST.

Malalamiko yote yanaletwa kwanza kwa Baraza la Uongozi ambapo masuala hayo yanalinganishwa na sera ya kawaida ya TIST, maadili ya TIST na/au makubaliano ya Gesi ya Kuchafua Mazingira miongoni mwa wanachama wa Vikundi Vidogo na CAAC. Sera na maadili ya TIST ni somo la mafunzo katika semina, mikutano ya vikundi, mikutano ya Vikundi Vidogo na huchapishwa mara kwa mara katika Mazingira Bora. Baraza la Uongozi litampa mhusika jibu ndani ya siku 30 baada ya kupokea malalamiko rasmi.

Ikiwa suala halijatatuliwa ndani ya siku 30, mhusika atafahamishwa kwamba kesi lazima iwasilishwe kwa Usimamizi wa TIST na ataarifu Usimamizi wa TIST kuhusu suala hilo. Pale ambapo kuna umuhimu au sera, Menejimenti ya TIST itatumia nyaraka hizo katika kufanya maamuzi ya mwisho na kujibu mtu aliyedhulumiwa ndani ya siku 30 baada ya kupokea malalamiko rasmi. Pale ambapo masuala mapya yatatokea ambayo yako nje ya utangulizi, au sera iliyopo, suala hilo litaletwa kwa semina inayofuata au mkutano wa Baraza la Uongozi, ambapo maamuzi hufanywa na wawakilishi wa Vikundi Vidogo, Wafanyakazi wa Kenya na Menejimenti ya TIST.

Iwapo migogoro au malalamiko hayawezi kutatuliwa ndani, CAAC na upande uliodhulumiwa watakubaliana juu ya mpatanishi ambaye watawasilisha suala hilo kwake. Malalamiko yoyote ambayo hayatatatuliwa kwa upatanishi yatakabiliwa na usuluhishi kupitia Taasisi ya Waamuzi, Tawi la Kenya ndani ya siku 30 baada ya kufungwa kwa upatanishi.

**Sera ya Unyanyasaji wa Kijinsia.**

TIST imejitolea kutoa mazingira ya kazi bila ubaguzi, na kukataza unyanyasaji wa wafanyakazi wake na waombaji, ikiwa ni pamoja na unyanyasaji wa kijinsia.

Unyanyasaji wa kijinsia unafanuliwa kama hatua yoyote ya ngono isiyokubalika au isiyotakikana, ombi la upendeleo wa kingono, au tabia nyingine ya matusi au ya kimwili ya asili ya kingono kutoka kwa mtu katika TIST ambayo inaleta usumbufu na/au kuingilia kazi.

Mwenendo unajumuisha unyanyasaji wakati:

- Uwasilishaji kwa tabia kama hiyo hufanywa, ama kwa uwazi au kwa uwazi, masharti au masharti ya ajira ya mtu binafsi;
- Kuwasilisha au kukataliwa kwa mwenendo kama huo na mtu binafsi kunatumika kama msingi wa maamuzi ya ajira na/au kulipiza kisasi; au

- Mwenendo kama huo una madhumuni au athari ya kuingilia utendaji wa kazi wa mtu binafsi au kuunda mazingira ya kazi ya kuogofya, chuki au kukera.

Unyanyasaji kutokana na rangi, dini, ngono, unyanyasaji wa kijinsia, asili ya kitaifa, ulemavu au hali ya umri hautavumiliwa katika TIST. Mwenendo kama huo uko chini ya nidhamu, hadi na kujumuisha kukomeshwa. Mfanyakazi yeyote ambaye anaamini kuwa yeye ni mwathirika wa unyanyasaji wa kijinsia lazima aripoti tukio lolote kwa Baraza la Uongozi mara moja. TIST haitavumilia kulipiza kisasi dhidi ya mfanyakazi yeyote anayelalamika kuhusu unyanyasaji wa kijinsia au kutoa taarifa kuhusiana na malalamiko hayo. Ikiwa una maswali yoyote kuhusu sera hii, tafadhali wasiliana na Baraza la Uongozi.

Kulingana na utangulizi wa mkataba wa GhG, Mwanachama atatii kila sheria na kanuni zinazotumika kwa shughuli zao. Unyanyasaji wa kijinsia ni kinyume cha sheria na Wanachama ambao wamegundulika kuwa na unyanyasaji wa kijinsia wanaweza kuondolewa kwenye TIST. Mfanyakazi wa TIST anayenyanyasa kingono anaweza kuachishwa kazi.

**Sera ya Kutobagua.**

TIST haibagui na haibagui kwa misingi ya rangi, rangi, dini (imani), jinsia, maelezo ya kijinsia, umri, asili ya kitaifa (nasaba), ulemavu, hali ya ndoa, au mwelekeo wa kingono, katika shughuli au shughuli zake zozote. Shughuli hizi ni pamoja na, lakini sio tu, kuajiri na kufukuza wafanyikazi, uteuzi wa watu wa kujitolea na wachuuzi, na utoaji wa huduma. Tumejitolea kutoa mazingira ya kujumuisha na ya kukaribisha wanachama wote wa wafanyikazi wetu, wateja, watu wanaojitolea, wakandarasi wadogo, wachuuzi na wateja.

TIST ni mwajiri wa fursa sawa. Hatutabagua na tutachukua hatua za uthibitisho ili kuhakikisha dhidi ya ubaguzi katika ajira, uajiri, matangazo ya ajira, fidia, kuachishwa kazi, kupandishwa cheo, kupandishwa cheo, na masharti mengine ya ajira dhidi ya mfanyakazi yeyote au mwombaji kazi kwa misingi ya rangi, rangi, jinsia, asili ya kitaifa, umri, dini, imani, ulemavu, hadhi ya mkongwe, mwelekeo wa kijinsia, utambulisho wa kijinsia au kujieleza jinsia.

Ikiwa mwanachama wa TIST au mfanyakazi anahisi kwamba amebaguliwa, unapaswa kuwasiliana na Baraza la Uongozi na uombe kuanza utaratibu rasmi wa kulalamika. Kulingana na utangulizi wa mkataba wa GhG, Mwanachama atatii kila sheria na kanuni zinazotumika kwa shughuli zao. Ubaguzi ni kinyume cha sheria na Wanachama wanaobagua wanaweza kuondolewa kutoka TIST. Mfanyikazi wa TIST anayebagua anaweza kuachishwa kazi.



## **VVU na UKIMWI: Kuwatunza PLWHA.**

**P**LWHA husimamia ‘Watu wanaoishi na VVU na UKIMWI’. Katika makala haya, tutajadiliana mada ya kuwatunza PLWHA nyumbani kazi inayofanywa na walezi.

Kumbusha watu kuwa njia bora ya kujiepusha na matatizo ni kuwahamasisha watu kutambulikana mapema ikiwa wanayo kupitia kupimwa VVU na kuanza dawa za ARV daktari anaposhauri. Maelezo haya ni ya walezi wanaotunza PLWHA walio na matatizo ya kimatibabu. Makala haya hayajatengenezwa ili kuwashtua watu, na si PLWHA wote hupata matatizo haya. Kwa kweli, ushauri mwingi uliopo ni ujuzi muhimu wa kutunza watu walio na wasio na VVU. Ushauri huu una msingi katika mazoea ya uuguzi mzuri nyumbani.

Kuwapa PLWHA huduma mzuri walipo na matatizo ya kimatibabu waweza kuhitaji kwa wingi, upendo, uvumilivu na kujitolea. Hata hivyo, huduma inayostahili yaweza kuongeza sana ubora na urefu wa maisha ya mgonjwa.

Mtu yeyote aliyejitolea kwa mgonjwa aweza kumtunza akiwa nyumbani. Hata hivyo, baadhi ya miongozo lazima ifuatwe ili kuhakikisha huduma inapeanwa kwa njia bora zaidi.

