

Mazingira Bora



TIST

The International Small Group & Tree Planting Program
www.tist.org

English Version

An Environmental, Sustainable
Development and Community Forestry
Program.



Wanduhi TIST Cluster in Ngere, Murang'a during their Cluster meeting.

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TIST: Sustainable Development.

Global Environmental Overview

Kenya does not exist in isolation from the rest of the world and having knowledge about world environmental problems can help to identify future risks to Kenya. It is important to look at the world's environmental problems and understand the negative effects on our environs.

Climate change

The burning of fossil fuels (coal, oil, natural gas) and clearing forests produce carbon dioxide. This traps heat in the atmosphere causing the earth's temperature to increase, polar ice caps start to melt and the sea level rises. This results in an increased risk of flooding and increasing temperatures which have negative effects for agriculture in parts of the Africa continent and the world.

Air pollution

Poisonous fumes from industries and vehicles can cause respiratory problems to people. The fumes can dissolve in rainwater forming acid rain, which damages plants and buildings. Many cities, including Nairobi, have problems with smoke where the pollution hangs over the city like low-lying clouds or mist that reduces visibility and causes health problems.

Water pollution

Industry waste, sewage and chemical fertilizer waste from farmers can enter streams, rivers and oceans polluting the world's water sources and causing harm to plants, animals and human health.

Decreasing biodiversity

Biodiversity means the total variety of all different plants and animal species. Pollution and deforestation decreases the number of living species with over 100 species become extinct each day. This reduces resources used for materials, energy and medicine.

Desertification

When land loses all vegetation and the soil becomes dry and blows or washes away, land becomes less productive. This is also known as the 'spread of deserts' turning fields and pastures into barren wastelands encompassing many hectares of land areas, which are potentially at risk.

Hazardous Waste

Toxic and poisonous waste can come from factories using chemical or radioactive materials. The waste harms all ecosystems through disasters such as when

a Union Carbide pesticide factory leaked chemicals in Bhopal, India, causing the factory to explode.

Acid Rain

Already mentioned the under air pollution, acid rain destroys forests and lakes especially in Europe and North America. When pollution dissolves in water it makes the rain acidic. Trees, plants, fish and even buildings are all affected.

Ozone Depletion

Certain chemicals like chlorofluorocarbons (CFC's) are used in products for refrigeration and other industrial processes, but are now found to destroy the ozone layer. The Ozone layer protects the earth from harmful sunrays known as ultra-violet rays (UV). When the chemicals destroy the ozone layer, increased levels of UV rays can reach the earth's surface and are harmful to human health causing skin cancer and other illnesses.

Urban Problems

Many towns and cities suffer from litter, air pollution, noise pollution, congestion and decreasing areas of countryside.

Resource Depression

Increased energy and material requirements throughout the world are causing natural resources like oil, coal, minerals and forests to become depleted. This encourages competition for resources causing increased international conflict. Finding more resources for energy requirements will soon become a big problem unless alternative sources of energy are used like water, wind or nuclear energy instead of using finite resources of oil, coal and gas.

Trainers, ask the cluster participants these questions:

Does Kenya suffer the bad effect of some of these problems?

Does Kenya contribute toward or cause any of these problems?

As Kenya develops, which global environmental problems do you think will become worse?

Encourage your TIST clusters and other community members to plant more trees to minimize some of these climatically bad effects so our environment can be better!



Environment and Conservation.

Sound Environmental Management is not only the maintenance and enhancement of wildlife and habitats, but also the management of soil, air, and water. The positive management of these factors leads to better use of resources with a reduction in waste and lessens the risk of pollution. All reasonable pro-active efforts should be made to conserve the environment.

Biological diversity is fundamental to agriculture and food production.

Members should understand and assess the impact their growing activity has on the environment, and consider how they can enhance the environment for the benefit of the local community, flora and fauna.

It is strongly recommended that each member

have a plan for the management of wildlife and conservation of environment on their own property compatible with sustainable agricultural production and minimize environmental impact. A key aim should be the enhancement of environmental biodiversity on the farm through positive conservation management.

Key elements:

- ~ Conduct a baseline audit to understand existing animal and plant diversity on the farm.
- ~ Take action to avoid damage and deterioration of habitats
- ~ Create an action plan to enhance habitats and increase biodiversity on the farm.

HIV & AIDS: Caring for PLWHA.

PLWHA 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"> • Take off unnecessary clothes and coverings. • Put the patient where there is plenty of air. • Wipe the patient with a cloth moistened with warm water. Give the patient water, porridge or tea to drink. • Give Paracetamol 500 mg tablets: 2 tablets every 4 hours but not more than 8 tablets per day.
Cough	<ul style="list-style-type: none"> • There should be enough air in the room. • Encourage the patient to sit or walk around if possible rather than lying down. • Shield the mouth with hand when coughing. • Give plenty of fluids and citrus fruit. • Try lemon tea with honey. • Medicated cough mixture may help.
Difficulty breathing	<ul style="list-style-type: none"> • Treat any cough (see above). • If the nose is blocked try using steam and menthol or eucalyptus leaves to clear the airways. • Help the patient find a more comfortable position. Often sitting is best, with pillows for back support. • Drink plenty of water.
Mouth ulcers	<ul style="list-style-type: none"> • Keep the teeth brushed. • Avoid very hot, very cold or spicy foods. • Rinse with salt water after eating and before bed (a pinch of salt in a glass of water). • Mix two tablets of aspirin in water and rinse the mouth (spit the solution out) up to 4 times a day.
Nausea and vomiting	<ul style="list-style-type: none"> • Make sure the patient has plenty of clean air. • Try to eat small amounts of plain foods such as boiled potatoes, cassava etc. • Drink water, tea or juice slowly and frequently. • Some ARV drugs are better taken with food, but not all – check with your health centre.
Diarrhea	<ul style="list-style-type: none"> • Drink plenty of clean water or liquid foods such as soup, porridge, black unsweetened tea and juice. • 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). • Drink liquid foods with no sugar added • Eat starchy foods like Ugali, cassava • Potatoes, plain rice, plain bread, dry biscuits, bananas and tomatoes are good to eat as well. • Try 5-6 small meals rather than 3 larger meals



	<p>Avoid:</p> <ul style="list-style-type: none"> • Fruit and vegetables, except bananas and tomatoes • Dairy products, including yoghurt • Spicy foods • Greasy foods • Coffee and alcohol • Raw foods <p>Normal breastfeeding of a child should continue. If passing stools is painful put some petroleum jelly on the rectal area.</p> <p>Help prevent diarrhea by:</p> <ul style="list-style-type: none"> • Always boil water for drinking. • Keep drinking water in clean and covered utensils. • Always wash hands with water and soap before eating and after using the toilet. • Patient should always be given properly cooked food. • Leftovers should always be properly heated before they are consumed. Leftovers should only be re-heated once.
<p>Dry and itchy skin</p>	<ul style="list-style-type: none"> • Wash with mild soap and water • Keep dry in between washings • Avoid strong soap and detergent. • Apply oils like Vaseline, coconut oil, vegetable oil, glycerin etc. • In the case of itchy skin, cooling the skin and fanning it may provide some relief. Avoid scratching and apply Calamine lotion. • Tea leaves soaked in hot water may be good for itchy skin. • If possible, ensure the diet contains eggs, green vegetables, pumpkins, and pawpaw.
<p>Scratches/small wounds</p> <p>Sores and Boils</p>	<ul style="list-style-type: none"> • Wash with clean water. Apply an antiseptic if available. • For small sores and boils wash with salty water and allow to dry. • If very painful give Paracetamol or aspirin. • Applying ripe pawpaw flesh may help soothe the area.
<p>Headache</p>	<ul style="list-style-type: none"> • Some headaches are caused by tension and massaging the scalp may help. • 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.
<p>Wounds or discharge from the penis / vagina</p>	<ul style="list-style-type: none"> • Wash wounds with salt water and soap then dry them with a clean cloth. • 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.
<p>Mental confusion</p>	<ul style="list-style-type: none"> • Sharp objects like knives and machetes should be put out of reach of the patients for fear of harming themselves or others. • The patient should be supported when walking • The patient should not be left alone in the room. • Keep drugs out of reach of the patient.
<p>Bed ridden</p>	<ul style="list-style-type: none"> • Turn over patient in bed after every two hours to avoid bedsores. • Get help to lift the person to move. Do not drag the patient on the bed. • Remove folds on beddings. • Change wet or soiled beddings without delay. • Wash body with water and soap daily. • Observe oral cleanliness daily by brushing teeth or gargling with salt water. • Help the patient do body exercises such as moving the joints at the wrists, elbows, shoulders and knees. • Check for bedsores. See section on sores and boils for treatment.



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.

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Kimereu Version

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Wanduhi TIST Cluster ya Ngere, Murang'a mari mucemano-ini wao wa Cluster.

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Witi na mbele bukumbika.

Gutegera mazingira ndene ya nthiguru yonthe.

Nthiguru ya Kenya itithagirwa iri antu amwe yonka kuraja na nthiguru ingi na kwithira irina umenyo bwegie thina cia nthiguru yonthe ciegie naria kuthiurukite nogutethie kwonera thina iria cikwenda kwija Kenya kuraja. Burina bata gutega thina cia naria kuthiurukite na kwelewa mantu jamathuku kiri naria gututhiurukite jaria jejanagia na thina iji.

Kugaruka kwa rera.

Kuithua kwa maguta (maguta ja maiga, maguta jongwa na gasi ya gintwire) nikurita ruugo rwa kaboni. Ruru nirugwatagia kirutira ndene ya nthiguru na gutuma murutira jwingia, mitwe ya irima ya nkamia kwambiria gukeruka na ruuji ndene ya iria kwongereka. Jaja nijaongagira kuigara kwa ruuji rwa mbura na kwongera murutira, mantu jaria jaretaga thina kiri urimi ndene ya Afrika na nthiguru yonthe.

Kuthukua kwa ruugo.

