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World TB Day– 24th
March 2017

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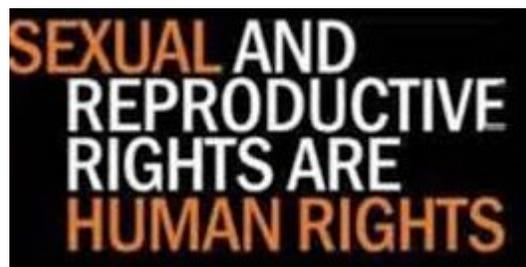
KANCO Newsletter February 2017 Issue

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Our Goal: Providing leadership among CSOs in contributing towards realization of universal access targets in Kenya.

Vision: Healthy people, empowered communities.



Theme of the month: Sexual Reproductive Health and Rights

Sexual Reproductive Health and Rights is at the heart of the health and wellbeing of all humans; It's the gateway to reproduction and this must be safeguarded at all times for all people as an inherent right. This right is safeguarded in different conventions, declarations, and consensus agreements etc. mostly as a component of the universal right to the highest attainable standards of physical and mental health. However, despite these noble provisions, access to SRHR services hasn't always been equal to all, some key populations remain sidelined with stigma and other compounding factors at the heart of it, especially the key populations, who have concentrated epidemics of HIV as well as other SRH challenges and who ultimately become bridging populations to the general population. This therefore calls for more targeted interventions for the most at risk taken on with the due urgency.

KANCO is presently running about 5 SRHR projects with targeted interventions for both the general population and different Key population groups with service provision as well as advocacy for equal health SRHR services.

KANCO CAHR partners innovations for SRHR

Teens Watch, Ukunda, Kwale

Teens Watch reaches out to people who inject drugs, their spouses and families. Serving a population of 2000 PWID of which 35 are women, the NGO focuses on the human rights aspects of SRH. Teens Watch has been working with key populations for the past sixteen years, but the SRH component for PWID was introduced in 2013 through a youth and key population friendly model. The organization strongly believes in integrating the human rights aspect into their SRH service delivery mechanism.

The program offers outreach services including HIV testing and counseling, STI screening and referral for treatment, condoms, lubricants, education on risk reduction, family planning options and quarterly ses-

sions for partners that include STI screening for partners. Sister-to-sister talks are held among women using drugs at the projects, and hygiene packages are distributed to them. This is an additional package for women, besides the basic hygiene packages that are provided to all PWID at the drop-in-center. They also provide free clinical services for children below five years, outreaches, referrals and legal aid in cases

of violence. The program sustains direct contact with the PWID community and provides personalized follow-up through the Case Manager and Clinical Officer, besides other levels of staff.

“Often in PWID programing is that there is an assumption that PWID cannot adhere to treatment, but if they understand

treatment, they embrace it. Initially we used to offer incentives for service access but we no longer do’

The Nursing Officer at the Comprehensive Care Clinic (CCC), Diani Health Center observes that **“PWID have adapted to government health services with time and I have seen them become more confident since their first accompanied visit”**

Cosmus Maina, the Director of Teens Watch **“SRH works for key populations!”**



Reachout Director, explaining the operations of their SRHR clinic during a KANCO visit

Reachout Center Trust, Mombasa;

employs the innovative **‘pedestrian model’** that combines services delivery through static and mobile units using a caravan approach. This is intended to reach people where they are, and also to encourage them to access services in

the clinic at the DIC. The team comprising the Manager, Clinical Officer (CO), nurses, peer educators, and data officials work collectively to provide consistent SRH services.

Taib Abdulrahman, the Director of Reachout, attributes their **successful program to devotion and passion of the team guided by their policy “SRH for all”** policy

Omari Project, Malindi;

Omari Project provides services to a target of 2000 PWIDs with about 30 percent being women. While they have been conducting SRH referrals since they began working on harm reduction, they started their own clinic in 2015. SRH has been integrated into the harm reduction program. The entire team works together on ensuring that the key population access SRH services with dedicated staff primarily to the SRHR component. They play crucial roles particularly in terms of case-management and following up on STI screening and testing for TB and HIV. [The National AIDS and STI Control Program \(NAS COP\) has recently lauded the NGO on its case management in relation to SRH and HIV integration, particularly for their achievements in terms of adherence to ARV.](#)

