

Upcoming events

International day against
drug abuse 26th June



KANCO Newsletter May 2016 Issue

April 2016

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

Vision: Healthy people, empowered communities

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Launch of the KANCO grassroots movement in 2014

Theme of the month: Grassroots/citizen Advocacy

KANCO with the support of Results UK launched the grassroots movement in Kenya in 2014. Two years down the line, these citizen advocates have not only grown in their chapters but also actively participated in policy reforms discussion. Anchored on the constitutional provision for public participation, integrity, equality and devolution, the citizen advocates have been trained and engaged with their elected leaders to effect policy changes and contribute to their wellbeing.

Following a successful two-year piloting of citizen advocacy, based on the adaptation of the successful RESULTS grassroots advocacy model in 11 counties, to establish a solid cadre of grassroots who will influence the health priorities of their county governments, KANCO was in 2015 awarded a scale up grant for the grassroots advocacy model by USAID. Under a project dubbed 'Wezesha Mashinani', the grassroots model continues to grow, building up on gains made through the citizen engagement model and promoting citizen participation as enshrined in the Kenyan constitution.

On the road to TICAD

Gearing up towards the upcoming important events that provide significant moments to profile the health agenda, Tokyo International Conference on Africa Development (TICAD VI), G7 summit, and the 5th Global Fund Replenishment in Montreal Canada), CSOs led a delegation to the Japanese embassy, for a discussion given that Japan is one of the G7 members and among the founders of the Global Fund.

The CSOs discussed the potential they saw in these forthcoming forums and placed their strategic health asks for the same. Engaging Mr. Yuki Yoshida, Advisor Economic Cooperation Division, the following issues were tabled:

On the 5th Global fund replenishment, to be held in September 2016, Canada, the CSOs asks were to; 1. Increase Japan's pledge to the global fund and 2. Champion other countries to increase their pledge to the Global fund. In response Mr. Yuki reiterated on Japans government commitment to see a fully funded global fund to fight the three diseases. He particularly singled Japans commitment to fight malaria in Kenya, saying a Japanese company has been contracted to supply mosquito nets and there will be communication soon with feedback on the impact and future plans for the same in the country in

in the face of resurgence of Malaria in the coastal counties recording 60% increased infection rates.

Further to this JICA has seconded an Advisor to the TB programme to support in capacity building for government staff and support diagnosis, analysis of TB cases and data management at the counties.

On the G7 Summit to held 26-27 May 2016 I Japan, the CSOs delegations asks were around the oncoming Global Fund replenishment to ensure that the G7 countries continue their commitment and hopefully add their contribution to the kitty as well as continue their commitment to support the Sustainable Development goals (SDGs) health targets. In response Mr. Yuki said the embassy will get in contact with Tokyo, on the proposed increase of their contribution to the GF kitty as well as work closely with the G7 countries to make this a reality

On the (TICAD VI) set to take place in Nairobi on the 27-28 August 2016, the CSOs asks were an update on the implementation of the Yokohama Action Plan 2013-2017 as a precursor to the Nairobi Declaration, and also for the involvement of CSOs in the sensitization meetings leading up to TICAD and that

the CSOs views to be included in the Nairobi declaration

The response was that, even though the call for attendance had been closed; the embassy would liaise with the organizers to see the possibility of including the CSOs in the process. On the Yokohama Document, it's a living document that is addressing the Universal health coverage (UHC) thus its being operationalized.

Other important emerging issues from the discussions: Health sector is one of the most important assistance area for Japan Government, Japan will take over the World Bank initiative on monitoring capabilities of counties in health, further Japan Government supports the Beyond Zero Campaign while Japan's Private Sector is considering to fill the vehicle/s gap to facilitate the campaign. Also Kenya is the first country supported on UHC. In August 2015, the Kenyan Treasury and Japan Government signed a Kshs.33 billion loan for Ministry of Health to attain UHC. The financial support is for Primary Health Care clinics and Free maternity services. The loan has been extended till 2017.



CSOs delegation to the Japanese Embassy

GRASSROOT ADVOCACY

Following a successful two year pilot program with the results of RESULTS on grassroots program, KANCO was granted a scale up grant by USAID to build on the gains made in the pilot program in a project dubbed *Wezesha Mashinani* guided by the slogan

“Devolution effectively implemented”.

Through this project KANCO will organize citizens to provide oversight to devolution in line with USAID development initiatives.

The project aim is to establish four healthy citizen chapters in Murang'a, Turkana, Siaya and Vihiga to engage in health advocacy and promote change in the policy environment and in service delivery. County entry meetings as start-up activities have so far been completed. The grassroots have been able to engage their elected leaders and establish partners they will be working with.

