

*Introducing the
new.....*



#small #smart #strategic

Upcoming events

The International
AIDS Conference

Kanco rolls out a
new project Focusing
on Key Populations
(The peach project)

Inside this issue:

KANCO hosts the
civil Society Health
Budget Advocacy
Meeting 2

Health Insurance Coverage;
key in Domestic Financing in
Kenya 2

Giving a voice to the voice-
less- the lived experiences of
children of key populations 3

AIDS 2016: Access Equity 3

Nutrition desk Updates 4



KANCO

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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: Nutrition

Globally the world marked the world breastfeeding week 2016, themed “Breastfeeding: A key to Sustainable Development” centered on raising awareness of the links between breastfeeding and the Sustainable Development Goals. The effects of breastfeeding on children's development have important implications for both public-health policies and for the design of targeted early intervention strategies to improve the developmental outcomes of children. There is also evidence of small but consistently positive effects of breastfeeding on intellectual and psychosocial development.

KANCO is presently implementing the Nutrition project dubbed Pwani Lishe Bora aimed at improving Maternal and Young Child Nutrition for Under Fives and Women of Reproductive Age including Adolescent Girls and Women before Pregnancy in Mombasa County, key among the issues the project advances being breastfeeding.

The project seeks to: Enhance mobilisation and political commitment for nutrition, Scale up of actions on nutrition at country level, Strengthening the expertise and knowledge base on nutrition geared towards improving maternal health and reduce child mortality

KANCO HOSTS THE CIVIL SOCIETY HEALTH BUDGET ADVOCACY MEETING



Delegates representing different countries at the CSO health Budget advocacy meeting

KANCO in collaboration with the Global fund and WACI health convened a regional CSOs meeting dubbed 'Civil society role in health budget advocacy'. The pan-African meeting that saw participants from 12 African countries, sought to discuss and unpack the role civil society health advocates can play towards ensuring that there are adequate resources for health.

The world health organization's envisions health system that comprise of service delivery, health workforce, information, medical products, vaccines

and technologies, financing as well as governance and leadership structures in place. For this to be achieved, there is need for complimentary funding between resources generated in country and external funding. Therefore the push for Domestic resource Mobilization resonates with the external push by health funders like Global funding to comply to the co-financing policy

This learning and sharing forum sought to build the case for domestic resource mobilization, through discussion an evaluations of what has worked , as well as see possible ways to build synergies between Domestic resource mobilization and the Global fund. This culminated to the debate on what the role of CSOs health advocates can/continue to play to ensure that there are adequate resources for health

Presenting on the Domestic Funds Leveraging External Funds, Global Fund associate specialist Amina Egal Observed, ' *Domestic Resource mobilization continues to play a key role from low medium income countries to High income countries and most African countries are on a good path towards domestic recourse mobilization for health* ' she however noted that " *health is no longer much of a priority among donors*"

which is a worrying trend and therefore Domestic resource mobilization for health becomes critical.

Officiating the opening of the meeting KANCO Executive Director Allan Ragi observed ' *Strong health systems are essential to achieving health and development goals, and therefore as CSOs we need to advocate for health resources relentlessly*' challenging the health advocates he added that ' *If those in advocacy don't change their narrative, people already know what we want, we therefore need to understand other areas like the budgets, the gaps and also know what we can do, because we cannot push for domestic resource mobilization if we do not know what we want.*

The two day forum provided an opportunity to share best practices and make country plans that the CSOs will push in their respective countries towards ensuring adequate allocation of resources for health. This initial discussions will them trickle down to the represented countries towards increased domestic resource mobilization.

Domestic Resource Mobilization for Health: a collective responsibility

HEALTH INSURANCE COVERAGE KEY IN DOMESTIC FINANCING IN KENYA

Kenya is currently planning to scale up health insurance coverage from 17% to 85% by 2030. The move by the Ministry of Health will see nearly all households put on insurance cover so as to increase domestic financing and accountability to support prevention, care and treatment of HIV and AIDS, Tuberculosis, Malaria and immunization programmes.

Speaking at the parliamentarian meeting for domestic resource mobilization in Naivasha organized by KANCO, Dr. Peter Kimuu, Director of Policy and Planning at the Ministry of Health says that Kenya has a huge burden of disease, with HIV, TB, Malaria remaining a huge contributor of death and disability in the country. Dr. Kimuu reiterated that the government budget alone will not finance universal health coverage.