### **Mazoea bora zaidi wakati wa kuhudumia ili kuwalinda mlezi na mgonjwa.**

Walezi wana hatari ndogo sana ya kuambukizwa na virusi kutokana na mgonjwa anyehudumiwa ikiwa watafuatilia baadhi ya kanuni za akili ya kawaida. Iliyo hapa ni baadhi ya miongozo iliyoandikiwa walezi:

- Safisha mikono yako kwa maji na sabuni kabla na baada ya kufanya shughuli yoyote.
- Funika mikwaruzo au vidonda katika mwili wako (hasa mikononi) kwa plasta kabla ya kuhudumia mgonjwa.
- Ikiwa damu, matapishi au kinyesi kimemwagika kitandani au chini, wafaa kupanguza kwa uangalifu ukitumia kinga za mikono na Jik iliyoongezwa maji ikiwa ipo. Ikiwa kinga za mkono hazipo tumia makaratasi ya mipira. loshe mikono yaoko baadaye pia.
- Nguo na chochote kilichomwagikiwa na majimaji yoyote kutokana na mwili wa mgonjwa vyafaa kuwekwa katika maji yanayochemka na kuachwa ndani dakika ishirini kufika thlathini kasha kuoshwa na kuanikwa ili kukauka.

- Vipande vya nguo na bandeji kutoka kwa vidonda au majipu vyafaa kuchomwa.
- Vitu vinavyotumika kuosha kama pamba na karatasi ya choo vyafaa kuangushwa katika vyoo vilivyochimbwa au kuchomwa.
- Kusanya sindano zote na vifaa vikali katikasanduku na hupeleka hospitali iliyo karibu ili viweze kufanyiwa inavyofaa.
- Vaa kinga za mikono unaposhika vifaa vilivyoguzwa majimaji kutokana na mwili wa mgonjwa.
- Ikiwa umeguzwa na damu au majimaji ya mwili wa mgonjwa kwa ajali osha mahali hapo kwa maji na sabuni. Ikiwa mahali hapo mnatokwa na damu, rufusu damu izidi kutoka kwa muda mdogo. Kumbuka kuwa hatari ya kuambukiza ipo tu ikiwa majimaji ya mwili hlio na virusi yataingia katika damu ndani ya mwili wako. Ngozi iliyoshikana ni kizuizi kizuri. Hata hivyo, ikiwa unafikiria kuwa majimaji ya mwili yameingia katika damu yako, kwa mfano kupitia kidonda kilichofunguliwa, tafuta ushauri kutokana na mfanyikazi katika kituo cha afya.

### **Usafi wa nyumbani.**

Wagonjwa wa muda mrefu hasa walio na VVU na UKIMWI wana hatari ya kupatwa na magonjwa ya kuambukizwa. Hivyo basin i muhimu kwa wagonjwa na walezi kuhakikisha usafi wa hali ya juu ili kupunguza nafasi za kupata magonjwa haya, hasa kuhara.

Wagonjwa na walezi wafaa kujizoesha kuosha mikono yao kabla ya kutengeneza chakula na kabla ya kula.

- Mikono yafaa kuoshwa kwa maji na sabuni baada ya kutumia choo.
- Vyombo vya kulia vyafaa kuoshwa kwa maji na sabuni.
- Funika mdomo unapokooa au kuchafya.
- Kutema mate kwafaa kufanywa katika mkebe uliowekwa kwa sababu hii. Mkebe huu wafaa kuwa na kifuniko na waweza kuweka jivu ndani. Mwaga mate haya katika choo kilichochimbwa na huusafishe mkebe kwa maji moto na sabuni ya unga.

Ikiwa mgonjwa anameza dawa za ARV, msaidie kumeza dawa hizo wakati unaofaa na idadi inavyofaa. Hii ndiyo hatua bora zaidi ya kuzuia. Fuatilia mgonjwa na hurejeele hospitali ikiwa mambo yanazidi kuwa mabaya zaidi.

**Ulio hapa ni mwongozo kuhusu jinsi ya kuwahudumia wagonjwa nyumbani kulingana na ugonjwa walio nao.**

<b>Dalili inayohitaji huduma nyumbani</b>	<b>Huduma inayohitajika kwa dalili</b>
Joto mwilini	<ul style="list-style-type: none"> <li>• Toa nguo na vitandikio visivyohitajika.</li> <li>• Mpeleke mgonjwa palipo na hewa tosha.</li> <li>• Panguza mgonjwa kwa nguo iliyowekwa kwa maji yenye joto. Mpe mgonjwa maji, uji au chai ya kunywa.</li> <li>• Mpe dawa za Paracetamol 500 mg; mbili kila baada ya masaa manne laini si zaidi ya nane kila siku.</li> </ul>
Kukohoa	<ul style="list-style-type: none"> <li>• Kuwe na hewa tosha katika chumba.</li> <li>• Himiza mgonjwa kuketi au kutembea inapowezekana badala ya kujilaza chini.</li> <li>• Funika mdomo kwa mkono unapokohoa.</li> <li>• Mpe maji maji mengi na matunda ya familia ya machungwa.</li> <li>• Jaribu majani chai ya ndimu na asali.</li> <li>• Dawa ya kikohozi ya kununua yaweza pia kusaidia.</li> </ul>
Kupumua kwa ugumu	<ul style="list-style-type: none"> <li>• Tibu kikohozi kama ilivyo hapo juu</li> <li>• Ikiwa pua imefungana jaribu kutumia mvuke na menthol au majani ya mkaratusi ili kufungua mahali pa hewa kupitia.</li> <li>• Msaidie mgonjwa kukaa vizuri. Mara nyingi kuketi ni bora zaidi, kukiwa na mito ikiwa inaupa mgongo usaidizi.</li> <li>• Kunywa maji mengi.</li> </ul>
Vidonda mdomoni	<ul style="list-style-type: none"> <li>• Meno yawe yameoshwa kila wakati.</li> <li>• Epuka vyakula vyenye joto jingi, baridi nyingi au viungo.</li> <li>• Osha mdomo kwa maji ya chumvi baada ya kula na kabla ya kuingia kitandani (chumvi kidogo katika maji ya gilasi).</li> <li>• Changanya aspirini mbili katika maji na uoshe mdomo (Yateme maji hayo) hadi mara nne kila siku.</li> </ul>
Kichefuchefu na kutapika	<ul style="list-style-type: none"> <li>• Hakikisha mgonjwa ana hewa safi kwa wingi.</li> <li>• Jaribu kula chakula kidogo kidogo cha vyakula visivyochanganywa kama viazi chemsha, muhogo na kadhhalika.</li> <li>• Kunywa maji, chai au maji ya matunda polepole na kila baada ya muda mfupi.</li> <li>• Baadhi ya madawa ya ARV ni vizuri zaidi kuyanyua na chakula, lakini si yote, uliza katika hospitali yako.</li> </ul>
Kuhara	<ul style="list-style-type: none"> <li>• Kunyua maji safi au vyakula majimaji kama supu, uji, majini yasiyo na sukari na maji ya matunda.</li> <li>• Kula chumvi za kurudisha maji mwilini (hii yaweza kutengenezwa kwa kuweka sukari vijiko vidogo sita na chumvi kijiko kidogo nusu katika maji yaliyochemshwa na kupoa lita moja).</li> <li>• Kunyua vyakula vya majimaji visivyoongezwa sukari.</li> <li>• Kula vyakula vya kuongeza nguvu kama ugali, mihogo</li> <li>• Viazi, mchele usio na kingine, biskuti kavu, ndizi na nyanya, nivyakula vizuri sana pia.</li> <li>• Jaribu kula chakula kidogo mara tano au sita badala ya kula chakula kingi mara tatu.</li> </ul>
<b>Jiepushane na:</b>	<ul style="list-style-type: none"> <li>• Matunda na mboga, isipokuwa ndizi na nyanya</li> <li>• Vinavyotokana na mifugo pamoja na maziwa lala</li> <li>• Vyakula veyenye viungo</li> <li>• Vyakula vyenye mafuta mengi</li> <li>• Kahawa na pombe</li> <li>• Vyakula visivyopikwa</li> </ul>