The citizens in the initial consultative meetings have been able to

identify key advocacy issues within their counties ranging from health financing, accountability, strengthening citizen/grassroots advocacy, multistakeholder involvement in policy processes (Policy makers, CSOs, media etc) The process also involved situation analysis and propositions of practical solutions that the grassroots can take on: some of the challenges identified include: limited or Lack of community participation in budget making process as well as other public interest activities within the county, Lack of political will by the political leader to address the major issues affecting the community in relation to health, laxity on follow up mechanism for Community Health Workers (CHW) and other health units as well as information trickle down from the leaders to the community. The Wezesha Mashinani project hopes to create Healthy and empowered communities with im-

proved living conditions, create Champions among county administration leaders, elected officials and citizens/civil society, increased transparency and citizen-led accountability, create a force of Informed citizens systematically and regularly engaging key decision makers including local and national media on health and financing issues in Kenya as well as Increase partnership between government, citizens and private sector

All this effort is geared towards safeguarding the future for a better future to stand in solidarity with those who are not able to access health services as a basic human right. Guided by the values of Non-partisanship, non affiliation, Altruism, Respect, accountability, Support and solidarity with one another, communication and providing evidence based solutions. The project objectives will be achieved through: Writing letters, Face to face meetings, Walks, Position papers, Memorandums, Letters to the Editors, Public *barazas* as well as Inviting likeminded citizens to take regular action

Across Kenya, there are about 164 active grassroots citizens, actively engaging their elected leaders on different issues affecting them through the different mediums among them letters as sampled below to bring about the change they want to see in their communities

Hon. Peter Wani
Mathira Constituency
Ref: _____
AUGUST

Sir,

I am a preacher in Gatina. You may not know me very well but talk to anybody from Gatina about S.B and you will be brought to my house.

To be precise I have been asking believers to stand in the church but money never respond. I thought it was negligence just to learn later that there's a BIG, BIG Health problem in every household there is persons suffering from either Diabetes or Blood pressure or some of those so called Non-Communicable Diseases. I have also learnt that these diseases are widespread in Mathira.

I was further shocked to learn that 80% of patients being referred to Kenyatta National Hospital for the same treatment hail from our County - i.e. Nyeri.

No please. Something must be done. At least we are happy you're in parliament and we have confidence in you.

Please talk to other M.P.s from Nyeri and come up with a motion in parliament to get supplementary Budget to support actions against these diseases.

Most important still is to request our beloved President H.E. Kenyatta to

19th February, 2015
Email: nyeri@nyeri.org.ke

THE MP TETU
CONSTITUENCY
HON. GETKENJI

Dear Hon. Getkenji,

My name is Lynae Njeri Ruthe, a member of Tetu Constituency and a Community Health Worker attached to Ithuru Health Centre in Makaya Location.

I write to bring to your attention an issue related to the current situation on nutrition in Kenya. Study states that 2.5 million children in Kenya are severely malnourished most of those children come from poverty stricken populations. 50,000 children (140 daily) in Kenya die because they are underweight, have vitamin A deficiency or are not exclusively breastfed for the first six months of life (Population Reference Bureau, 2014). One in every 2 women suffers from iron deficiency which can lead to giving birth prematurely.

Different ministries in the government, i.e. - Education, Agriculture, National Treasury

HARM REDUCTION ADVOCACY TRAINING



The East African harm reduction CSOs representatives at the training

Kenya and the greater Eastern Africa region is home to thousands of people who inject drugs. While the national contexts differ, challenges relating to punitive drug laws and poor access to essential harm reduction services are common to all as well as the desire among people who inject drugs to organize in order to claim their human rights and advocate for access to services

In Kenya, one in every five people who inject drugs is living with HIV, and over half are living with hepa-

titis C. The majorities do not have access to life-saving treatments, and epidemics are left to expand unchecked as needle and syringe programs are limited to small pilots, and exorbitant prices preclude the limited opioid substitution programs from the majority who would benefit from them. Despite Kenya's repressive legal environment, violent and abusive policing practices, and widespread stigma, discrimination and intolerance, there is a voracious appetite among the injecting community for knowledge, for access to harm reduction and legal services, and for an understanding of human rights and a will to organize.

With important days fast approaching to the harm reduction communities such as the [Global Day of Action](#) 26 June 2016 preceded by the mobilization of communities through the ongoing [support don't punish campaign](#) as well as the [United Nations Special Session \(UNGASS\)](#), The Kenya AIDS NGOs Consortium (KANCO) convened a five day meeting for the regional harm reduction project implementing partners for a training on advocacy. These CSOs are faced by different contextual working environments and thus a training on advocacy was timely ahead of these oncoming global events. Some of the important

advocacy issues for the region include but are not limited to:

- Change laws and policies that impede access to harm reduction interventions for people who use drugs;
- Raise awareness about the need to stop criminalizing /punishing people who use drugs
- Raise awareness about the need for greater funding and attention for essential health services and other 'support' for people who use drugs;
- Promote respect for the human rights of people who use drugs; and, Engender public support for drug reform.