Toi cirina sumu kuuma kiri kambuni cia kuthithia into na ngari noirete thina cia gukucia miruki kiri antu. Toi iji nocitonye ruujine rwangai na kuthithia ngai ya acidi iria ithukagia imera na nyomba. Tauni inyingi cirina thina ya toi niuntu niitagia iguru igakara ta matu jamarito kana ta nduume iria itumaga antu baremwa kwona kuraja na iria iretaga thina cia mwili.

Kuthukua kwa ruuji.

Ruuko kuumania na factory cia kambuni na ruuko na fertilizer kuuma kiri arimi norutonye nduujine na iriene na kwou rukathukia biumo bia ruuji bia nthiguru yonthe na kugitaria imera, antu na thiria ya antu.

Kunyiiya mithemba ya imera na nyomoo iria igukaraniria.

Biodiversity ni mithemba yonthe mwanya ya imera na nyomoo.

Kuthukia na kugiita miitu nikunyiagia mithemba ya biumbe biria biri moyo na gutuma nkuruki ya mithemba igana mwanya ithira buru nthigurune o ntuku o ntuku. Bubu nibunyiagia into biria bitumagirwa kuruga na ndawa.

Gutamba kwa uumo.

Riria muunda jwathia imera na muthetu jwooma na jwakamatwa, muunda nijunyiagia unoru. Gutamba guku kwa uumo nikugaruraga miunda na antu a kuriithia gukaa antu guticiara kinya mbi na nokujukie hectare inyingi cia munda, juria juri akui.

Ruuko ruria rugitaragia na njira inene.

Ruuko rumba kwajithia kana rurina sumu kuuma kiri factory iria igutumira chemical kana into bingi biria bitibui kiri thiria ya mwiri. Ruuko ruru nirugitaragia into bionthe biria biri moyo gukurukira mantu jaria jatieteretwe, mung'unano, riria factory ya kiama ya kuthithia ndawa ya iria yeeturire chemical iji naria Bhopal ndene ya India, factory niyalipukire.

Ngai ya acidi.

Nigwetetwe au iguru kiri kuthukia ruugo, ngai ya acidi nigitaragia miitu na nduui mono ndene ya Europe na North America. Riria ruuko ruru rwatonya ruujine na rwatuma ngai igia acidi, miti imera, makuyu na kinya miako nigitaragua.

Kuthiria nkuniki ya ozone.

Chemical imwe ja CFC nitumagirwa kiri into biria bitumagirwa nikenda into biungwa gwika igita riraja bitirathuka na kiri kuthithia into bingi, indi nandi nimenyekene ati nicithukagia nkuniki iu ya Ozone. Nkuniki iji niithaga nthiguru kuumania na miale ya riuu iria igitaragia iria itagwa ultra-violet rays (UV). Riria chemical iji ciathukia nkuniki iji, riuu ririthuku riuu UV nirikinyagira nthiguru na rikagitaria thiria ya mwili ya antu na gutuma bajua ni cancer ya ngozi na mbajua ingi.

Thina cia tauni.

Tauni inyingi cira thina cia ruuko, kuthukua kwa ruugo, gituma, kwingia gwa antu na ngari na kunyia kwa naria gutina nyomba cia biashara.

Kuthirua kwa into bia gutumira.

Kwongereka gwa utumiri bwa maguta na nkuu na into bingi nthigurune yonthe ja maguta, maguta ja maiga, na miitu no gutume into bibi bithire. Untu bubu nibwongagira gushindanira into bibi na kwou ndua cia nthiguru ikaingia. Gucua into bibi bia gutumira akui mono gukareta thina mono tiga aki into bingi bigatumirwa antua bibi, into bibi ni ja ruuji, ruugo kana nuclear antu a gutumira biria biumba kuthira ta maguta, maguta ja maiga na ngasi.

Aritani, urieni amemba ba cluster biuria bibi:

Kenya nionaga mantu jamathuku jaria jaumanagia na imwe cia thina iji?

Kenya nionagagira kana nitumaga kugia imwe cia thina iji?

O uria Kenya igwita na mbele, ni thina iriku cia nthiguru yonthe ukuthugania igeta ikiingiaga nkuruki?

Ikira inya cluster cia TIST na amemba bangi ba ntuura kuanda miti ingi imingi nikenda thina imwe cia rera cinyia nikenda naria gututhiurukite kuthongoma nkuruki!



Naria gututhiurukite na gukumenyeera.

Urungamiri bwa naria kuthiurukite bubwega ti aki gwika bwega na kwingiyia nyomoo cia kithaka na ikaro, indi ni amwe na urungamiri bwa muthetu, ruugo na ruuji. Kurungamira gukwega kwa into bibi nikuretaga utumiri bubwega nkuruki bwa into biria birio na kunyiyia ruuko. Ngugi iria cibatiri cia kumenyeera na gwika naria gututhiurukite bweganiibati kuthithua.

Gukaraniria kwa mithemba imingi mwanya ya imera na nyomoo kurina bata mono kiri urimi na kuthithia irio. Amemba nibabati kumenya na kuthima mantu jaria jaumanagia na kuongereka kwa mantu jaria bathithagia kiri naria kubathiurukite na bathuganirie uria bomba kuthongomia naria kubathiurukite niknda baita iija kiri ntuura, kiri imera na kiri nyomoo.

Ni bwega mono riria o mumemba arina mubango

jwa kurungamira nyomoo cia kithaka na kumenyeera naria kumuthiurukite ndene ya miunda yawe, mubango juria jugwitania na urimi bwa gwita na mbele na kunyiyia magitaria kiri naria kuthiurukite. Untu bwa bata nkuruki bubati kwithirwa buri kwongera gukaraniria kwa nyomoo na imera bia mithemba mwanya ndene ya munda jou gukurukira urungamiri bubwega bwa umenyeeri.

Mantu jaria jarina urito nkuruki:

- ~ Thithia utari na utegi bwa biria birio mwambirio; wingi bwa mithemba ya nyomoo na imera muundene.
- ~ Jukia itagaria kwebera kugitaria na kuthuka kwa ikaro bia nyomoo iji
- ~ Thithia mubango jwa matagaria ja kuthongomia ikaro na kwongera wingi bwa mithemba ya imera na nyomoo iria igukaraniria.

HIV & AIDS: Kumenyera PLWHA.

PLWHA 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 kironda

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 nduujii cionthe kuumania na mwiri jwa mwajii nibabati 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 nibabati kuithua.
- Into bia kutheria ja bamba na kiratasi gia kwanguria kioro nibabati kugerwa kironde 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 nduujii kuumania na mwiri.
- Ukeja gutongwa ni ndamu ya mwajii kana nduujii 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 nduujii 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 nduujii iu cia mwiri ciumba kwithirwa cigutonya kiri ndamu ndene ya mwiri jwaku, ja mung'uanano gukurukira kironde 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 nibabati 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"> • Rita nguo na biria bimugwikite biria bitikwendeka. • Ika mwajii aria kwina ruugo rung'ani. • Anguria mwajii na gitambaa giaki ruuji ruri na murutira. Kuundia mwajii ruuji, ucuru kana chai kenda anyua. • Mukundie ndawa ya Paracetamol 500 mg; mpindi ijiri o mathaa janna jakuruka indi ti nkuruki ya mpindi inyanya ndene ya ntuku imwe.
Gukora	<ul style="list-style-type: none"> • Nikubati kwithirwa kurina ruugo rung'ani ndene ya nyomba iu ari. • Ikira inya mwajii gukara nthi kana gwitaita riria gukuumbika antu a kumama. • Kunikira muromo na njara riria agukora. • Mwee nduui inyingi na ntunda • Geria chai irina ndimu na naicu. • Ndawa ya kibara ya kugura no itethie.
Thina ya gukucia miruki	<ul style="list-style-type: none"> • Kethira nagukora muthithirie ou twauga. • Kethira nyiuru niingine geria gutumira ntoo kuumania na ruuji na menthol (ja kaluma) kana mathangu ja mubau maguta nikenda ukunura antu a ruugo gutonyera. • Tetheria mwaji gukara uria akwenda. Jaria maingi gukara nthi niku kwega nkuruki, kurina pillow mugongone kumutetheria. • Nanyue ruuji rurwingi.
Marondo ja muromo	<ul style="list-style-type: none"> • Maigo nijakirwe rionthe • Ebera irio birina mwanki, mpio kana ururu bubwingi. • Kamura na ruuji rwa cumbi arikia kuria na mbele ya kumama (kunya gacumbi kanini ugere ruujine rwa gilasi). • Ungania mpindi ijiri cia aspirin ruujine na ukamure muromo (riu uture) mwanka maita janna o ntuku.
Nkoro njiru na gutaika	<ul style="list-style-type: none"> • Menyeera ati mwajii arina ruugo rurutheru rung'ani. • Geria kuria twirio tunini twa irio bitiungene ja ikwaci bitherukitue, mwanga na bingi • Nyua ruuji, chai kana ruuji rwa matunda mpari na maita jamaingi. • Ndawa imwe cia ARV ni bwega nkuruki cirijaniritue na irio, indi ti cionthe – uria daktari waku.
Kwarwa	<ul style="list-style-type: none"> • Nyua ruuji rurutheru na irio bia nduui bibingi ja subu, ucuru, turungi irina cukari na ruuji rwa matunda. • 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). • Nyua irio bia ruuji bitiongeri cukari. • Ria irio bia kwongera inya mwirine ja nkima, mianga • Ikwaci, mucere jukari u, mugate, biskuiti injumu, marigu na nyanya niinjega kuria kinyacio. • Geria kuria twirio tunini maita jatano gwita jatantatu antu irio bibingi maita jathatu ntuku