Omari offers information on SRHR, conducts regular group counseling twice daily in groups of groups of twenty. Their lunch

program provides food for 45 people, and has been a factor to bring people into the harm reduction program. Now that methadone is available, people have begun to rediscover themselves and want to be gainfully employed. Although most of the WWID who are engaged in sex work and are homeless, they are keen to access methadone and SRH services. It was found that WWID encounter various problems related to pregnancy and delivery, and so close relations have been established with antenatal clinics and the MAT clinic to ensure that these issues are addressed, and that newborn babies having symptoms of neonatal abstinence syndrome are appropriately taken care of. Couples that were into drug use have started involving their partners in treatment and this has resulted in significant improvement in treatment adherence.

The clinic manages abscess cases and minor ailments, but for more compli-

cated medical problems, people are referred to government hospitals through the MAT clinic. It is still a challenge to procure medication for people who cannot afford to buy medicines or pay for laboratory tests, so they are compelled to seek waivers from hospitals.

Some of the staff have been trained as paralegals, and they follow up on legal issues encountered by the PWID community. Omari has also signed an MoU with the probation office. This has enabled them to manage legal cases and petty offences related to PWID. They have also been able to advocate for reaching prisoners with SRH services as part of their ongoing visits to prisons to provide services for HIV, STI and TB. The NGO also provides after-care programs for people who complete their prison terms and encourage behavior change.

KANCO gets a Vaccines Award!



KANCO vaccine awarded by the Ministry of Health for Supporting Routine Immunization

KANCO participated in the Inter-governmental forum for vaccines held in Machakos, attended by representatives from GAVI, USAID and world Bank teams among other Health Systems Strengthening partners. The meeting was convened by the ministry of health with the objective to renew stake-holders commitment to

improving immunization– improved coverage and ensuring access to high quality vaccines by all in the country, peer review each other’s performance, strengthen coordination mechanisms towards achieving National and Regional Immunization targets and make recommendations, review minimum structures and standards needed for effective immunization service delivery and deliberate on upcoming immunization Strengthening opportunities as well mark the Launch of the 2016 Measles Rubella Coverage Survey Results

During the meeting, The Government of Kenya appreciated the impact of immunization services in reducing child mortality and morbidity in the country observing ***‘It is through the effort of various stakeholders and County Governments as implementers that this has been possible’***

The GOK pledged its commitment to optimize on the stakeholder participation and engagement, and

sustain the gains realized. The meeting also saw the launch of the of the National Measles Rubella Coverage Survey Results, Review country status of Immunization service delivery and make recommendations for improvement, discuss the implementation of the upcoming GAVI HSS Grant and establish a coordination mechanism to work towards achieving our Country immunization targets.

Also the consultative provided an opportunity to collectively review the Kenya HSS grant performance Framework as well as review KANCO’s HSS budgets and work plan for final approval by GAVI.

As an appreciation to the organization’s work in supporting routine immunization, KANCO was given an award of recognition.

KANCO Partners in the AID & Development Forum Africa Summit

KANCO among the media partners in the ADF forum



KANCO partnered and participated in the AID & Development Forum, Africa Summit that took place between the

28th-1st of march 2017.

The two day forum focused on the use of mobile technology and technology to support community resilience.

The forum was graced by participants from across the globe and from

different service provision arenas.

The forum also provided an opportunity to showcase

expertise and technological innovations, as well as fostering learning, knowledge exchange networking opportunities for the participants. Among the major issues, discussed included the need for more innovations for effective service delivery, this is in the face of the ever increasing human fragility and humanitarian crisis which makes partnership key coupled with the need to link science with practical needs.

KANCO Watamu DIC



KANCO Watamu DIC and Headquarter staff during a visit to the

KANCO's Watamu drop-in-center provides HIV prevention through a comprehensive harm reduction approach targeting mainly PWID, though they also work with sex workers and MSM who use drugs.

The team uses a fully equipped mobile wellness van to conduct quarterly SRH outreach besides their regular outreach. Through

this, they provide information and services on SRH targeted primarily at women, but also include men who come forward. Peer Educators reach out to the PWID community and refer people to the DIC where clinical care is provided, including STI screening, diagnosis and treatment, screening for cervical cancer, TB and Hepatitis, family planning options, condom distribu-

tion, needle and syringe program, IEC, health talks and referrals to health services. The introduction of the SRH component has boosted services for antenatal and postnatal care and follow-up of post-abortion cases.