	<p>Kunyonya kwa mtoto kama kawaida kwafaa kuendelea. Ikiwa kuenda choo kuna uchungu paka mafuta hapo karibu na kinyesi kinapotokea.</p>
	<p><b>Saidia kuepukana na kuhara kwa:</b></p> <ul style="list-style-type: none"><li>• Chemsha maji ya kunyua kila wakati.</li><li>• Weka maji ya kunyua katika vyombo vilivyo safi na vilivyofunikwa.</li><li>• Osha mikono kila wakati kwa maji na sabuni kabla kunyua na baada ya kutumia choo.</li><li>• Mgonjwa anafaa kupewa chakula kilichopikwa vizuri.</li><li>• Chakula kilichobaki chafaa kupashwa moto vizuri kabla ya kuliwa. Chakula kilichobaki chafaa kupashwa moto mara moja tu.</li></ul>
Ngozi kavu na kuhisi kujikuna	<ul style="list-style-type: none"><li>• Safisha kwa sabuni isiyo kali na maji</li><li>• Weka eneo hilo likiwa kavu kati ya miosho</li><li>• Epukana na sabuni na sabuni za unga zilizo kali.</li><li>• Paka mafuta kama Vaseline, mafuta ya nazi, mafuta ya mboga, glycerin na kadhalika.</li><li>• Ikiwa unahisi kujikuna, kupoza mahali hapo na kupunga hewa husaidi kupunguza hisia hiyo. Jiepushe na kukwaruza na upake mafuta ya majimaji ya Calamine.</li><li>• Majani chai yakiloweshwa kwa maji moto yaweza kuwa mazuri kwa ngozi unayohisi kukuna.</li><li>• Iwezekanapo, hakikisha chakula kina mayai, mboga ya kijani, malenge, na papai.</li></ul>
Vikwaruzo na vidonda vidogo	<ul style="list-style-type: none"><li>• Safisha kwa maji safi. Paka dawa ya kuzuia vijidudu ikiwa ipo.</li></ul>
Vidonda na majipu	<ul style="list-style-type: none"><li>• Kwa vidonda vidogo na majipu, osha kwa maji ya chumvi na huruhusu kukauka.</li><li>• Ikiwa vina uchungu sana mpe Paracetamol au aspirin.</li><li>• Kupaka papai iliyoiva kwaweza pia kusaidia.</li></ul>
Maumivu ya kichwa	<ul style="list-style-type: none"><li>• Baadhi ya maumivu ya kichwa huletwa na mvutano na kuguza kichwa kwa njia inayofaa kwaweza kusaidia,</li><li>• Mwongozo wa kijumla wa kukumbana na uchungu ucsio mwingi ni kama ifuatavyo: Mpe Paracetamol mbili (500mg katika kila mojayapo) au aspirin (500mg katika kila mojayapo) au Ibuprofen (400mg kila mojawapo) usiku.</li></ul>
Vidonda au kutokwa na visivyozoea katika	<ul style="list-style-type: none"><li>• Safisha vidonda kwa maji moto na sabuni halafu hukausha kwa kitambaa safi.</li><li>• Dalili hizi zaweza kutokana na magonjwa ya zinaa. Ni vizuri kupimwa hospitalini ili kuangaliwa magonjwa haya na kuchukua hatua zinazohitajika.</li></ul>
Kuchanganyikiwa kiakili	<ul style="list-style-type: none"><li>• Vifaa vikali kama visu na panga vyafaa kuwekwa asipofikia mgonjwa kwa kuogopa mgonjwa kujiumiza au kuwaumiza wengine.</li><li>• Mgonjwa afaa kusaidiwa anapotembea.</li><li>• Mgonjwa asiachwe katika chumba peke yake.</li><li>• Weka dawa asipofikia mgonjwa.</li></ul>
Kushindwa kusonga kitandani	<ul style="list-style-type: none"><li>• Geuza mgonjwa kitandani kila baada ya masaa mawili ili kuepuka vidonda vinavyotokana na kukaa sana kwa kitanda.</li><li>• Tafuta usaidizi kuinua mgonjwa ili aweze kusonga. Usimkokote mgonjwa kitandani.</li><li>• Toa mikunjo katika matandiko.</li><li>• Badilisha matandiko yaliyo na maji au yaliyochafuka mara hiyo hiyo.</li><li>• Osha mwili kwa maji na sabuni kila siku.</li><li>• Zingatia usafi wa mdomo kwa kuosha meno au kugogomoa maji ya chumvi</li><li>• Saidia mgonjwa kufanya mazoezi ya kimwili kama kusongesha viungo vinaposhikashwa kama mkononi, kiwikoni, mabegani na kwa magoti</li><li>• Angalia kuona kama ana vidonda kutokana na kulala sana kitandani. Angalia mahali pa vidonda na majipu kujua matibabu.</li></ul>



# Mazingira Bora



# TIST

The International Small Group & Tree Planting Program

www.tist.org

**Kikamba Version**

*TIST is an innovative, time - tested, afforestation program led by the participants.*



**Amemba ma Ngwatanio ya TIST Churiume umbanoni woo wa mwai muthelu.  
Wumbano ungi wi matuku 17/06/2023.**

## ***Inside:***

**TIST: Mawililikany'o mavata kwitu iulu wa usuviiku witu yila tukwika mawia ma TIST. Page 2**

**HIV na AID: Kusuvia andu ala mena uwau wa muthelo (ukimwi) (PLWHA). Page 4**



# TIST: Mawililikany'o mavata kwitu iulu wa usuviiku witu yila tukwika mawia ma TIST.

Maundu ala mavata munomebndekaa iulu wa usuviiku / uima witu ni aa maatii:

1. Ti wendi wa TIST, CAAC kana amwe ma ngwatanio yitu. TIST ndyendaa kwikia athukumi muisiyoni wa kuumia kwa nzia oan imwe.
2. Ndwienda kila umwe ukuthukumia TIST ethiwe e musuviiku na aithukuma esuviite. Na vai mundu utonya ukwia niwike undu utonya ukuetee mbanga. Niwaile ulea mundu anakwia niwike wia utonya ukuwatithya mbanga na uikuna livoti kwa memba umwe wa Timu ya KE.
3. Miao ila yitikiee kuneenaniw'a. Kwokuvi miao ila yisikie ya kwisuvia ikaneenaniw'a. Ethiwa kati wa maundu aa nimeethiwa manyithya Timu Kenya.
  - a. Matatu na bodaboda. Ndukalike matatuni ya ndelewa mumile kana kukuwa ni kamota mutwai wako uilye ta unywite kana ukutwaa ngali kana mota nai. Ethiwa ndelewa nukusembya ngali kuvituka kiasi mutavye aole kusemba, ethiwa niwalea ukwithukiisya mwie aungame wume. Ethiwa ni ungei undee, ndukambiie kukitana na ingei ona ethiwa nimio ya TIST ukuite lekya na uikuna livoti kwa timu ya KE iulu wa kisa kiu mbee wa masaa 24 kuthela.
  - b. Nzoka. Ikala wituie yila walika kithekani na kula utatonya kwona vala ukinya. ethiwa ndwina muiikio nakw'o tumia muti kuthookanga nyeki kana ikuthu nikana umanye kana nivethwa nzoka yivithitevo. Ethi nzoka yisumu niyooneka uma kisioni kiu na uimanyithya muimi ula ni mwene kitheka. Vai utethyo wambee wa mundu aumwa ni nzoka yina sumu. Ethiwa niwaumwa ni nzoka yi sumu niuseo kusembwa sivitali ila yivakubi kuitwa. Kuumwa kuu nikutonya ithiwa kwa muisyo walea kuitwa. Nutonya kwasya ona imutha ya mwii kana kukwata uumisye wa kwikala waumwa. Ula winake kana muimi ula wivakubi niwaile utata amanye waumwa ni muthemba wiva wa nzoka nikana wavika sivitali unewe ndawa ila yaile. onaethiwa nzoka niyooawa nitonya kuumana!
    - c. Nzou. Nzou nimuisyo munene. Nzia ila nzeo ya kulea kuumiw'a niyo nikwikala vaasa yano na kulea umikyokosa. Ethiwa nzou yi kisioni kila kina wia wenyu tata na vinya ndukamitelemye ekana na u wia. Ethiwa niyaamua kumusyima ika uu:
      - i. Ungama vala uui uteithingithanga.
      - ii. Ethiwa wivandu vakubi ulika ta nyumba, ngali, wiio kana muti munene wisesany'a naw'o, enda ombola kyamutete usyaiisye inzou mbaka wivithe. Ndukasembe mundu ndemauu utia nzou, kwoou ithiwa ndivandu wivitha ndukasembe nundu nutonya utuma iusembanya na kukuumisya.
    - d. Kukomana na ing'endili: Undu ukomana nandu mengoo thuku na mena ung'endu kwa andu ala angi kana kwa TIST, uma kisioni kiu na utata uvike vandu ve andu angi ndukethiwe wi weka. Ndukakwatane na ngavano, iteta kana kau. Ethiwa wina mundu ingi ikalali vamwe na mwikiane vinya. Ethiwa ni ung'ei/ uvenani muikaembe na miiio/syindu ona ethiwa ni sya TIST maekeei ethiwa nisyo mekwenda.
    - e. Kuthinw'a kwa ki muvai. Aka maile uthukuma na andu angi isio ila nzeu nikana maikathinwe. Indi ukeyithia vandu uukia kuthinw'a nundu wa muvai waku, uma kisioni kiu na uithi vandu vana andu aingi ala mevo, kana ethiwa niuukwatwa uua mbu witye utethyo. Kuna livoti kiseseni kya polisi na kwa Kenya timu.
    - f. Ngiti. Ethiwa vala wanthi niweenthiana na ngiti yikau, kulya muimi amyove muvaka umine wia wa uthianana na kuvitukithya. Ethiwa muimi usu niwalea, uma kisioni kiu na uimanyithya timu Kenya. Ethiwa niwaumwa ni ngiti ona ndakitali. Nundu ngiti nisiyithiawa na mungethya, manya mwene ngiti nikana undu vendeka kithimo. Mungethya nimuisyo munene walea kuitwa kwa mithenya ila yaile.
    - g. Nzuki. Mathina ma kuumwa ni nzuki ni kuma kunyata nginya kwithiwa na woo mwingi, kulinganana kana niwimbiawa. Ivathane na kuumwa ni nzuki kwa kwikala uteuthingithanga kana kuithinya ethiwa niweethiana nasyo syumbiie vandu. Ndukevube manukato ethiwa nuuvika vandu kana kitheka kisungi. Waumwa kua umoa wa nzuki okwamituki uteketeela nundu undu umoa wekala mwiini now'o ukueteae woo wiana. Ethiwa niwisi nimuthuanite na umoa wa nzuki, waumwa onaethiwa waumwa kanyw'a, iny'uu, muluku na kana ethiwa ukwatawa ni kwimba, kuemwa ni uveva, ikiithya niwakwata utethyo wa sivitali kwa mituki. Ethiwa niwisi nuthuanite na umoa wa nzuki kua ndawa yitawa "Epi Pen" (No ukulya ndakitali iulu wayo ethiwa ndumisi)
    - h. Kukila usi: Ndukakile usi usie kiw'u na munomuno kiw'u kisembete, niuu kuwa na uthita witwe.
    - i. Kuthukuma itiuukoni. yila uuthukuma kundu kula kutiuuku ithiwa wimetho na wituie. Ndukeyikie muisiyoni wa kutiuuka na kulika ukongoni no uumie kana ukakw'a.