	<p>Ebera:</p> <ul style="list-style-type: none"> • Matunda na nyani, ria marigu na nyanya aki • Iria na biria biumanagia nario, kinya yoghurt • Irio biikiri into bia kururia • Irio birina maguta jamaingi • Kauwa na ncobi • Irio bitirugi <p>Mwana nenderee gwonkua ja ringi. Kethira gwita kioro kurina ururu aka maguta jamoro aantu au kioro kiumagira.</p> <p>Tethia kwebera kugia guku gukurukira:</p> <ul style="list-style-type: none"> • Chamukia ruuji rionthe mbele ya kunyua. • Kara ukinyunyaga ruuji kuumania na into bitheri na bikunikiri. • Rionthe thambia njara na ruuji na sabuni mbele ya kuria na nyuma ya gwita kioro. • Ajii nibabati kuwa irio birugi bwega. • Irio biatigara nibabati kurutirua bwega mbele ya kuriwa. Birutirue rimwe aki.
Kuumagara na-kwigua gwikura	<ul style="list-style-type: none"> • Thambia na sabuni na ruuji • Gwike kuumi gatigati ka magita ja kuthambia antu au • Ebera sabuni irina inya mono. • Aka maguta ja Vaseline, maguta ja coconut, maguta jakuumania na into bia kuruga, glycerine na jangi • Riria ukwigua gwikura, kuumia na kubebeta antu au no gutume ukaigua bwega. Ebera kung'ara na wake maguta jagwitwa Calamine lotion. • Majani jarinditwe ruujine rwa mwanki no gutethie antu au ukwigua gwikura. • Kethira nigukumbika menyeera irio birina nkara, nyani, malenge na kibabai.
Kwing'ara na irono bibinini	<ul style="list-style-type: none"> • Thambia na ruuji rurutheru. Aka antiseptic ja Dettol kethira irio.
Biaru na kiuti	<ul style="list-style-type: none"> • Kiri biaru na iuti bibinini thambia na ruuji rwa cumbi na urekerie binyare. • Kethira birina murimo mono mukundie paracetamol na aspirin. • Guaka kibabai gikigundu kigiti orio no gutetherie kunyia murimo antu au
Murimo jwa mutwe	<ul style="list-style-type: none"> • Mirimo imwe ya mutwe iumanaiya na kwithira urina mantu jamaingi mutwe na kuthathayia mutwe na njara nogutethie. • 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
Irono na ruoko kuumania na guntu kwa witho	<ul style="list-style-type: none"> • Thambia irono na ruuji rwa cumbi na sabuni riu unyarie na gitambaa gikitheru. • 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.
Kuangaratana	<ul style="list-style-type: none"> • Into bibiugi ja tuciu na ibanga nibabati gwikwa kuraja kuuma kiri niuntu bwa gukira bacigitaria kana bagitaria bangi. • Mwajii nagwatirwe riria agwita • Mwajii atibati gutigwa wenka nyomba. • Ika ndawa kuraja kuuma kiri mwajii.
Kuremwa kwebaeba	<ul style="list-style-type: none"> • Garura mwajii gitandene o mathaa jairi nikenda atiriritwe biaru ni gitanda • Cwa utethio gukiria mwajii nikenda ebaeba. Ugakuria mwajii gitandene. • Rita mikunjano kiri shuka iria amamirite. • Rita nguo cia gitanda ciagia ruuji kana ruoko orio. • Thambia mwiri na ruuji na sabuni ntuku cionthe. • Menyeera utheru na njira ya kuthambia maigo kana kubucabucia ruuji rwa cumbi. • Tetheria mwajii kuritithia mwiri ngugi gukurukira kwebaebia jointi cia njara, mature na maru. • Tega wone kethira kwina biaru bia gitanda. Tega au iguru kiri Biaru na kiuti nikenda umenya njira ya kumenyeera.

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



Mukingo:

Niki na Niatia tubati kwariria antu barina murimo juju.

Kwariria muntu ni kuthikiira muntu na kumwaa kirira na wirigiro buria bukabatethia. Nimma mantu jamwe nijagwitia antu baritani kwaraniria na antu. Indi-ri, o umwe wetu no atethie gukurukira kujukia kanya kuthikira acore, antu ba nja na aturi baria barina Mukingo, guciikira iratune biao na kubekira inya na kubatethia uria uumba.

Ubatu bwa kuariria antu ni:

- Kumutethia kumenya thiina iria imutegetere
- Kumutethia gucua njira cia gukabana na mathiina jau
- Kugiita magamba jamathongi na jaria jabati kwegie mathiina jau

Ngugi ya counselor ni gukara nthi na muntu ou na kuthikira. Thikira biuria biawe, aririeni thiina ciawe, thikira kwegie uria bakwigua na uguua bwawe kwegie untu bou bumukarikirite. Mue utethio buria bubati na buria bugatethia kuringana na mantu jaria bakwenda, na mue wirigiro na inya. Rikana: ni sasawa kethira tutikumba gucokia biuria bionthe! Cokia bwega buru uria umbu riu ucue utethio kuuma antu bangi riria ukubwenda.

Nandi thuugania kuthikirite mwajie wa mukingo. Ni mantu jeku umbu kwira na kuatha:

1. Muntu uria urathimwa na ethirwa arina mukingo.
2. Muntu uria urina mukingo na uria urina uguua bwa gukua.
3. Muntu uri na mukingo indi nakwenda gwita na mbele kumama na muntu kana antu bangi?

Mathuganio:

1. Kiri muntu uria urathimwa ethirwa ari namukingo
 - Kumwira kairi na kairi ati kwithirwa urina mukingo tiku kuuga ugakua ukui. Ajii no bakari miaka makumi jamaingi bakinyunyaga ndawa iria babati na bakimenyagirwa uria babati.
 - Kumwira ati ati wenka na bangi babaingi niboonete njira ya gutuura namurimo juju.
 - Kumwatha mwajii atigane na kumama na antu nikenda murimo jutigatambe na

kenda eebera kugwatithua murimo riajairi untu buria bumba kuneneyia thiina iu.

- Kumwatha gwita na mbele gwita ngugi riria barina inya, nikenda betana mbele gwikira nja ciao mbecha cia gutumira. Antu batibati gutiga kurita ngugi niuntu barina mukingo.
- Kurikanaua kuria bwega na gwitaga o igita o igita cibitari gutegwa.

2. Kiri muntu uria urina mukingo na nagukira gukua

- O muntu no mwanka akue urethira arina mukingo kana atinaju kwou ni untu bwa rionthe kwigua uguua.
- Cuaa wirigiro bwa kanisa buria mwajii omba kwithirwa arina bu.
- Rikania mwajii uria kwimenyeera na kunyua ndawa kuuma kureia utuuro na kuthongomia uturire bwawe.
- Atha mwajii kujukia matagara gukinyira bioneki bimwe biawe mbele ya kwajua mono (mung'uanano, gucokanira na antu, kuanda miti, kuambiria ikundi bia gwitethia)

3. Kiri muntu uria urina mukingo na nakwenda gwitana mbele kumama na antu

- Gwita na mbele kumama na antu no gutambie murimo kiri antu bangi. Kinya kethira muntu agwatirwe ni mukingo aticiunganitie, gutuma bangi bahangika butireta kugwirua kana bugarura aria ari.
- Kurina mianya ya mukingo. Gwita na mbele kumama na antu gugatuma mwajii atirimane na mianya ya mikingo untu buria buumba gutuma akajua nkuruki kana thiina ingi ikaumira. Ebera gutirimana na mukingo kairi nikenda ukara uri na inya uria kuumbika.
- Mwajii arithuganiria atia kugwatithia muntu ungi murimo juju? Untu bubu butegagirwa atia ni antu bangi?
- Rikania mwajii ati kumama na muntu ti njira yonka ya gukaranira kana kugwirua, na kairi ni njira yonka ya kuonania rwendo.

Mazingira Bora



TIST

The International Small Group & Tree Planting Program
www.tist.org

Kikuyu Version

An Environmental, Sustainable
Development and Community Forestry
Program.



Wanduhi TIST Cluster ya Ngere, Murang'a mari mucemano-ini wao wa Cluster.

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Mogaruruku mangihoteteka.

Kenya ndikoragwo keheri-ini kuma kuri thi yothe na riria twagia na umenyo wa mathina ma maria maturigiciirie notuhote kumenya ugwati uria utung;etheire turi Kenya. Niundu wa bata kurora mathina ma maria maturigiciirie thi yothe na tutaukwo ni mathina maria mangirehwo kuri ithui.

Ugaruruku wa riera.

Gucinwo kwa indo cia tene ta (coal, maguta na natural gas) nikuinhagia carbon dioxide. Njira ino nihitagiriria urugari riera-ini na kwa uguo gutuma thi kwongerereke urugari. Barafu cia riera-ini cikambiriria gutwekuka na maai ma iria makambatira. Maundu maya nimatumaga kugie na miyuro ya maai na kwongerera riera njira iria ikoragwo na mathina ma kuhotomia urimi na makiria icigo cia Africa thiini wa thi..

Uthukia wa riera.

Ndogo njuru na iri na giko kuma iganda-ni o hamwe na ngari nocirehe thina wa mahuri kuri andu. Ndogo ino riria yathii riera-ini niithondekaga mbura iri na acid, iria ithukagia mimera na miako. Cities nyingi niciretwa na thina wa ndogo kuria ndogo ino iinyitagirira na igacuha ta matu kana thatu na andu makaga gukorwo makiona wega ohamwe na gukorwo na ugima muuru wa miiri.

Uthukia wa maai.

Giko kia iganda, giko kia cioro ohamwe na fertilizer kma kuri arimi nocingire njuui-ini na iria-ini na cithukie maai na mimera ohamwe na indo iria cikaraga maai-ini na ningi ugima wa miiri ya andu.

Kunyahia biodiversity.

biodiversity nikuuga mithemba yothe ya miti na ya nyamu.

Uthukia na utemi wa miti niunyahigia muigana wa mithemba ya indo iria cikoragwo thi na igathira na muigana wa 100 o muthenya. Njira ino niunyahigia indo iria ithondekaga hinya na dawa.

Desertification.

rira mugunda wanina miti na mimera yothe na tiiri waniara biu, mugunda ucio niunyahigia maciaro maguo. Njira ino ningi niitagwo "spread of desert" kugarura migunda ituike mihinju na gutuma migunda miingi muno igie na mogwati maingi.

Giko kiri na ugwati

giko kiria gikoragwo na poison nokiume thiini wa factories iriri cihuthagira chemical na indo iria cikoragwo ciri radioactive. Giko giki nigithukagia ecosystems kuhitukira ugwati ta wa riria Union Carbade kiganda kiria githondekaga dawa cia tutambi kiaunithiirie chemicals thiini wa Bhopal, India na gutuma kigana kiu gituthuke.