Grassroots Advocacy partner of the Month: Action Now Kenya (ANC)

Action Now Kenya (ANK) is a Kenyan local Non Governmental Organization (NGO) that has been in existence since the year 2000 and officially registered in 2001, under the NGO Act of 1990. Through its 16 years of existence, ANK has developed and worked at the grassroots level within various informal settlement areas in Nairobi and since 2013, the informal settlements and rural areas of the Kajiado County.

Before the [Results](#) training organized by KANCO where ANK is a member organization, ANK was not involved in advocacy. The main activities previously implemented comprised community education especially for women in micro enterprise development, health and education that encompassed vocational skills training for youths, and mentorship and lifeskills training for children.

With regards to health, ANK trained communities in HIV/AIDS, TB, and treatment adherence as well as other general health aspects including: nutrition, maternal and child health, immunization and sexual and reproductive health.

The ANK team leader was trained by Results in August 2014 in grassroots advocacy and within the training program she participated in the advocacy day in engaging various members of parliament. As a result of this activity and other accelerated advocacy activities, the Kenyan parliament discussed the issue of the shortage of TB drugs and funds allocated to bridge the gap in TB drugs.

Since the training and uptake of the grassroots advocacy model, ANK has participated in policy review processes, training and recruiting grassroots, mobilization for action, community dialogues and public participation among other things. Through these they have made major milestones in the process below are some of the highlights of their advocacy:

- Identification and training of about 50 grassroots advocates in Kajiado North, West and East
- Introduction of grassroots advocacy concept to over 100 community members (who are now allies to the grass-

root advocates)

- Influencing of Water policy for presentation in public participation and further tabling in the Kajiado County Assembly
- Influencing of Waste disposal policy for discussion in public participation forums and presentation to the County Assembly
- Influencing the formation of Kajiado County Environment town committees to address the issue of waste management in the county, after directly engaging with the governor and the County Executive Environment Team.
- Results from the efforts grassroots advocates trained in Mashuru towards the improvement of the Mashuru Health centre; new medical providers (11 People); constant drugs supply; hospital operating during the stipulated hours
- Collecting community views on Level 3 and Level 4 Health Facilities in Kajiado North and sharing feedback with the Health facility leaders & county health management team.
- Facilitating community ownership of Ongata Rongai Health facility and participation in cutting grass and clearing hospital compound that led to the Hospital Administration convinced setting aside funds for a lawn mower for ease of maintenance of the hospital compound. This activity also gave the sense of community supervision that has since positively transformed the health service delivery in the Ongata Rongai Facility.
- Community mobilization and education on the importance of participating in the assigned citizen participation forums as per the Kenyan context of devolution.
- Allocation of funds to the health sector towards completion of two level 2 Health facilities i.e. the Gataka and Ole – Kasasi Dispensaries and the Ongata Rongai level 3 health centre.
- Influencing 63% of funds in two Wards in Kajiado North within the budget process that will be implemented in the financial year 2016 – 2017. This is the most amazing impact experienced by ANK that has been achieved as a result of the Results Grassroots Advocacy Training.

- As a result of understanding the role of grassroots Advocacy, ANK is now very strategically placed within the County to influence public participation processes to improve budgeting and accountability processes within the county. This is a direct link due to the devolution structures in Kenya that constitutionally require citizens to participate actively in the decision-making processes at the county level.
- At the National level, ANK has actively participated in engaging the Member of parliament on matters of health policy including engagement on Nutrition, Immunization and currently the Global Fund pledge.
- ANK has facilitated citizens to write letters (including a child) of engagement to the leaders, including letters to the Member of Parliament to request the president to call a round table meeting for all relevant players to discuss Nutrition; Letters to the M.P to request the President to pledge funds to the Global Fund; and letters to the MCAs to request a report of action from the County Executive Members in charge of Health, on the efforts in place to address the reducing levels of immunization.
- ANK has also engaged the Media in advocacy and had an interview on immunization published in the Kajiado County Press. Though the media interviewer misrepresented the facts given, the county has taken measures to address the immunization coverage, having hosted the last launch of the polio campaign and also having been covered in the mainstream media presenting efforts in place to upscale increase immunization coverage in the county.

Kenya AIDS NGOs Consortium (KANCO)

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KANCO is a regional membership network of NGOs, CBOs, and 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 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 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.

Healthy people, empowered communities

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