**Kuthinikia mathina / kulea kwianiwa.**

Nzia ya kuthinikia mathina kana imena ila syivo ni muio kwa amemba na athukumi undu itonya kuneenaniw'a ni uvisi wa TIST.

Mathina na kulea kwianiwa kwaumila kwambaa kuetwe methoni ma utongoi wa kanzu ya TIST vala isianiaw'a na mawalanio sya TIST, kyavata kwa TIST na/kana wiw'ano wa Greanhouse Gas kati wa amemba ma tukundi tunnini na CAAC. Mawalanio na kyavata kwa TIST nisyo kyongo kya momanyisyo nthini wa semina, mbumbano sya ngwatanio, mbumbano sya tukundi na ithangu ya Mazingira Bora yila yitumbithaw'a mavinda kwa mavinda.

Utongoi wa kanzu ninengae ula utemwianie kana wina nthina na utw'i wivo usungop nthini wa mithenya 30 itina wa kutwaa kulea kwianiwa kwa ula uetete ukuklyo. Ethiwa nthina usu nduto uthinikiwa na mithenya 30, memba ula waetie vata uu nutavaw'a kana vata wake nuu vikw'a kwa uungamii na utongoi wa TIST na niwaile utavya uungamii wa TIST iulu wa vata uu.

Vala ve mawalanio na nzia syovo sya kuatiia, utongoi wa TIST nutumiaa maandiko asu mevo kumya utwi na kusungia ula wina nthina nthini wa mithenya 30 kuma makwata kiovisi vata uu wake. Vala nimaundu meu maumila kivathukanio na ala maaithiwa, nthina uyu ukaetwe kwa semina kana umbanoni wa utongoini wa kanzu ya TIST vala utw'io ukekwa ni ala maungeme kilioni kya tukundi tunini, athukumi na utongoi wa TIST.

Kenyiwa mathina kana kulea kwianiwa maitonya uthiniwiwa vaa nthini wa tist CAAC ba ula mwene vata nimakwataniaa undu matonya nuu ula meutwaia nthina uyu. Nthina ula waema kunthinikliwa kwa nzia ya kueleanwa nutwaawa wa Arbitration kwisila kwa Chartered Institute of Arbitrators, uvonge wa kenya nthini wa mithenya 30 itina wa kuema ukwatania/kueleanwa.

**Walanio wa Kuthinwa nundu wa muvai.**

TIST niyiyumitye kunengane mawithyululuko maseo ma utukumia mena uthasyo navate kuvathukania na kulena na kuthinwa kwa nthukuni na amemba kwa nzia ona yiva muvaka ndwaile uthininwa nundu wa muvai waku. kuthinw'a nundu wa muvai withiawa ni kwamundu kwenda kumanyana kimwii kana kutwata isio sya mwii wa mundu atekwenda kana kwa vinya, kana kwenda unew'e kyendi uitumia nzia ya mwii ila nditikilitw'e kwa TIST nundu ietae kuemanwa na kulikiliila wia. Ila italikaa ta uthinio yila:

- Kwinyivya kwa mundu waete kivuthya kii kwa kwiyielesya na kwa tavia ya mundu ya luandikwa.
- Kwinyivya kana kulea tavia isdu kwa mundu nikusumiaa ta unyuvu na utwi wa kuandikwa kana kwiivanisya; kana

- Tavia ino nitumiawa kwa vata kana kuete kulikiliila mundu uthukumini wake kana kuete kivuthya, kimena na kuemanwa isioni sya uthukumi.

Kunthinwa nundu wa mbai, muikiio, muvai, wumo waku, uema/mamutha mosu, ukuu kana ukwati kii kiyitikiika na kiyumiiw'a nthini wa TIST. Tavia ya muthemba uyu niyoseawa itambya ya kulunga na vaemela ona kuvutwa. Muthukumi ona wiva ula ukuikiwa ni muthiny'e kwa nzia imwe kana ingi niwaile kwa mituki kumanyithya utongoi wa kanzu. TIST nditonya kumiisya itambya kwa muthukumi uetete kuthinwa kimwii kana kunengane uvo ukonanitye na kuteta nundu wa kuthinwa ni mundu ukwenda mumanyane kimwii. Ethiwa wina ikulyo iulu wa undu uu, kwandaia neenania na atongoi ma kazu.

Kwianana na kwielesya kwa ukwatania wa GhG, memba aile kwikala aatiie miao na kwika meko ala maile kwianana na wia ula wivo. Kuvuthw'a na kuthinwa kimuvai nileetwe ni miao na amemba ala mekwithiwa maithinanya kwa kwenda umathanya kimwii nimekumwa nthini wa TIST, muthukumi wa TIST ulu ukuthinania kwa nzia ya kwenda umanyana kimwii niwaile uvitwa.

**Walanio utewa kuvathania/kutenga.**

TIST ndikwataa mbau kuete uvathukanu kwa nzia ya kavila, muvai, langi, muikiio, mundu muka kana munduume, mwaka, w'umo, wonzu wa mamutha/uema, utwae, nthini wa maundu moo kana mawiko. Mawiko na maundu moo nita kuandika, na kuvuta athukumi, kusakua andiu ma kwiyumya na atandithya na anengani ma uthukumi. nitwiyumitye kunengane mawithyululuko matena uvathukanu na mekwendeesya kwa amemba, athukumi, aui, endu ma kwiyumya, na atandithya.

TIST niyiandikanaa kwa wiananu kwianana na ivuso. Tuyiikia uvathukanu kana kwosa itamyua ya kuikiithya iulu wa uandikani, kumanyiany'a, kutangaasithya wia, kuivana, kuvutana, kwambatia kiwango, kukanthiia na maundu ang ma uandikani iulu wa mundu ukwenda kwia kana muandikwa tuyiatiia kavila/mbai, langi, muvai, nthi ila wumite, ukuu wa mundu, muikiio wa mundu, uema/wosu kana muvai wa kwiyielekana.

Ethiwa memba wa TIST kana muthukumi nukwiw'a kana nimutenge/nimuvathule, niwaile uvikia utongoi wa kanzu na ayitya mwanya wa kuete nthina wake kwa nzia ila yaile, kwiananan na uelesyo wa wiw'ano wa GhG.