Mbua iri na acid.

Kuri maundu maria magwetagwo ma uthukia wa riera, mbura ya acid niithukagia mititu na iria na muno Europe na North America. Riria giko kiaingira maai-ini nigitumaga mbura igie na acid. Miti, mimera, thamaki na miako cigakorwo ugwati-ini.

Ozone Depletion.

Chemicals ingi ta chlorofluorocarbons (CFC's) nichuthagirwo hari kuhehia na njira ingi thiini wa iganda. No riu nionekeke nocitukie layer ya ozone. Layer ya ozne igitagira thi kumana na miruri ya riu iria itagwo Ultra Violet rays (UV). Riria chemical yathukia ozone, muigana wa UV niukinyafira thi na nourehe murimu wa cancer ya ngothi na mirimu ingi miingi.

Mathina ma town.

matown maingi nimakoragwo na thina wa giko, guthuka kwa riera, inegene na muhinyano wa andu na kunyahia andu ichagi-ini.

Kunyahia kwa indo cia bata.

Kuongoerereka kwa ma-hinya ma ai ma kinduire thiini wa thi nigutumite mahinya ma ki-nduire ta maguta, coal, minerals na mititu cinyihe. Njira ino niiratumama macindano ma indo ici cia bata makorwo iguru thi yothe. Kuhota kuona indo ici ci kinduire niugukorwo uri thina munene muno gutangikorwo na njira ingi ta maai, ruhuho na hinya wa nuclear handu ha kuhuthira maguta, coal kana gas.

Athomithania uriai ciuria ici kuri arimi a cluster.

Kenya niikoragwo ni mogwati ma mathina maya? Kenya niichangagira kana igatuma kugie na mathina maya?

O kenya igithiaga na mnere, ni thina uriku munene urona ta ungineneha makiria?

Hinyiriria amemba a cluster yaku kuhanda miti miingi niguo kunyahia mathina ma ki-rirea niguo tuthondeke maria maturigiciirie.



Kumenyerera maria maturigiciirie.

Kumenyerera maria maturigiciirie kwega to kumenyerera na kugitira nyamu na cikaro ciacio, ni hamwe na kugitira tiiri, riera na maai. Umenyereri mwega wa maundu maya niutumaga kugie na unyihu wa giko na guthuka kwa riera. Maundu mothe maria magariire no marutithio wira niguo tuagirithie maria maturigiciirie.

Biological diversity ni kindu kia bata kuri urimi na ukuria wa irio. Amemba nimagiriirwo guthuthuria na kumenya maundu maria mangiukakuri maria maturigiciirie na ningi kuona uria mangiagirithia maria maturigiciirie niguo andu mateithike o hamwe na flora and fauna.

Nikwiritwo ati o mumemba akorwo na

mubango wa kumenyerera nyamu cia githaka na cikoro ciacio na amenyerere maria maturigiciirie igundaini yao iria iraingirana na urimi ningi kunyihia ugwati wa maundu macio. kindu kia bata kurorereria ni kwagirithia maria maturigiciiri na migunda-ini kuitukira umenyereri mwega wa riera.

Maundu ma bata:

- ~ korwo na uthuthuria murikuru wa gutaukwo ni nyamu na mimera mugunda-ini.
- ~ Oya ikinya niguo kugiririria guthuka kwa cikoro cia nyamu na andu.
- ~ Thindeca Action Plan niguo kwagirithia biodiversity migunda-ini.

HIV & AIDS: Gutungata arwaru kana nio PLWHA.

PLWHA 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 mwega na uria wagiririire niuhotithagia uturo wa muruaru wongerereke na akorwo na uturo mwega.

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 mooko na maai na thabuni mbere na thutha wa wira o wothe.
- Kuoha kirona 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 mahiu gwa kahinda ka dagika 20 nginya 30. Icooke ihurwo wega na cianikwo.
- Itambaya iria ingikorwo ciohete irona 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 ungiwato ni virusi angikorwo ni ikuingira 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 kainda 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 mahiu 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.

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



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

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



Mukingo:

Niki na Niatia tubati kwariria antu barina murimo juju.

Kwariria muntu ni kuthikiira muntu na kumwaa kirira na wirigiro buria bukabatethia. Nimma muntu jamwe nijagwitia antu baritani kwaraniria na antu. Indi-ri, o umwe wetu no atethie gukurukira kujukia kanya kuthikira acore, antu ba nja na aturi baria barina Mukingo, guciikira iratune biao na kubekira inya na kubatethia uria uumba.

Ubatu bwa kuariria antu ni:

- Kumutethia kumenya thiina iria imutegetere
- Kumutethia gucua njira cia gukabana na mathiina jau
- Kugiita magamba jamathongi na jaria jabati kwegie mathiina jau

Ngugi ya counselor ni gukara nthi na muntu ou na kuthikira. Thikira biuria biawe, aririeni thiina ciawe, thikira kwegie uria bakwigua na uguua bwawe kwegie untu bou bumukarikirite. Mue utethio buria bubati na buria bugatethia kuringana na muntu jaria bakwenda, na mue wirigiro na inya. Rikana: ni sasawa kethira tutikumba gucokia biuria bionthe! Cokia bwega buru uria umbu riu ucue utethio kuuma antu bangi riria ukubwenda.

Nandi thuugania kuthikirite mwajie wa mukingo. Ni muntu jeku umbu kwira na kuatha:

1. Muntu uria urathimwa na ethirwa arina mukingo.
2. Muntu uria urina mukingo na uria urina uguua bwa gukua.
3. Muntu uri na mukingo indi nakwenda gwita na mbele kumama na muntu kana antu bangi?

Mathuganio:

1. Kiri muntu uria urathimwa ethirwa ari namukingo
 - Kumwira kairi na kairi ati kwithirwa urina mukingo tiku kuuga ugakua ukui. Ajii no bakari miaka makumi jamaingi bakinyunyaga ndawa iria babati na bakimenyagirwa uria babati.
 - Kumwira ati ati wenka na bangi babaingi niboonete njira ya gutuura namurimo juju.
 - Kumwatha mwajii atigane na kumama na

antu nikenda murimo jutigatambe na kenda eebera kugwatithua murimo riajairi untu buria bumba kuneneyia thiina iu.

- Kumwatha gwita na mbele gwita ngugi riria barina inya, nikenda betana mbele gwikira nja ciao mbeba cia gutumira. Antu batibati gutiga kurita ngugi niuntu barina mukingo.
- Kurikanaua kuria bwega na gwitaga o igita o igita cibitari gutegwa.

2. Kiri muntu uria urina mukingo na nagukira gukuaa

- O muntu no mwanka akue urethira arina mukingo kana atinaju kwou ni untu bwa rionthe kwigua uguua.
- Cuaa wirigiro bwa kanisa buria mwajii omba kwithirwa arina bu.
- Rikania mwajii uria kwimenyeera na kunyua ndawa kuuma kureia utuuro na kuthongomia uturire bwawe.
- Atha mwajii kujukia matagara gukinyira bioneki bimwe biawe mbele ya kwajua mono (mung'uanano, gucokanira na antu, kuanda miti, kuambiria ikundi bia gwitethia)

3. Kiri muntu uria urina mukingo na nakwenda gwitana mbele kumama na antu

- Gwita na mbele kumama na antu no gutambie murimo kiri antu bangi. Kinya kethira muntu agwatirwe ni mukingo aticiunganitie, gutuma bangi bahangika butireta kugwirua kana bugarura aria ari.
- Kurina mianya ya mukingo. Gwita na mbele kumama na antu gugatuma mwajii atirimane na mianya ya mikingo untu buria buumba gutuma akajua nkuruki kana thiina ingi ikaumira. Ebera gutirimana na mukingo kairi nikenda ukara uri na inya uria kuumbika.
- Mwajii arithuganiria atia kugwatithia muntu ungi murimo juju? Untu bubu butegagirwa atia ni antu bangi?
- Rikania mwajii ati kumama na muntu ti njira yonka ya gukaranira kana kugwirua, na kairi ni njira yonka ya kuonania rwendo.

Mazingira Bora



TIST

The International Small Group & Tree Planting Program
www.tist.org

Kiswahili Version

An Environmental, Sustainable
Development and Community Forestry
Program.



Wanduhi TIST Cluster wa Ngere, Murang'a wakati wa mkutano wao wa Cluster.

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Maendeleo Endelevu.

Kuangalia mazingira ya dunia kwa ufupi.

Kenya haijatengwa kutokana na sehemu zingine za dunia na kuwa na ujuzi kuhusu matatatizo ya kimazingira ya dunia nzima kwaweza kusaidia kutambua hatari kwa Kenya kwa umbali. Ni muhimu kuchambua matatatizo ya dunia ya kimazingira na kuelewa madhara hasi yanayoweza kufikia mazingira yetu.

Madaliko ya hali ya anga ya muda mrefu.

Kuchoma ngataa au mafuta (makaa yam awe, mafuta, gesi asilia) hutoa hewa chafu ya kaboni. Hii hewa hutega joto katika anga na kusabasisha joto duniani kuongezeka, kofia za barafu katika maeneo ya milima kuanza kuyeyuka na kiwango cha maji katika maziwa kupanda. Haya husababisha uwezekano wa mafuriko na joto kupanda jambo ambalo huwa na athari mbaya kwa kilimo katika sehemu za bara la Afrika na dunia nzima.

Uchafuzi wa hewa.

Mafusho yenye sumu kutoka viwandani na kwa magari yaweza kusababisha shida za kupumua kwa watu. Mafusho haya yaweza kuingia katika maji ya mvua na kutengeneza mvua wenye asidi, ambao hudhuru mimea na mijengo. Miji mingi huwa na matatizo ya moshi ambapo machafuko hutanda juu ya miji kama mawingu ya chini na kupunguza uwezo wa kuona mbali na kusababisha shida za kiafya.

Uchafuzi wa maji.