When the SRH program began, it was a challenge to convince women to come to the DIC owing mostly to religious and social

factors. Some of the women from the PWID community would depend on men to access the needle and syringe program. So a '**pulling factor approach**' was adopted, which focused on making women who inject drugs central to the program. The program now provides them space to meet at the DIC during which dignity kits are also distributed, and offers them refreshments when they come to access clinical services. Since then, the number of women accessing SRH services has significantly increased.

KANCO Watamu reports an improvement in the PWID community's awareness on the effects of drug use on SRH and this has positively impacted making informed decisions on family planning and contraception. Most of them bring their spouses and children to the DIC for treatment. It was stated that retention has improved for people on ART and also for those undergoing treatment for STI.

BLENDING OUTREACHES: TRANSFORMING THE LIVES OF WWIDS

Women who use drugs are more likely than their male counterparts to acquire HIV. The stigma and discrimination they face increases the likelihood of engaging in behaviors that enhance their vulnerability to HIV and other blood-borne infection. Furthermore, they face a range of gender-specific barriers to accessing HIV-related services, experience disproportionately high levels of stigma and discrimination, often compounded during pregnancy, and also as mothers. They are also often unlikely or unable to negotiate safe sex practices with their primary partners. Sexual risk-taking may be related to feelings of trust in a relationship, or they may be culturally embedded in the gendered distribution of power. Attempts to negotiate condom use with a primary partner can thus result in violence, isolation and exclusion if taken as an unwanted challenge to fidelity or privilege within the relationship

Mostly they are unable to get into stable jobs, thus often en-

gage in risky transactional sex sometimes with multiple partners for drugs, which further takes their negotiation for safe sex away. They are also more likely to have to inject in a public space, where they will frequently hurry to avoid detection; this increases their risk of injection related-injury, and contributes to a reduced likelihood of using sterile equipment. Winnie* a 27 years old female injecting drug users who currently resides at Timboni soyo soyo and a mother of two, has been an injecting drug user for the last eight years. Winnie started using bhang at the age of fifteen when she was in form two in one of the local high schools after where she was introduced to drugs by her fellow students, from then she got addicted cumulated to self-negligence and poor performance

Winnie came from a moderately well to do family, so she had quit some money to sustain her drug addiction, however over time this was not enough, which led her to sex work., at the time sex work was paying well. In form 3 she got

pregnant which forced her to drop out of school and became a full time sex worker, this also sank her deeper into drugs graduating to injecting.

Winnie was among the first beneficiaries of the CAHR blended outreach on SRHR focusing on women injecting drugs. This created more understanding of sexual reproductive health and rights services as well as linkages to services." I have benefited greatly from the CAHR project, I have learnt a lot on SRHR issues and have been able to get treatment for an STI I had".

she was also able to access family planning services, hygiene package as well as learn of her pregnancy. The DIC staff supported her through it, including ensuring she delivered in a health facility and thereafter

She is presently recovering from drug use under the methadone program. Winnie has also reconciled with her family members and is grateful of the programme for transforming her life.

'I have benefited greatly from the CAHR project, I have learnt a lot on SRHR issues' Winnie

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OUR VISION: Healthy people, empowered communities

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KANCO is a regional membership network of NGOs, CBOs, FBOs, Private Sector actors, Research and Learning Institutions as well as associate members/partners [across five continents](#). That include individuals and International Non Governmental Organization partners, involved in, or that have interest to effectively contribute to the their national AIDS and disease response as well as advocating for favourable health policies that will promote and enhance increased health service access to all.

Established in 1990, KANCO has a membership of over 1200 partners in Kenya and other countries within the region namely: Burundi, Seychelles, Mauritius, Uganda, Ethiopia, Tanzania and Zanzibar. KANCO [RESULTS](#) is also a partner with different regional and global advocacy networks such [ACTION](#) and RESULT. In 2009, KANCO was accredited as the Linking Organization (LO) of the [International HIV/AIDS Alliance](#) (The Alliance), a global network that supports communities around the world to reduce the spread of HIV and meet the challenges of HIV and AIDS and related health issues.

Guided by the vision of *healthy people, empowered communities*, KANCO has evolved to become a premier agency for sensitizing, mobilizing and promoting collaboration among civil society organisations (CSOs) working in the region.