Memba niwaile kuatiia kila mwiao ula wikiitwe kwa kila wiko/uthukumi. Kutenga/kivathukanio ni uteena miao na memba ula ukuete uvathukanu niwaile umwa nthini wa TIST. muthukumi wa TIST ula ukuete kutenga/kuvatha niwaile uvutwa.



## HIV na AID: Kusuvia andu ala mena uwau wa muthelo (ukimwi) (PLWHA).

**P**LWHA iungamiaa (People Living With HIV and Aids) andu ala mekalaa na uwau wa muthelo: Nthini wa ithangu yii nituukunikila iulu wa undu wa usuvia awau ala mekalaa mena uwau wa ukimwi/muthelo kuu misyini. Lilikania andu kana nzia nzeo ya kusiiia uwau uu kuvinyiia mundu nikwa kwiyikia vinya na kuthi kuthimwa kana mundu enaw'o na uvikite kiwang'o kiva naindi ayambiia utumia ndawa sya ARV kwianana na utao ula ukunewa ni ndakitali.

Uu ni uvoo kwa ala meusuvia awau ma muthelo (PLWHA) ala mena manthina na ndawa.

Ithanguu yii yiyiandikitwe kutelemya awau ma muthelo nundu ti andu othe mekalaa na uwau uyu methiawa na mathina maitumia ndawa. Kwa w'o kila tuuneenea vaa thini wa ithangu yii ni undu wa kusuvia muwau wa muthelo na kwikalania ona ala matenaw'o. Ni nzia ya kwonania undu andu matonya kwikalania musyi na kusuvia awau ala menamo.

Andu aya mekalaa na uwau uyu na methiawa na mathina maw'a indawa nimendaa kwonw'a wendo kwa wingi, wumiisyo na mundu kwiyumya. Ona ingi usuvio mwailu niutumaa thayu wa muwa uyu wongeleka nundu nukusuviwa undu vaile. Mundu wiyumitye kusuvia muwau wa muthemba uyu musyi niwaile kuatiia kwoondu wa uima wake na wa muwau wake.

### Mawalanio maseo waile ika yila uusuvia muwau kwoondu wa uima waku na wa muwau.

Asuvii ma awau aya maina muisyo munene wa ukwatw'a uwau uyu maatiia nzia ila syaile ta

- Kuthamba moko na kiw'u na savuni mbee wa kwika undu na itina wa kumina.
- Vwika itau kana kula withwa mukalye mwiini(munamuno moko) na plaster(elastoplast) mbee wa kukwata muwau
- Ethiwa nthakame kana mataviko kana kyoo kitandani kana nthi niwaile ututa wikiite gloves na uyikia ndawa ta bleach ethiwa yivo. Gloves nomuvaka syithiwe sya muvila na itina wa kutumia nisyaille uthew'a ethiwa vaina gloves no utumie mathangu ma nailoni. Itina wa uu niwaile uthamba moko.
- Ngua na kila kingi muwau utonya ithiwa athokoania nisyaille ikiwa kiw'uni kivyu na

kwikala vandu va ndatika ta 20-30 mbee wa kuvuwa na kwanikwa.

- Ilungu kana bandage ila syiovete itau syathaw'a nisyaille uvivw'a.
- Ethiwa ni kindu ta vamba kana ithangu ya kyooni yatumiwa niwaile kwikya kyooni kya yiima kana uvivye.
- Ethiwa ve singano kana syindu ta suva kolaniilya kakotonini noitwaa sivitali ila yi vakuvi nikedw'e kula syaile.
- kia gloves yila uukwata syindu ivikiie kiw'u kuma mwiini wa muwau waku.
- Ethiwa kwa vaati thuku niwakwata nthakame kana kiw'u kuma mwiini wa muwau waku thamba na kiw'u kimuutia na savuni. Ethiva vandu vau nivekuua eka vauange mbee wa kuthamba. Liikana kana uwau uyu utonya ukukwata thakame kana kiw'u kuma mwiini wa muwau nikyalya nthakameni yaku. Ethiwa nukwisilya kana nitonya kwithiwa yalika mikivani no ukwate itau kuma sivitali ila yi vakuvi.

### Utheu wa musyi.

Awau ma kwikala ta mauwau wa muthelo nimethiwaw matonya ukwatwa ni uwau ona ula muniini. kwoou ni useo kwa awau na asuvii moo kwikalya utheu nikana kuola ivuso ya kukwatwa ni uwau munamuno kwituuu.

Awau na asuvii moo nimaile utw'a mutuo wa kuthamba mioko kila ivinda mbee wa kuseuvya liu na kuya.

- Moko maile uthmbwa na kiw'u na savuni itina wa utumia kyoo.
- Miiyo ya liu niyaile uthambw'a na saviuni na kiw'u.
- Kukunika munika yila mundu ukukooa kana kwathimua.
- Mata nimaile utwilwa kamukeveni kala kaseuvitw'e kwa wia usu na itina nimaile itwa kyooni kya yiima. Thambya kamukeve na kiw'u kivyu na savuni. kila ivinda.

Ethiwa mutau nukutumia ARV's mutetheesye kunywa ndawa saa ila syaile na kithimo kila kyaile. Ikala uisyaisya muwau na ethiwa nukwona ataendee nesa mutwae sivitali ila yi vakuvi.

**Vaa vena mwolooto wa undu utonya usuvia muwau e musyi kwianana na uwau ula winaw'o.**

<b>Wonanio wa uwau wi musyi.</b>	<b>Utethyo wa mituki wimusyi kwa wonanio uyu.</b>
Uvyuvu	<ul style="list-style-type: none"> <li>• Muwau muolange ngua ila wivwikite kana wikie.</li> <li>• la muwau vandu vena nzeve.</li> <li>• Muvanguule na kitambaa kiu na uimunenge kiw'u, usuu kana kyai anywe.</li> <li>• Munenge ndawa ya paracetamol 500mg mbeke 2 itina wa kila masaa 4 na ndukavitukya mbeke 8 kwa muthenya.</li> </ul>
Kukooa	<ul style="list-style-type: none"> <li>• Vinguanga ndilisya withie ve nzeve ya kwiana.</li> <li>• Muthuthie muwau atembee kana ekaleti vandu va ukoma.</li> <li>• Muvwike kanywa ikooa na kw'oko.</li> <li>• Munenge syindu sina kiw'u ta masungwa, matimo.</li> <li>• Atate kyai kya matimo kikiitwe uki wa nzuki</li> <li>• Ndawa ya ukooa nitonya utethya.</li> </ul>
Kuemwa ni kuveva	<ul style="list-style-type: none"> <li>• Ita kukooa kw'othe (kwanzia ii syivaa iulu).</li> <li>• Ethiwa iny'uu nivingalu tumia kaluma, matu ma kyulu kana Eucalyptus kuingua nikana nzeve ilike na kuma nesa</li> <li>• Tetheesya muwau uyu ekale undu ukwiw'a atonya uveva nesa ta kumutwiika na vilo</li> <li>• Munenge kiw'u kwa wingi.</li> </ul>
Itau sya kanyw'a	<ul style="list-style-type: none"> <li>• Ikalya kanywa wi muswake.</li> <li>• Ndukaye syindu mbyu muno kana nthithu ona kanaliu wina spices.</li> <li>• Thukathukya munuka na kiw'u kina munyu itina wa uya na mbee wa kuthi Ukoma/too.</li> <li>• Ikia mbeke ili sya spirin thini wa kiw'u ukusakusye/uthukathukye kanywa na uitwila nthi mala ona ta ana kwa muthenya.</li> </ul>
Kiw'a ngoo na kutavika	<ul style="list-style-type: none"> <li>• Ikiithya kana vena nzeve theu vala ve muwau.</li> <li>• Tata kuya liu utemukaange ta maluu kana manga mautheukya.</li> <li>• Nywa kiw'u, kyai kana kiw'u kya matunda.</li> <li>• Nwawa imwe sya ARV syithiawa nzeo iyyisaniw'a na liu, onakau ti syothe - Kulya kwa muiiti ula wivakuvi kana sivitali ila yi vakuvi.</li> </ul>
Kwituuu	<ul style="list-style-type: none"> <li>• Nyw'a kiw'u kitheu na kuya maliu mena kiw'u ta suvu, usuu, kyai kya tulungi na kiw'u kya matunda</li> <li>• Nywa kiw'u kivulanitw'e munyu na sukali ( sukali tusiko 6 na munyu nyusu kasiko kwa kiw'u kitheukya na kikavoa kya lita)</li> <li>• Nywa liu sya kiw'u utongelele sukali</li> <li>• Ya maliu ta manga kana ngima ala mongelaa vinya mwii.</li> <li>• Ingi makwasi, maluu, musele muthei, mukate utenakindu, misukuti, maiu kana manyanya nonzeo onasyo kuya.</li> <li>• Tata uya mala 5 -6 liu munini munini vandu va kuya liu mwingi savali itatu kwa muthenya Ivetangane na</li> <li>• Matunda na mboka sya matu ateo manyanya na maiu</li> <li>• Syindu kuma indoni ta yia ithumo kana itkakaatu</li> <li>• Liu wina spices</li> <li>• Liu wina mauta</li> <li>• Kaawa kana uki</li> <li>• Liu utemuue</li> </ul>