Maji na uchafu kutoka viwandani na kemikali kutoka kwa wakulima zaweza kuingia katika vijito, mito na maziwa na kuchafua vyanzo vya maji vya dunia nzima na kudhuru mimea, wanyama na afya ya binadamu.

Kupunguza bionuwai.

Baonuwai ni wingi wa aina mbalimbali za mimea na wanyama. Uchafuzi na kukata miti hupunguza nambari ya viumbe hai na kumaliza zaidi ya aina mia moja kila siku. Jambo hili hupunguza rasilimali inayotumika kama vifaa, nishati na dawa.

Kuenea kwa jangwa.

Ardhi inapopoteza mimea na udongo unapokauka na kubebwa, ardhi hukuwa na uzalishaji uliopungua. Hili pia linajulikana kama 'kuenea kwa jangwa' na hugeuza mashamba na mahali pa kulisha wanyama kuwa ardhi isiyona uzalishaji iliyo hectare nyingi, zilizona uwezekano wa kupotezwa.

Uchafu wenye madhara.

Uchafu wenye sumu unaotoka kwa viwanda vinavyotumia kemikali na mionzi. Taka hii hudhuru mazingira yote kupitia majanga kama kiwanda cha chama cha kutengeneza dawa ya magugu kilipovuja kemikali huko Bhopal, India, kiwanda kililipuka.

Mvua ya acidi.

Imetajwa hapo juu chini ya uchafuzi wa hewa, mvua ya acidi huharibu misitu na maziwa hasa katika Europa na Amerika Mashariki. Uchafuzi unapoingia majini na kufanya mvua kuwa yenye acidi, miti, mimea, samaki na hata mijengo huathirika.

Kupungua kwa safu ya ozoni.

Baadhi ya kemikali kama chlorofluorocarbons (CFC's) hutumiwa katika vitu vinavyotumika katika majokofu na katika taratibu nyinginezo za viwandani lakini sasa zinaonekana kudhuru safu ya ozone. Safu ya ozone hulinda ardhi kutokana miale hatari ya jua inayoitwa ultra-violet rays (UV). Kemikali zinapoharibu safu ya ozone, kuongezeka kwa miale ya UV hufika ardhini na kudhuru afya ya binadamu huku ikileta kansa ya ngozi na magonjwa mengineyo.

Matatizo mijini.

Miji mingi hukabiliwa na shida za taka, uchafuzi wa hewa, kelele, msongamano na kupungua kwa maeneo yakuishi.

Kupungua kwa rasilimali.

Ongozeko la mahitaji ya nishati na rasilimali katika dunia nzima linasababisha rasilimali ya kiasilia kama mafuta, makaa ya mawe, madini na misitu kuisha. Jambo hili linaongeza ushindani wa rasilimali jambo ambali linaleta migogoro ya kimataifa. Kutafuta rasilimalizaidi ili kutimiza mahitaji kutakuwa shida kubwa hivi karibuni isipokuwa vyanzo vya nishati badala vvitumike kama maji, upepo au nishati ya nyuklia badala ya rasilimali inayopimika kama mafuta, makaa ya mawe au gesi ya kiasilia.

Wakufunzi, uliza wanacluster maswali haya:

Je, nchi ya Kenya hufikiwa na athari za baadhi ya shida hizi?

Je, Kenya huchangia au kusababisha yoyote ya shida hizi?

Jinsi Kenya inavyokua, unafikiria ni shida zipi za kidunia zitakuwa mbaya zaidi?

Hamasisha cluster yako ya TIST na wanajamii wngine kupanda miti zaidi ili kupunguza baadhi ya athari hizi mbaya kwa hali ya anga ili mazingira yetu yawe bora zaidi!



Mazingira na Uhifadhi.

Usimamizi mwafaka wa mazingira hauhusu tu kuchunga na kuimarisha wanyamapori na makao yao, bali pia usimamizi wa udongo, hewa na maji. Usimamizi mzuri wa chanya hizi hufuatwa na utumizi mzuri zaidi wa rasilimali na upunguzaji wa taka na uwezekano wa uchafuzi pia kupungua. Juhudi zote zenye busara zafaa kufanywa zikilenga kuhifadhi mazingira.

Bionuwai ya kibaolojia ni muhimu sana kwa kilimo na uzalishaji wa chakula.

Memba wanafaa kuelewa na kutathmini athari za shughuli wanazokuza kwa mazingira na kufikiria wanavyoweza kuboresha mazingira ili kufaidi jamii, mimea na wanyama.

Pendekezo kali ni kila memba kuwa na mpango wa kusimamia wanyama pori na kuhifadhi mazingira katika mashamba yao na uzalishaji wa kilimo ulio endelevu na kupunguza athari za kimazingira. Lengo muhimu ni kukuza bionuwai ya kimazingira katika shamba kupitia usimamizi wa kuhifadhi.

Mambo muhimu:

- ~ Fanya hesabu ya kimsingi ili kuelewa wingi wa wanyama na mimea uliopo katika shamba hilo.
- ~ Chukua hatua ili kuepuka uharibifu na uchakaji wa makazi.
- ~ Tengeneza mpango wa utekelezaji wa kukuza makazi na kuongeza bionuwai katika shamba.

VVU na UKIMWI: Kuwatunza PLWHA.

PLWHA 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 kupunguza 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 mgonjwa 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.

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



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

Miongozo iliyopo hapo juu ni ya kukumbana na magonjwa madogo. Ikiwa dalili zazidi, usaidizi wafaa kutafutwa hospitalini.



UKIMWI: Kwa nini na jinsi ya kushauri.

Kushauri kunamaanisha kusikiza na kuwapa ushauri utakaowasaidia na kuwapa matumaini. Kila mmoja wetu anaweza kusaidia kwa kuchukua muda kuwasikiza marafiki, familia na majirani walio na ukimwi, kujiweka katika nafasi zao, na kutoa maneno ya faraja na msaada wa vitendo.

Madhumuni ya ushauri nasaha ni:

- Kumsaidia mtu kuelewa shida zinazomkumba
- Kumsaidia kupata njia za kuyakabiri matatizo hayo
- Kufanya maamuzi mazuri na yanayofaa kuhusu matatizo yaliyo mkononi.

Ni ukweli kwamba baadhi ya masuala yanahitaji washauri waliofunzwa, lakini waweze kuwasaidia kwa kuketi na mhusika na kuyasikiza maswali yake, kujadiliana matatizo yao na kusikiza kuhusu hisia zao na hofu kuhusu yaliyotendeka kwao.

Wape taarifa ya ukweli na itakayowasaidia na uwape matumaini na nguvu. Kumbuka: ni sawa kama hatujui majibu yote! Jibu jinsi uwezavyo na utafute usaidizi kutoka kwa watu unapouhitaji.

Fikiria kuwa unamshauri mgonjwa wa UKIMWI. Ni maneno gani ungetumia kumfariji na kumshauri:

1. Mtu ambaye amepata majibu ya hapo kuwa ana UKIMWI?
2. Mtu aliye na UKIMWI na anayeogopa kufa?
3. Mtu mwenye UKIMWI anayetaka kuendelea kufanya ngono?

Mawazo ya kusaidia:

1. Kwa aliyepata majibu kuwa ana UKIMWI:
 - Mpe uhakika kuwa kuwa na UKIMWI hakumaanishi mgonjwa atakufa karibuni. Wagonjwa wanaweza kuishi miongo wakitumia huduma na kutunzwa inavyofaa.
 - Mgonjwa hayupo peke yake, na wengi wengine wamepata njia za kuishi na ugonjwa huu.
 - Hamasisha mgonjwa kujitenga na ngono ili ugonjwa usienezwana pia ili kuepuka

uambukizi wa tena, ambao waweza kufanya shida kubwa zaidi.

- Wahamasishe kuendelea kufanya kazi wakati bado wana nguvu na kuendelea kufanya uwekezaji kwa ajili ya familia zao. Watu hawahitaji kuacha kufanya kazi kwa sababu tu wao ni wagonjwa.
 - Wakumbushe kula vizuri na kuenda kwa kliniki kila baada ya muda.
2. Kwa mtu aliye na UKIMWI na anayeogopa kufa:
 - Kila mtu lazima afe wakiwa au wasipokuwa na UKIMWI, na ni kawaida kuhisi hofu.
 - Lenga matumaini yoyote ya kidini aliyonayo mgonjwa.
 - Mkumbushe mgonjwa kuhusu jinsi kujitunza na kupata huduma inayofaa kwaweza kuongeza maisha na kuyaboresha.
 - Hamasisha mgonjwa kuchukua hatua kuyafikia baadhi ya matarajio yao kabla ya kuwa wagonjwa
 3. Kwa mtu aliye na UKIMWI na anayetaka kuendelea kujihusisha na ngono:
 - Kuendelea kufanya ngono kwaweza kueneza ugonjwa kwa watu wengine. Ata kama mgonjwa amepata UKIMWI kwa ajali, kuwafanya wengine kuteseka hakutaleta furaha ama kubadilishe hali hiyo.
 - Kuna aina tofauti au hatua za virusi hivi vya UKIMWI na kuendelea kufanya ngono kutamfungulia mgonjwa aina hizi tofauti, ambazo zitazidisha ugonjwa na kuleta matatizo. Epuka jambo hili ili kukaa na nguvu nyingi iwezekanavyo.
 - Mgonjwa na hisia zipi kuhusu kuambukiza mtu mwingine akiwa anajua? Ni hoja zipi za kimaadili zipo dhidi ya haya?
 - Mkumbushe mgonjwa kuwa ngono si njia ya kipekee ya urafiki au starehe, au njia ya kipekee ya kuonyesha mapenzi. Kuna mambo mengine maishani ambayo yaweza kutupa ukamilifu.

Mazingira Bora



TIST

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Kikamba Version

An Environmental, Sustainable
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Maendeeo ma kwikala meanite.

Undu Nthi yonthe isiasya na kwona mawithyululuko.

Kenya ndikalaa yiyoka itena ikonyo ingi sya nthi. Kwina umanyi iulu wa manthina ala methiitwe na mawithyululuko ni utetheesya Kenya kumanya iulu wa mathima ala makoka ivindani yukite. Ni useo kusisya mathina ala methiitwe mawithyululukoni nikana kuelewa mothuku ala methiawa kwa mawithyululuko.