	Ethiwa ni mwana ukwonga niwaile ueleenda na kwonga Ethiwa kuthi kyoo kwina woo vaka mauta muyovoni
	<p><b>Tetheesya kusiia kwituuu kwa:-</b></p> <ul style="list-style-type: none"> <li>• Kutheukya kiw'u kya unywa</li> <li>• Kwikalya kiw'u kya unywa kikitheu na kikikunike vamwe na miio ya uia.</li> <li>• Kuthamba moko na savuni na kiw'u itina wa kuthi kyooni</li> <li>• Muwau ivinda yoothe ni ekiwe liu muue ukavya.</li> <li>• Liu wa kutiala niwaile uvyuvw'a nesa mbee wa kuiwa. matialyo maile uvyuvwa na kuiwa oimwe. Kikonde kiny'au na kina unyeeo • Nthambya na savuni na kiw'u</li> <li>• Ikalya kikiny'au itina wa uthambya</li> <li>• Ivetangane na savuni muto</li> <li>• Tumia mauta ta vasiline, mauta ma nathi, mauta ma kimolo kana glycerin</li> <li>• Ethiwa kikonde nikiunyee kwikala vandu vathithu na kwikala uteuthua na kwivaka mauta ma Calamine lotion.</li> <li>• Matu ma maiani wainda kiw'uni kivyu mavoa noutumia ta ndawa kwa kikonde kina unyeeo.</li> <li>• Ethiwa nivatonyeka ikiithya liu ula uya wina matumbi, Malenge na mavavai</li> </ul>
Uuma /malanga jana tutalu tunini	<ul style="list-style-type: none"> <li>• Thambya na kiw'u kitheu. vaka ndawa ya usiia ukwatwa ni uwau ta detol</li> </ul>
Itau na miimu	<ul style="list-style-type: none"> <li>• Ethiwa ni tutalu tunini kana miimu thamya na kiw'u kimunyu na uyieka vome/ Vany'ae</li> <li>• Ethiwa nukwalya kana wina woo muno nywa panadol kana aspirin</li> <li>• Kuvaka kiw'u kuma ivavaini yiu niutetheesya kuola uito.</li> </ul>
Kwalw'a ni mutwe	<ul style="list-style-type: none"> <li>• Imwe mutwe niwalasya nundu wa ulea uthumua na kwoou waukwatanga na kuutitia okavola nutonya ueka ukuya</li> <li>• Nzia ingi ya utetheesya unyalw'a kana kiw'a mutwe wina woo ni kwa kuya mbeke 2 sya panadol (500mg) kila masaa ana na aspirin (500mg) mbeke kana ibuprofen (400mg) wioo.</li> </ul>
Itau, kana kiw'u kuma	<ul style="list-style-type: none"> <li>• Nthambya na munyu na kiw'u na savuni na unyasya na kitambaa kimbithi (nziani ya maumao) kyumu Kiseuvitw'e na vamba</li> <li>• Mawonano amwe no kwithwa nekumana na uwau wumanite na kumanyana kimwii na mundu muwau (STD). Ni useo kuthi sivitali na kuthimwa kwa itambya yila yaile.</li> </ul>
Kuvuvuana kiliko	<ul style="list-style-type: none"> <li>• La syindu ta tuvuyu, ivanga, mathoka, syindu ila mundu wina kiliko kivuvuano utonya utumia kwiyumisya kana kuumisya mundu ungi nisyaiile kw'iwa vandu ivithitwe.</li> <li>• Mundu uyu niwaile ukwatiwa aendete vandu</li> <li>• Muwau uyu ndaile uekwa eweka nyumba.</li> <li>• La ndawa vaasa nake.</li> </ul>
Muwau wakitandani	<ul style="list-style-type: none"> <li>• Ikala uimuvindua itina wa kila masaa eli ndakakwatwe ni itau</li> <li>• Tetheew'a kumutwaa vandu ndukatate umukusithya</li> <li>• vetanga mitulo kitandani</li> <li>• Veta ngua kana matandiko ala mathokoany'e</li> <li>• Muthambye mwii na savuni na kiw'u kila muthenya</li> <li>• Muswake maeo na kuthukathukya kanywa na kiw'u kimunyu</li> <li>• Tetheesya muwau kutambuukya mwii kwa kumukoota ltaa, mau, ikokoa, ituo na malangu.</li> <li>• Ikala uimuisya kana niwithiwa na miimu nundu wa ukoma. ethiwa yivo atia nzia ila inenganitwe sya kuitaa itau na miimu vaa iulu.</li> </ul>

# Mazingira Bora



# TIST

The International Small Group & Tree Planting Program

www.tist.org

**Kipsigis Version**

**TIST is an innovative, time - tested, afforestation program led by the participants.**



**Wanachama wa Cluster ya Chuuriu TIST wakati wa mkutano wao wa kila mwezi mwezi uliopita. Mkutano ujao utakuwa tarehe 16 Juni 2023.**

## **Inside:**

**TIST: Tuguk che nyolu obwat akobo ole kiyooitoo boisionik en TIST en oret ne kiribootik. Page 2**

**HIV&AIDS: Ribetab PLWHA. Page 4**



# **TIST: Tuguk che nyolu obwat akobo ole kiyooitoo boisionik en TIST en oret ne kiribootik.**

Ortinwek che ribootik ko cheu che isibu:

1. Mo tetutietab TIST, CAAC anan ko kwanet che boisie tugul konde ole ng'oi kiboitunik en TIST.
2. Kimoche chi tugul ne boisie ne TIST koteb en oret ne mo ng'oi ak kobois en oret ne mie. Ako momi chi ne kechomchin komwowochi chi ko bois en oret ne ng'oi. Nyolu iyesie iyai kiit ne ng'oi ako nyolu imwaite koityi membaekab kibagengeitab KE.
3. Tetutik che iyonotik keng'ololeen. Tetutichoton che iyonotik kekoonu en nwokinto. Angot kenyoor agetugul en tuguchu ko nyolu kemowchi KE Team.
  - a. Matatoisiek ak boda bodaisiek. Mat in kimutin angot igeere ile bokiti ndereba anan ko kete en oret ne ya. Angot ko kete ndereb en chepchpindo ne bob arak anan ko oret ne ng'oi missing, imwochi ndereba koget mutio ak en oret ne mie. Angot ko siten, isoom kiregun en garit. Inda mi chorset nebo kimnatet, ko mat igilgee, igoiten tugukab TIST angot kemach. Ak ibir repot koityi KE Team komoobek saisiek 24.
  - b. Ndarook (erenook. Nai komie ole itiche olon motoogu komie ole itieche en susweek anan ko timto. Angot ko mengen komie, iboisien krogto ne koi itwaitwai timto asinai angot ko mi erenook. Angot igeer indaret nebo sumu, iistegee ak imwochi nebo mbaret en chokinet. Momi kerichiek chebo choginet che kinyoen susetab ndaret. Angor ko susun ndaret nebo sumu, iwe sainoton akoi sipitalit ne negit kinyain ak kerichiekab sumu chebo ndaret. Angot ko mewe kinyain komuche koib meet sumu chebo ndaret. kimuche kemut keldsng'ung' anan kogonin koimutik chebo kipchulio. Inye anan ko chito ne omii tuan ko nyolu onai ole ndarte ne kasusin ko ainoon asikimuch kinya keboisien kerichiek che chototn. Angot matin ko kakebar ndaret komuche kora kosus chito!
  - c. Beleek. Beleek ko ng'oen missing'. Oret ne mie ne kimuche keistoengee kakotonosiek anan ko ng'oiyonditab beleek ko iistegee ne ole mii. Angot ko mii neleek ole oboisien oistoengee mutyo mutyo ak obe ole mii got. Angot kobokiok ko omuche oyai tuguk cheuchu:
    - i. Telelen ole imii. Imuche ko komuiset kitoy.
    - ii. Angot ko inekit en got anan garit anan ng'otwet anan ko ketit neo, iwe mutyo ak itestai igeer beliot ak iwe got orit. Beliot komuche kolabat en chepchepindo ne mii barak missing kosir chito, kou noton ko angot ko memuche ilbata missing akoi go orit, ko angot ilbata ko kekochi kokolkoliit missing.
  - d. Ketuiyo ak biik che ng'oen. Angot inyoru mebaekab TIST che yachen anan ko ng;oen, iistegee en yoton ak iwe ole mi biik alak. Matitorchigee anan otiye anan omach obirgee. Angot omi akchito ne kobendoti tuan, otoretgee. Angot komi chorset nebo kimnatet, ko matigilgee, iyan kora ogoite tugukab TIST angot kemach choriik.
  - e. Nyerseet: Kiboitiot ne kwondo ko nyolu kobois ak kiboitiot age en emet ne leel asikomuch koistoengee nyerseet. Angot imgoen ile kimuche kenyereen, iistegee en yptpn ak iwe olemii biik alak. Angot kibokyin, iwaach ak igurse ketoretin. Igoiten ripot nebo nyerseet en kapolis ak en KE Team.
  - f. Ng;ogiik (sesenik). Angot inyoru anan ing;oen akobo ng'ogto ne kolkol, imwachi nebo ,baret korat kotogor itar koitisiert ne keyoe. Angot koyesio nebo mbaret, iwe en yoton ak iripoten en KE Team. Angot kosusin ng'ogto, iwe inyoru daktari. Ng;ogik alak kotinye miondab rabies, yom inai ile bo mg'oo ng'ogoton inda kimoche kechigil angot ko mioni. Miondab rabies ko ya ako imuche kobar chito angot komakinya en choginet komaba betusiek.
  - g. Segemik. Angout biik segemi ko konu ng'woninto, anan koime biik anan akot kobar chito, kotiengee angot onamegee anan ko monomegee ak segemik. Yom igeer ile mooutin segemik, istengee en segemik chon chang'ak iyoom isisigee en olemiiten segemik. Matikal segemik. Matiilengee tuguk che ng'uu. Angot koutin, ing'usu koteet en choginet amun angot kogagee koyaitu en borto. Angot ingen ile itinye tamis en kotetab segemiat anan keutin ng'elyepta, serut anan ko mogto, anan inyoru koimutik an kabuset, anan kobwa olekokiutin anan ko mi ole kaibwa en yelo ne ye kokiutin, icheng; konyoiset en chokinet.





Angot ingen ile monomegee missing ak kotetab segemiat, ko nyolu iyai che kiguren *epi-pen* (nyorun daktari asi komwoun akobo noton).

- h. Kelndaen oinet. Mat iyom ilandaen oinet ne chang beek ako rwoe missing. Imuche iliis.
- i. Kebois en tulonok che keikei. Ripgee missing olon iboisie en emet ne keikei. Mat indegee oleimuche ichapaite ak kobarin.

### **Ole kiteptoo koimutik**

Ole kiteptoo koimutik ko oret ne imche membaekak kiboitinik kokosi Telechinetab TIST koimutik che tinye.

Koimutik tugul ko nyolu korook keib kobwa taitab Council nebo Kandoinatet ole kigerchindos ak makutik chebo TIST, ak chebo koyomchinetab Greenhouse Gas en mambaekab Kotuiyosiek che Mengechen ak CAAC. Tetutiak ak Makutikab TIST ko tuguk che kinete en konetitiesiet ak tuiyosiekab isasamook, tuiyosiekab katuiyosiek che mengechenak tuguk che kisire en Mazingira Bora en abokora. Kansol nebo Kandoinatet ko konu walutik koiti biik che kotinye konyonyet en betusiek che mosire 30 kongeten ingonam konyonyonoton. Angot komakitar komutichoton en betusiek 30, kemwochin biik che kotinye koimutik kelenchi kikose koimutichoton en Che telelchin TIST.

Angot komokimuche kilitit terchinosiek en orit, konyolu koyonchin CAAC ak bichoton akobo biik che imuche kotononchi ng;ololutik. Terchinosiek che makimuch kilitit keibchin Chartered Institute of Arbitrators, Mornetab Kenya komobek betusiek 30 kong'eteen ingeger ng'alaletab kochomiet.

### **Ng'atutietab Nyerseet.**

Tetat TIST kogo ole kimuche keboisien ko momi kolotunet age tugul, kotiib kiboitinik komakinyalil ak biik che tynyege tiliantit kobot nyerseet.

Nyerseet ko kimuche kemwa kele ortinwek tugul che matagaat che toginee anan ko magutikab kesesnotet asikomugak ketoret chito, che choton komuche kobun ng;ololutik ssn ko kimnatetab borto kong'eteen agenge en bikab TIST che konu koimutik en borto anan ko en boisiet.

Tuiyet komi ortinwek cheu chu:

- Konunetab gee en tuiyet neu ni keyoe en toginetab gee anan ko en otinwek alak kotoginee boisietab chito.

- Ingoyesio anan koyan chito keboisien en siretab kasit en chitchoton anan ko en tiletab kiy anan ko yagtaetab mugetut anan
- Atebeet neu noton kotoginee koim chito en yaeab boisienyin anan koib komuiset anan ko kolkoliet anan ko usisiet en ole kiyoen kasit.

Kanyalilet kotiengee kabiletab chi, dini, ole kikiyaita chito (kwony anan ko muren), emet neyobu, kenysisiekab chi, olekikiyaita bortab chi (solomwet\_, ko mokikochin kasarta en TIST. Atebet neu noton kikochin kergong'et akoi ak kobot kitelelsi chito en boisiet. Kiboitiot agetugul nebo TIST ne ingen kole kakinyalil en nyerseet ko nyolu komwaita koityi Kansil nebo Kandoinatetab TIST. Mo yebchinit TIST ng'alekab yaftaetab mugetit amun angot kemwa kele mi kiboitiot ne kayagta mugetut keibchin kergonget ne ngwan ako nyolu kemwochi Kansil Nebo Knadoinatetab TIST.

Kotiengee ng;oliotab taa nebo koyonchinak ak GhG, ko membayat age tugul ko nyolu kosib ng'otutik tugul che tynyegee ak boisienyan. Kanyalilet netynyegee ak nyerseet ko mi kiptuibotoi ak ng'otutik ako agetugul ne kokinyorchi lelutiononoton keisto en TIST. Kiisto en boisiet kiboitiot age tugul nebo TIST ne kayai lelutiononoton.

### **Tetutiet yete Kolotunet.**

Moilotu chi TIST kotiengee bororiot, rankiat, dinit, itondo ko muren anan ko kwony. Kenysisiek, ak emet ne bunu, ngo solomwo, anan ko boisietab tuguchu tugul. Boisionichu ko boto ako moregunen ng'wony en siretab anan ko istoetab kiboitinik, lewenetab che konugee ak kokoitoetab boisionik. Kitoginnee kikoiten boisionik ak itondab emet ne mie en mebaek tugul ak kiboitinik, oolik, bikab eut, ak oldoik. TIST ko motindoo kolotunet. Mo kilotuu ako kikoitoi kergeindo en siretab kiboitinik, kabaeastaetab boisionik, wegundetab besenwokik, kotonosiet, kanabtaet, ak tuguk alak chebo boisiet en kiboitinik anan ko sometab boisiet kotiengee bororiot, emet nebunu chi, kenysisiek/yosindab chi, kamugetab chi ak oleu chito en borto.

Angot kobwote kiboitiotab TIST anan ko membayat kole kokiyochi kolotunet, ko nyolu komwochi Kansil Nebo Kandoinatetab TISTak konaam kekosyi kosibgee ak ortinwek che nyolunot. Kotingee Logoiyot nebo taa nebo GhG, ko membayat agetugul ko nyolu kosib ng'otutik tugul chebo boisionik. Kolotunet ko ma chamtayet en membaek tugul ako kiisto chito age tugul ne kayai kolotunet en TIST. Kiboitiot age tugul ne yoe kolotunet en TIST keisto en boisiet.