Movinduku ma Nzeve.

Kuvivw'a kwa mauta na makaa ma coal nikumasya nzeve itavisaa. Kii kietae uvyuvu mawithyululukoni na kwoou kwambatya uvyuvu wa nthi, Kula kwithiawa na ia yiyambiia uyaiika na utwika kiw'u na kyalika ukangani naw'o uyambiia kwambata na kuvwika nthi nyumu. Kii kitumaa kwithiwa na mavuliko na nzeve kuvyuva na kwoou nima iyanangika munamuno isioni sya ilembeta ya Africa na nthi yonthe.

Kuthokoanwa kwa nzeve

Miuke kuma kwa maindasituli na ngali nimaetae mauwau ma mimeo na manthina kwa andu maveva nzeve isu. Miuke ino nitonya kulika kiw'uni kya mbua na kutuma kithiwa na asiti na kuete wanangiko kwa mimea na myako. Misyi mingi yithina wa nzeve kuthokoanw'a ni miuke vala yikalaa iniine ta matu kana muumbi na kuola metho kwona na ni itonya kuete mathina ma uima wa mwii.

Kiw'u kuthokoanwa.

Kiko kuma kambunini sya useuvya syindu na siwengyi, vatalinza kuma miundani nutonya uluka mikaoni, mbusini na kula kiw'u kyumaa na kwananga mimea na kuete uwau kwa andu na nyamu.

Kuoleka kwa mithemba kivathukanyo.

Mithemba ya yamu, miti, ikuthi ona mimea yothye niyiolekaa yila kweethiwa na nzeve ka kumiwa kwa nzeveni na miti kutemwa vakuvi mithemba 100 niyaa kila muthenya. Kii nikiolaa matilio na kundu kula kumaa vinya na kula ndawa ikwatikanaa.

Kutwika weu/Ing'alata.

Yila nthi yaasya ngua syayo ila ni mimea muthanga niwumaa na nukuawa ni kiw'u kana nze na uyithiwa utena w'umi nesa. Ingi ii niyiawa ni nzia ya kunyaiikya mang'alata.

Kiko kina sumu.

Kiko kuma kambunini kana vakitolini nikithiawa na kemikoo na matilio itonya uete na kuaa syindu kwa kulivuka kana kuivivya syonthe syi thau. Kwa ngelekany'a yila kambuni kuma India imwe (Bhopal) ya useuvya ndawa sya kuaa mitutu yeethiwe iyita kemikoo matesi niyalivukile.

Mbua ya Asiti.

Kiw'u kii kina asiti ni kyanangaa mititu na masiwa munamuno ta ngaliko sya Europe na North America. Yila kiw'u kya mbua kyalikana na kuthokoanw'a ni asiti niw'o kiseuvasya mbua ya asiti.

Miti, Makuyu na myako niw'o kietae wanangiko.

Itu yila yivwikite wingi wa sua kuendee na kwanangika.

Yila ndawa thuku (kemikoo) ta Chlorofluorocarbons (CFC's) syatumika syinduni kuete mbalavu na kwa indasituli kuseuvya syindu ukunikili weekwa nisyonekete kana nimwe kati ka syindu ila ikwananga itu yila yisiiaa sua kuatha (kuola uvyuvu wa sua) na kwananga (UV "ultra violet rays"). Yila kemikoo syaananga itu yii niw'o UV syongelekaa kuvika nthi na kuete mauwau kwa andu ta uwau wa kenza ya kikonde na mauwau angu.

Mathina ma misyi minene ya mataoni

Mataoni maingi mina nthina wa kiko kya mavuti, nzeve kumiiwa, kelele, kusuania na kunyiva kwa isio sya miundani.

Monou manthi kunyiva.

Kwongeleka kwa wendi wa matilio sya kutumika ni andu nthi yonthe uthwii wa nthi ta mauta, mavia mavisaa (coal) na mititu niendee kuoleka. Kii kithuthasya na kuthingiisya masindano na kuete uvituukanu wa nthi kivathukany'o. Kumatha mothwii ma nthi ma kutunenge vinya na mwaki omituki nukwithiwa wi nthina munene ateo vethiwe na nzia ingi sya kukwata mwaki na vinya ila nisyindu sya vata muno ta kukwata syindu ithi kuma kiw'uni, nzeveni na neukilia vandu va utumia mothwii ala manini ta mauta ma nthi, mavia mavisaa (coal na Nzeve ya kuma nthi.

Amathisya ma Tist nimakulasya ala mekw'o kwoondu wa ngwatanio syoo makulyo aya:

Kenya nikwatawaq ni mathina amwe ala maetetwe ni manthina aya twasisya vaa iulu?

Kenya ni imwe kati wa nthi ila ietae wongeleku wa mathina aya?

Oundu Kenya iendee na kwiana nimawiko meva ukwisilya maendee matonya kuendee na kwinthiwa me nthina munene oundu Kenya iendee na kwiana?

Thuthya ala mwi imwe nthini wa ngwatanio yenyu ya tist undu wa kuendee na uvanda miti kunyivya mathina ala maetetwe thini wa mawithyululuko na kuete uvinduku wa nzeve ni mawiko ma andu kwoondu wa mawithyululuko maitu methiwe manzeo!



Mawithyululuko na Usuvio wamo.

Kusuvia na kuungamia usuvio wa mawithyululuko tiw'o w'oka utonya uete uvandiliku indi kusuvia nyamu na mawikalo masyo, kusuvia muthanga, kiw'u na nzeve. Usuvio mwailu wa syindu ithi nutumaa utumuku wasyo waila na kuthokoanwa kwasyo kuyioleka. Kwa nzia syoonthe nitwaile utata usuvia mawithyululuko.

Uyaiiku wa mathayu kivathukany'o nuseuvasya nthi kwoondu wa nima na usyao mwingi wa liu.

Andu nimaile kuelewa kana oundu maundu maika maingivite iulu wanthi niw'o maile kumanya undu wa umisuvia vamwe na mawithyululuko mayo kwoondu wa mauseo kwa mbai na nyamu sya kithekani na kiw'uni.

Nikwithiawa na wito wa kala kila memba niaile kwia walany'o undu wa kusuvia nyamu sya kitheka na mawithyululuko na kutuma methiwa maseo kwa nima na kuola uthuku wa meko kwa mawithyululuko kwa nzia sya nima ya kusuvia na kumanya nzia na kuungamia mawithyululuko kusuviika.

Maundu mavata makuatiia.

- ~ Kwika ukunikili na kuelewa mivai ya nyamu na miti ila yi kithekani kwaku
- ~ Kwosa itambya ya undu utonya kusuvia mawikalo masyo na kulea kumananga
- ~ Kuseuvya matambya ma undu utonya kwika kwailya mawikalo asu me kithekani kwaku.

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

PLWHA 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 misiyini. Lilikania andu kana nzia nzeo ya kusii uwauu 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 yiyandikitwe 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.

Mawalano 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 utata wikiite gloves na uyikia ndawa ta bleach ethiwa yivo. Gloves nomuvaka syithiwe sya muvila na itina wa kutumia nisyale uthew'a ethiwa vaina gloves no utumie mathangu ma nailoni. Itina wa uu niwaile uthamba moko.
- Ngua na kila kingi muwau utonya ithiwa athokoania nisyale ikiwa kiw'uni kivyuu na kwikala vandu va ndatika ta 20-30 mbee wa kuvuwa na kwaniwa.
- Ilungu kana bandage ila syiovete itau syathaw'a nisyale 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 nikekw'e kula syaile.
- kia gloves yila ukwata 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 kimutia 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 nikyalika nthakameni yaku. Ethiwa nukwisilya kana nitonya kwithiwa yalika mikivani no ukwate itao 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.
- Miio ya liu niyaile uthambw'a na saviuni na kiw'u.
- Kukunika munika yila mundu ukukooa kana

kwathimua.

- Mata nimaile utwilwa kamukeveni kala kasevitw'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.

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



	<ul style="list-style-type: none"> • Tata uya mala 5 -6 liu munini munini vandu va kuya liu mwingi savali itatu kwa muthenya Ivetangane na • Matunda na mboka sya matu ateo manyanya na maiu • Syindu kuma indoni ta yiia ithumo kana itkakaatu • Liu wina spices • Liu wina mauta • Kaawa kana uki • Liu utemuue <p>Ethiwa ni mwana ukwonga niwaile ueleenda na kwonga Ethiwa kuthi kyo kwinu woo vaka mauta muyovoni</p> <p>Tetheesya kusiia kwituua kwa:-</p> <ul style="list-style-type: none"> • Kutheukya kiw'u kya unywa • Kwikalya kiw'u kya unywa kikitheu na kikikunike vamwe na miio ya uia. • Kuthamba moko na savuni na kiw'u itina wa kuthi kyooni • Muwau ivinda yoothe ni ekiwe liu muue ukavya. • 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 • Ikalya kikiny'au itina wa uthambya • Ivetangane na savuni muto • Tumia mauta ta vasiline, mauta ma nathi, mauta ma kimolo kana glycerin • Ethiwa kikonde nikiunyee kwikala vandu vathithu na kwikala uteuthua na kwivaka mauta ma Calamine lotion. • Matu ma maiani wainda kiw'uni kivyu mavoa noutumia ta ndawa kwa kikonde kina unyeeo. • Ethiwa nivatonyeka ikiithya liu ula uya wina matumbi, Malenge na mavavai
Uuma /malanga jana tutalu tunini	<ul style="list-style-type: none"> • Thambya na kiw'u kitheu. vaka ndawa ya usiia ukwatwa ni uwau ta detol
Itau na miimu	<ul style="list-style-type: none"> • Ethiwa ni tutalu tunini kana miimu thamya na kiw'u kimunyu na uyieka vome/ Vany'ae • Ethiwa nukwalya kana wina woo muno nywa panadol kana aspirin • Kuvaka kiw'u kuma ivavaini yiu niutetheesya kuola uito.
Kwalw'a ni mutwe	<ul style="list-style-type: none"> • Imwe mutwe niwalasya nundu wa ulea uthumua na kwoou waukwatanga na kuutitia okavola nutonya ueka ukuya • Nzia ingi ya utetheesya unyalw'a kana kiw'w'a mutwe wina woo ni kwa kuya mbeke 2 sya panadol (500mg) kila masaa ana na aspirin (500mg) mbeke kana ibuprofen (400mg) wioo.
Itau, kana kiw'u kuma	<ul style="list-style-type: none"> • Nthambya na munyu na kiw'u na savuni na unyasya na kitambaa kimbithi (nziani ya maumao) kyumu Kiseuvitw'e na vamba • 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.
Kuvuvuana kiliko	<ul style="list-style-type: none"> • La syindu ta tuvuyu, ivanga, mathoka, syindu ila mundu wina kiliko kivuvuanu utonya utumia kwiyumisya kana kuumisya mundu ungi nisyaille kw'iwa vandu ivithitwe. • Mundu uyu niwaile ukwatiwa aendete vandu • Muwau uyu ndaile uekwa eweka nyumba. • La ndawa vaasa nake.
Muwau wakitandani	<ul style="list-style-type: none"> • Ikala uimuvindua itina wa kila masaa eli ndakakwatwe ni itau • Tetheew'a kumutwaa vandu ndukatate umukusithya • vetanga mitulo kitandani • Veta ngua kana matandiko ala mathokoany'e • Muthambye mwii na savuni na kiw'u kila muthenya • Muswake maeo na kuthukathukya kanywa na kiw'u kimunyu • Tetheesya muwau kutambuukya mwii kwa kumukoota ltaa, mau, ikokoa, ituo na malangu. • Ikala uimuisisya kana niwithiwa na miimu nundu wa ukoma. ethiwa yivo atiaa nzia ila inenganitwe sya kuitaa itau na miimu vaa iulu.