## **HIV&AIDS: Ribetab PLWHA.**

**P**LWHA-ko tononchin agobo biik chetinye HIVak AIDS ak Ole kimuchi keribto en miyoniton. En ngalalet nebo rain nge ngolonen agobo ole kimuchi keribto en kaa ribik anan toretik.

Asi maimuch konyor kaimetabgei biik cheibuwotingei kole tinye, ko netai ko ngengolochi kosibgei ak niton ak nebo oeng ko kochigilgei biik ak yeitiyo konam konyor ARV en koyomiseta Taktari. Niton ko kasarta nebo PLWHA ribindet ne ribe ne miyoni. En konetisiyoni ko mongele bo chemiondos kitiyo boto che motiye asi komuch konyor tililindo en abogora.

En anyun ye kagobit niton PLWHA ko mising ko konyo chomiet neo, mutaet ak konunetabgei. Niton kobitu keret ne kararan ak sobet negoi en chito.

Age tugul koiti rotutiyoniton komuchi korib ne miyono en kaa. Miten anyun tetutik che yom egei asi kosulda ribet ne kararan.

### **Oret ne kararan netoreti ribindet ak nemiyoni:**

Ribindetet ko tinye boroindo ne mingin ye imuch korigei ko monyoru ngoyondit age tugul yeisib tetutichu.

- Nyolu ko keun eut ak sobunit kotomo iyai boisit age tugul.
- Illumgei bortangung mising ko eunek kotomo iyochi chi nemiyoni.
- Agot komiten kangutaet anan ko korotik ak omitowogik ko ius ak beek.

- Ki tagetugul ne tinyegei ak murindo nebo chi nemiyoni ketorchi kirait kotar saisiek 20-30 asi gemuwet ak lema
- Ingoroik ak tugugab mook ko mogibele
- Tuguk cheu kotok ak sitonok ak kotok kii yumi ak keib koba sibitali ne nekit asi komuch koyaita icheget.
- Tuguk cheu bamba ak chekiusengei ketorchin keringet ne loo
- Illum eunek yeiyoe boisiet age tugul
- Igotiwe got kotinyin korotik chechik iweti sibitali ak inaisi asi kowolun.

### **Tililindo en kaa:**

En biik chemiyondo en kasarta negoi kotiye HIV & AIDS konyumnyu koiti miyonuek che ter en kasarta age tugul. Bo komonut en ribindet ak ne miyoni koribgei en kimnotet mising asi kobos komoiti miyonuek alak.

Bo komonut en ichet koun eunek ko kaibata anan kotom ko yai boisit agetul

- koun eut
- koun tuguk chegiboisien chebo omitwogik
- kotuch kutit ye iriyonyi
- ko nguti kibabet mat kotiny nguwony.

Angot ko chito nemiyoni kwome ARV ketoret konyor kerichek en kasarta me yomegei ak kerichi kosibetab kerichek. Niton go oret nebo teret. Rigin en abogora asi monyor siriret.

**Neisibu ko tetutik chetoretin en kosibet en kaa en chito ne miyoni:**

<b>Koborunet ye biit en kaa</b>	<b>Koborunet ye biit en kaa</b>
Eset	<ul style="list-style-type: none"><li>• Istechin ingoroik chemotoreti kii ak ituch.</li><li>• Imut chito ne miyoni kuwo ye miten koristo.</li><li>• Tuch ak ingoriet ne tuwon ne koginde beek che lolongen ak kigochi chaik goe.</li><li>• Igochin kerichek paracetamol 500mg oeng ye ibata saisiek 4.</li></ul>
Loliyot	<ul style="list-style-type: none"><li>• Nyolu komiten koristo ne yamat.</li><li>• Chomichin ne miyoni kuwendot kosir koru.</li><li>• Igotuch kutit yon lole ak eut.</li><li>• Kigochi beek chechang ak logoek.</li><li>• Igchin chaikab lemom ak kumiyat.</li><li>• Ka ngoletab kerichek komuchi kotoret.</li></ul>
Igo kerak Teget	<ul style="list-style-type: none"><li>• Toret kou loliyot.</li><li>• Agot kogerak serunek itugi sogekab chepgogutgei (blugam).</li><li>• Igochin koe beek chechang.</li></ul>
Kalutik	<ul style="list-style-type: none"><li>• Boisien kipsitit en Gelek.</li><li>• Istoengei burgeiyet neo anan ole kaitit ak omituwogi che mi bilibilik.</li><li>• Boisien beekab chumbik komo anan ko kaibata omituwogik asi iwendi ruyonik.</li><li>• Iyome aspirin oeng iunen kutit konyil 4 en betut.</li></ul>
Koriyonget ak kangutaet	<ul style="list-style-type: none"><li>• Ingonyor koristo ne yamat.</li><li>• Ingonyor omituwogik cheu biasinik, mogo cheyomiotin che ichegen.</li><li>• Ingonyo beek en abokora ak logoek.</li><li>• Kerichek alak kou ARV kimuchi ketesta omituwogik ago motugul.</li></ul>
Mandaetab moet	<ul style="list-style-type: none"><li>• Ingonyor beek chechang ak logoek en abogora, kou korik ak sutek.</li><li>• Ingoe beekab chumbik chelolongen che kechiget agenge koibe 1litait.</li><li>• Ingonyor omituwogik che bei chemotinye sugaruk.</li><li>• Ingonyor kou kimiet ak moko.</li><li>• Ingoboisien biasinik, muchelek, magatiat, nyanyik, indisiot che mogitesi kii•ingoyomis konyil 5-6 kosir 3 ago chechang.</li></ul>
Igoistoengei	<ul style="list-style-type: none"><li>• Logoekak inguwek akuwam indisiot.</li><li>• Ingoisitoengei chego tugul.</li><li>• Omituwogik che muanik.</li><li>• Kou kawek.</li><li>• Che kagibe. Igotestai ko chuchun lakwet kouitu moet keboisien mwaita neu petrolem jelly.</li></ul>



Teretab moet	<ul style="list-style-type: none"><li>• Kibo beek chegiee</li><li>• Itaban beekab eet en ole kararan</li><li>• Keboisiem kounetab eut sobunit kotomo ak yeibata omituwogik</li><li>• Konyor omituwogik che lologen moche koitit.</li></ul>
Magatet ne yamat ak koutute	<ul style="list-style-type: none"><li>• Boisien beek che lologen ak sobunit.</li><li>• Ingonyor yamet yon imuwetisiei.</li><li>• Mat iboisien sobunit ne kiim.</li><li>• Boisien muwaita kou vaseline ak alak chetongusen.</li><li>• Magatet ne iutute keboisien calamit asi kogaitit.</li><li>• Sogekab chaik che ka kilalak ke muweten.</li><li>• En omituwogik ko nyolu komiten kou monget,maayat,sogek chenyolilen ak pawpaw.</li></ul>
	Mook.iun ak beek che tililen ak inde kerichek.
Chesiru	<ul style="list-style-type: none"><li>• lunen beekab chumbik asi koyamsi</li><li>• Igochin aspirin ye kose koututos</li><li>• Boisien pawpaw imalen asi kogaitit.</li></ul>
Ametab metit	<ul style="list-style-type: none"><li>• Imuchi kobit yon kenyor koimut</li><li>• Toretet ko kigochi kerichek 2 chebo paracetamol 500mg abo kora yeibata saisiek 4.</li></ul>
Kebebertab borto	<ul style="list-style-type: none"><li>• Ye kabit mook keboisien beekab chumbik.</li><li>• Imuchi koruonik anan ko miondo.</li></ul>
Karnet	<ul style="list-style-type: none"><li>• Tuguk kou panget anan rotuwet keisto koloit.</li><li>• Nyolu ketoret chi ye nyorgewelnatet.</li><li>• Mat kebagach inegen en kaa.</li><li>• Kitaban kerichek en ole ungat.</li></ul>
Rebetab ne miyoni	<ul style="list-style-type: none"><li>• Nyolu ketore ki wisi en kitok asi manam tomonget borto.</li><li>• Keganab asi komuch kowendot.</li><li>• Keistechi ingoroik cheruen.</li><li>• Kewolchi che ilochi.</li><li>• Ke muweti bortanyin en abogora.</li><li>• Kigochi tililindo ne yamat.</li><li>• Kesochi bortanyin igotinye mook.</li></ul>