Uwau wa muthelo (HIV and AIDS) Niki na niaata tutonya kutaana?

Kutaa ni kwithuthiisya kana kwithukiw'a ni mundu akautavya ndeto sya umiisyo na wikwatyo'o. Niw'o maundu amwe nimendaa andu asomethye iulu wa motao. Onavala kila umwe witu niwaile kwosa ivinda ya kwithukiisya anyanya, andu ma musyi na atui ala mena tulinyu tuu twa uwau wa muthelo, tuyiyikia mavusoni moo na tuimanenga ndeto sya uthuthio na utethyo undu tutonya.

Kitumi kya kutawa nikyau

- Kutuma mundu aelewa mathina ala mamwikumbilite
- Kumantha nzia ya kukilya mathina aya
- Kutw'a utw'i museo iulu wa nthina usu wi kw'okoni

Wia wa mutai ni kwikala na ula wina nthina na kumwithukiisya. Ithukiisye makulyo, neenanisyai manthina, iw'a iulu wa undu unukwiw'a, kwisilya na w'ia wake iulu wa kila kyeethiwe. Munenge ndeto itonya umutethya kwianana na nthina ula winaw'o, mathuthye na kumanenga umiisyo vamwe na wikwatyo. Lilikana:- niuseo tutesi mosungio oothe, sungia undu utonya na uimatha utethyo kuma anduni angi ula utonya kwithiwa uyenda.

Kwoosa ta ukutaa mundu wina uwau wa muthelo.

Ni ndeto syiva sya umiisyo na sya utethya umutavya mundu ethiwa:-

1. Mundu auma kuthimwa na eethiwa ena tulinyu tuu twa muthelo
2. Mundu wina uwau uyu wa muthelo ula ukukia kikw'u
3. Mundu wina uwau wa muthelo unukwenda kuendee na kumanyana kimwii na mundu ungi.
 1. Kwa mundu ula wathimwa na eethiwa ena t ulinyu tuu
 - Muikiithye kana kwithiwa wina uwau uyu tikwasya kana wikw'a oyu. Mutavye awau ma uwau uu nomekale mithenya mingi ethiwa nimeukwata uiiti na ndawa ila syaile.
 - Mutavye kana ndeweka, andu aingi nimawaie uwau uu nanimamanyie nzia sya kwikalaa naw'o.
 - Muthuthye aekane na kumanyana kimwii na andu angi kusii kunyaiika na kuveta

kukwatwa ni uwau uyu ingi (reinfection) ila itonya utuma uwau uu umuemee munombee.

- Mathuthye kuendee na wia na kukwata vinya na kusevisya musyi wake uthwii. Andu maiekaa kuthukuma ati nundu mena tulinyu tuu twa uwau wa muthelo.
 - Mulilikanye kuya liu wina vinya na kuthi kiliniki kila ivinda kusiw'a
2. Kwa mundu ula wina uwau uyu na nukukia kukw'a
 - Kila mundu nilasima akakw'a emuwau ona atemuwau na niundu wa kila mundu kukia kikw'u
 - Muthuthye kwa nzia ya muikiio wake ona ethiwa niwa ndini yiva
 - Mulilikany'e kana kuyanese, kutumia ndawa nikutonya kwailya thayu wake na akekala muno
 - Muthuthye ekie vitii kuvikia mawendi make mbee wa atanamba kuvinyiwa ni uwau uyu. (Ta kusevya ikundi, kuvanda miti, kukwatana na andu)
 3. Mundu muwau unukwenda kuendee na umanyana kimwii na mundu ungi
 - Kuendee na kumanyana kimwii na mundu ungi nokuete kunyaiika kwa uwau uyu kwa andu angi. Ona ethiwa mundu akwatiw'e uwau uyu kwa mutino muthuku, kuunyaiika kana kukwatya andu angi kuinenganae utanu kana kualyule maundu.
 - Kwimithemba mingi ya tulinyu tuu na kuendee na kumanyana kimwii nokutume tualyuka ukethia ona nitwaingiva natwatwika muthemba ungi muthuku kute ula winaw'o natuite mathina angi. Vatonyeka ivetane na nzia ila itonya utuma ukwatw'a uwau uyu ingi yakeli nikana wikale wi mulumu kwa ivinda yiasa undu vatonyeka.
 - Nikyau kiutuma wenda kunyaiika uwau uyu? Ni mwikalo wiva wiualyukanu na mwikalo uu?
 - Mulilikany'e kana kumanyana kimwii tiyo nzia ya kutana yoka kana kwonania wendo. Ve maundu angi maingi matonyakuete kwianiwa thayuni uyu.

Mazingira Bora



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Keri b bandabtai.

Geretab ole kimenye en nguong kenya komomiten inegen kotabatan kition en nguong komugul miten kotinye kabwatet en koimutik che nyoru ak kogere agobo mengotodiek en agobo mengotosiek en agobo betusiek chebwone, bogomonut mising ye kiger koimutichuton ak kiguiyo ngemisiet ne konu waletab mengotosiek.

Waletab emet.

Ye kibel ngetuna nikab tiongik (coal, oil, natwal gas) kogonu koristo ne ya (carbon dioxide) niton kogochin kotal burgeiyet ne miten soet kogochin ng'ontet koet burgeiyet, nyoru nyanchosiet chemiten muret nebo katam kotesak beak amun chotos koigab beak, bitunen maranet nebo oinosiek, rurutik komonyor kelchin amun etu burgeiyet en ne met (kement) en africa ak en ngu'wong komugul.

Air pollution.

Koristo nebunu karisiek ak industries konyorunen bik kaimetab ge amun moitin konyor koristo ne kararan, ye imuka en soet nesechuton ko yerobon ekochote ak goik (acid rain) ne imuchi kowech menutik ak teksosiek, en mengotosiek cheech komiten kewelnatet nebo iyet neimuchi kosoginin en town koige bolik ne moimuchi biik kosoita ak kogonu miyonuek.

Beek chenobirotin.

Beek chemongunen (industries) chemongunen kabngatat, kerichiek che mongunen imbarenik kotetechin oinosiek ak nyanchosiek kongochin kotametusiekab beek, nyorunen tiongik ak minutik ak biik mionuwek.

Ichuchuchi minutik ak tiongik.

Nyorunen ketik ak minutik kobosok amun en waletab emet, ak tiyongik nyabira niton ak tiletab ketik kobose inyotetab mengikab timuwek en kila belut bosa kora tuguk chegitekseen ak kerichiek.

Kaumanikab beek cheyachen

Chuton ko beek cheyachen mising chebunu factorisk che imuchi kobutok anan kongemak ko weche emet.

Robta netinye acid.

Kagemwai entai agobo niton kiristo ne nyabirat, chetinye acid weche niton timwek ak oinosiek cheech en europe ak muret nebo katam en america, yon korobon kobitu beek chetinye acid ko ketik, minutik, nchirenik ak teksosiek ko ngeme.

Istoetab burang'etitab nguong.

Miten anyun kerichiek cheu (chlorocarbons) chekiboisien kogotiten mongutik chebo factory chuton anyun kongeme burangetitab nguong, burongetini kotuche nguondet asi monyor burgeiyet neo mising, ye bii miyonuek kou; lubaniatab magatet ak miwonuek cheter ak chetes.

Nyuru koimutik mengotosiekab barak.

En toonisiek ak cilies konyor murindo neo, koristo, bolotosiek, chiletabgei ak kobosok ole kemenye.

Rorunetab kelunoikab emet.

En amun kimogingei tuguk chechang chegiboisien en nguong komugul kobitu rorunetab tuguk kou, oil, coal, mineral ak timwek kobenti kobetos, en rorunetab tuguchu kogonu boriosiek, komalo kobitu kewelnatosiek amun en rorunetab kimnotetab mat ne kimogingei baten kecheng oretagei kou beek ak koristo ne kata oil, coal.

Konetikab cluster oteben biik tebutichu.

tos nyoru kenya youtichu yachen, tos toreti kenya anan tesini koimutichuton, oketeben kenya agobo tetet, ainon koimutiet nebo mengotet ne gibuoti kele nyone koyoitu missing oginet biik en tuiyopsiekab kilasta ak biik alak komin ketik en chonginto asi komuch kotes tuguk alak che wole emet, asi kenyorun mengotet ne kaigai



Ole kimenye ak ribet.

Ngoliot ole kimenye ko mogetononchin kitiyo ak keribchi tiongik ak mengotosiek kora ko kerib ngungunyek, koristos ak beek, niton kobose nyabireta, tuguk chechang, kou kelunoik chebo emet, nyolche keboisien kimnotosiek asi kimuch kerib mengotenyon niton ko kanametab anan toloitab minutik ak omituwokik, nyolchin chitugul koguiyot mising agobo niton ak kocheng koimutik chemongunen mengotenyon ak nee negimuchi kenyorunen mengik, katagetugul nebo timin tionyagetugu nebo ng'uong kimogini kabuatet

en chitugul kotet agobo teretab tiongik k ribetab mengotenyon en mengotenyon en mogornotosiekwak asi kotononchin minutik ak kobos koimutik chebo mengotet, momi oretage kobaten kiyen kerib mengotosiekyok.

Kanamet.

Yai koitet en imbarengung asi iguye tiongik ak minutik chemiten.

Ibkokuontiet asi iisoengei ngemetab mengotet chob koguontie ne mengotet asi ites minutik en imbar.

HIV&AIDS: Ribetab PLWHA.

PLWHA-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 titye, 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 nemiyni:

Ribindetet ko titye boroinde ne mingin ye imuch korigei ko monyoru ngoyondit age tugul yeisib tetutichu.

- Nyolu ko keun eut ak sobunit kotomo iyai boisit age tugul.
- Ilumgei bortangung mising ko eunek kotomo iyochi chi nemiyni.
- Agot komiten kangutaet anan ko korotik ak omitowogik ko ius ak beek.
- Ki tagetugul ne tityegei ak murindo nebo chi nemiyni 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 nguwoy.

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:	
Koborunet ye biit en kaa	Koborunet ye biit en kaa
Eset	<ul style="list-style-type: none"> • Istechin ingoroik chemotoreti kii ak ituch. • Imut chito ne miyoni kuwo ye miten koristo. • Tuch ak ingoriet ne tuwon ne koginde beek che lolongen ak kigochi chaik goe. • Igochin kerichek paracetamol 500mg oeng ye ibata saisie 4.
Loliyot	<ul style="list-style-type: none"> • Nyolu komiten koristo ne yamat. • Chomichin ne miyoni kuwendot kosir koru. • Igotuch kutit yon lole ak eut. • Kigochi beek chechang ak logoek. • Igchin chaikab lemom ak kumiyat. • Ka ngoletab kerichek komuchi kotoret.
Igo kerak Teget	<ul style="list-style-type: none"> • Toret kou loliyot. • Agot kogerak serunek itugi sogekab chepgogutgei (blugam). • Igochin koe beek chechang.
Kalutik	<ul style="list-style-type: none"> • Boisien kipsitit en Gelek. • Istoengei burgeiyet neo anan ole kaitit ak omituwogi che mi bilibilik. • Boisien beekab chumbik komo anan ko kaibata omituwogik asi iwendi ruyonik. • lyome aspirin oeng iunen kutit konyil 4 en betut.
Korionget ak kangutaet	<ul style="list-style-type: none"> • Ingonyor koristo ne yamat. • Ingonyor omituwogik cheu biasinik, mogo cheyomiotin che ichegen. • Ingonyo beek en abokora ak logoek. • Kerichek alak kou ARV kimuchi ketesta omituwogik ago motugul.
Mandaetab moet	<ul style="list-style-type: none"> • Ingonyor beek chechang ak logoek en abogora, kou korik ak sutek. • Ingoe beekab chumbik chelolongen che kechiget agenge koibe 1litait. • Ingonyor omituwogik che bei chemotinye sugaruk. • Ingonyor kou kimiet ak moko.



Igoistoengei	<ul style="list-style-type: none">• Ingoboisien biasinik,muchelek,magatiat,nyanyik,indisiot che mogitesi kii•ingoyomis konyil 5-6 kosir 3 ago chechang.• Logoekak inguwek akuwam indisiot.• Ingoisitoegei chego tugul.• Omituwogik che muanik.• Kou kawek.• Che kagibe.Igotestai ko chuchun lakwet kouitu moet keboisien mwaita neu petrolem jelly.
Teretab moet	<ul style="list-style-type: none">• Kibo beek chegiee• Itaban beekab eet en ole kararan• Keboissem kounetab eut sobunit kotomo ak yeibata omituwogik• Konyor omituwogik che lologen moche koitit.
Magatet ne yamat ak koutute	<ul style="list-style-type: none">• Boisien beek che lologen ak sobunit.• Ingonyor yamet yon imuwetisiei.• Mat iboisien sobunit ne kiim.• Boisien muwaita kou vaseline ak alak chetongusen.• Magatet ne iutute keboisien calamit asi kogaitit.• Sogekab chaik che ka kilalak ke muweten.• En omituwogik ko nyolu komiten kou monget,maayat,sogek chenyolilen ak pawpaw.
	Mook.iun ak beek che tililen ak inde kerichek.
Chesiru	<ul style="list-style-type: none">• lunen beekab chumbik asi koyamsi• Igochin aspirin ye kose koututos• Boisien pawpaw imalen asi kogaitit.
Ametab metit	<ul style="list-style-type: none">• Imuchi kobit yon kenyor koimut• Toretet ko kigochi kerichek 2 chebo paracetamol 500mg abo kora yeibata saisiek 4.
Kebebertab borto	<ul style="list-style-type: none">• Ye kabit mook keboisien beekab chumbik.• Imuchi koruonik anan ko miondo.
Karnet	<ul style="list-style-type: none">• Tuguk kou panget anan rotuwet keisto koloit.• Nyolu ketoret chi ye nyorgewelnatet.• Mat kebagach inegen en kaa.• Kitaban kerichek en ole ungat.
Rebetab ne miyoni	<ul style="list-style-type: none">• Nyolu ketore ki wisi en kitok asi manam tomonget borto.• Keganab asi komuch kowendot.• Keistechi ingoroik cheruen.• Kewolchi che ilochi.• Ke muweti bortanyin en abogora.• Kigochi tililindo ne yamat.• Kesochi bortanyin igotinye mook.



HIV/AIDS:

Amune ak ole kimuche kigoiten kagaigaet.

Kagaigaet ko kegas che mwae chit oak kigochi katikanutik che imuch kotoret ak kogochi kamangunet. Bo iman kele logoiwek alak komache kagaigaindet ne kignet. Ngandan, agemnge en echek komuche kotoret koib kasarta kogasi choronok, tufhosiek anan ko bikab kokwwet che tinyei HIV/AIDS kindoigei boroindonywan ak kigochini ngalek che imuch kogaigai ak che imuch kotoret.

Amune si konyolu kigaigais?

- Ketoret chito koguyo uindo netinyei
- Ketoret kecheng oratinwek che kimuche keistoen uinwechoton
- Keitchi ngalek che kororon, che bo iman kosibgei ak uindo ne mi en ngunon.

Boisietab kaigaindet ko kobuur ak chi ne tinyei uindo ak **kogas**. Kogas tebutikwak, kopchei uinwekwak, kogas agobo kagesenywan ne bo tuguk che kayak en ichek. Kogochi walutik che kororon ak che imuch kotoret kotiengei ak magukwak, ak kogochi kamangunet ak kimnatet. Ibwaat: Mami ngala yon magingen walutik tugul! Walun ole imuche iit ak isom toretet en bik alak yon imakchinigei.

Ibwat ndo yon igoigoe chito ne tinyei HIV / AIDS. Ne ngaleguk che bo kagaigaet ak kotigonet koitchi.

1. Chito ne imuch kokagebiman kotindoi HIV.
2. Chito ne arakenchin agobo meet koyob HIV / AIDS.
3. Chito ne tinyei HIV/ AIDS ne mache kotestai koyai chamnyet.

Geeret:

1. En chito ne imuch kokagebiman kotindoi HIV
 - Igochin geeret kole kitiny miando ko ma iboru kole wendi komee chito konegit. Chito ne miani komuch kosob en kenysisiek che chang yon Kasich kerichek ak ribet ne mie
 - Konai kole ma inegen ne miani, ak bik che chang kokinyor oratinwek che imuche kosob matin komiandos
 - Kigimit chito ne minai koistaen gei chamnyet asi komatestai miando koet ak komatkoitchi bik alak che imuche kotes uindo

- Kigimit kotestai koois yon tokogimet. Kotestai konde konorwet ne bo kapchiinyin. Bik komanyolu kobakach boisiet amun kagele miandos
- Ibwoatchin agobo amisiet ne mie ak keba chigilat en aba kora en sipitali

2. En Chito ne arakenchin agobo meet koyob HIV / AIDS

- Chi age tugul konyoru meet kotinyei AIDS anan komatinyei, ago kawaida kegas aroget
- Igochin kamangunet en geeretab kanisa ne imuch kotinyei chichoton.
- Ibwoatchin chito agobo ribset ne mie ak konyoiset ne imcuh kotes boroindaab sobet ak ribset
- Igimit chito kocheng kakwoutik che imcuhe konyorunen magutikwak komait komian missing (ko u pcheet ak bik, minsetab ketik , kanametab kurupisiek che kitoretengei)

3. En chito ne tinyei HIV/ AIDS ne mache kotestai koyai chamnyet

- Tesetab tai keyai chanyet komuch kopcheita miando koitchi bik alak. Agot ngot kinyor chi AIDS en nyasut, koyai bik alak komianso komoibu boboiyet anan walet.
- Mi kebeberwek cheterchin chebo HIV. Ketestai keyai chomiet komuch koityi chito kebebarta ne ter nebo HIV ne imuch kotes miondo ak kogon uinwek. Matitei cheng konamin kogeny sitei ikimitu.
- Kerto ano chito ne mioni yan ka inamda chito age miondo? Ne keeret ne mie eng nitoton.
- Ibwoityin chito ne mioni ile oret ne kinyorunen boiboijet ko mo yaetab chamyet anan koborunetab chamyet. Chang tuguk eng sobet cheimuche koib boiboijet.