"We need to develop the solidarity and spread the risk, by ensuring Kenyans raise the money through prepayment. This means the risk of poverty will not fall on those who become sick. Currently, NHIF covers only 17% of Households. We must take the message to Kenyans in informal employment. For solidarity purposes, this needs to be compulsory".

With the rebasing of the Kenyan economy into a lower Middle Income country Development Partners would take the new income classification in consideration as funding allocations are made and co-financing commitments by the government are calculated. In this regard therefore there is need to support advocacy efforts to find sustained approaches to health

financing in Kenya. The meeting attracted about 21 Members of Parliament mainly from the three key parliamentary committees including the Health Committee, the Budget Committee and the Financial Planning Committee as well as key leadership from the Ministry of Health, Global Fund, GAVI and partner organizations including WHO, UNICEF, World Bank and CSO's.

The Global Fund Senior Portfolio Manager Mr. John Ochero noted that Kenya is a key ally of the Global Fund, and has exemplified great leadership in implementing GF programs, as well as taking a lead in advocating for replenishment of the Global Fund.

"Since the New Funding Model, Kenya has received 330 Million USD from GF and has committed 26 million and 28 million USD respectively for FY 15/16 and 16/17. This has exemplified leadership, and is not common among African Countries".

In 2001, heads of states of the African union made the Abuja Declaration – a commitment to allocate at least 15% of their annual budgets to the health sector by 2015. Kenya is one of those countries which has yet to achieve this target.

The members of parliament were reminded of their role as policy makers to ensure that more resources are allocated for health programmes in Kenya. The chair of Parliamentary Health Committee Hon. Rachael Nyamai observed

"As MPs, we are here to work together to ensure we increase the budgetary allocation to the health ministry in this country. When we get the funds, we need to get them to where we need them the most- and so there is

need to scrutinize the health budget items as well".

Hon. Stephen Mule, MP for Matungulu and Member of the Parliamentary Health Committee reiterated that it is clear there are challenges in health financing in Kenya and this should be reported to the chair of the National Assembly.

"A three day retreat should be organized with Global Fund, GAVI, MoH and other key partners so as to clear all the grey areas. All the relevant chairs will be tasked to follow this up. The next budget cycle starts next month. We need to be proactive to meet in the next two weeks as the joint parliamentary committee to ensure we can follow up on the issues raised".

As a way forward, GAVI, the Vaccine Alliance Senior Manager-Chioma Nwachuku said GAVI supports 93% of all vaccines and that 400,000 children are not yet immunized in Kenya. She urged MPs to be the champions and speak on behalf of children-speak on the floor and work with the Ministry of Health to get money for health programmes.

Kenya has committed \$26 million in FY 2015/16 in domestic financing for health and it is critical to sustain the momentum. GAVI's support for Kenya will be \$ 32 million in 2016, and Kenya is required to co-procure a total amount of \$3.4 million for the GAVI supported vaccines in FY 2016/17.

GIVING A VOICE TO THE VOICELESS- THE LIVED EXPERIENCES OF CHILDREN OF KEY POPULATIONS



KANCO making presentations during the AIDS conference held in Durban

As a precursor to the AIDS2016 Conference, the Coalition of Children Affected by AIDS organized for a pre-conference focusing on children affected by AIDS. Among these sessions was one that specifically focused on the children of key populations- titled 'All Children Matter! Reaching children

of key populations with family centered care'. The session had presentations highlighting the lived experiences of children of people who use drugs, men who have sex with men and sex workers.

The health, social and legal implications of being a child to a key population parent resonated across the presentations, with children facing similar challenges. The first presentation focused on the reflections of a drug user and parent- a personal account from a former drug user and how she enacted her parenting roles. The presentation highlighted how she had ensured her children were taken care of, amidst stigma from the community. The presentation also highlighted findings from the daughter, who concluded that drug users were capable of being good parents who did not necessarily expose their children to risks.

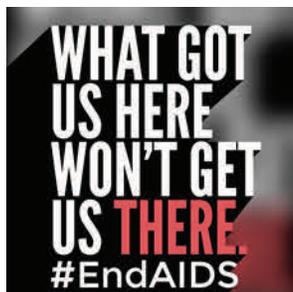
The second presentation, done by KANCO, focused on the key challenges faced by children of women using drugs in accessing services that were available for most other children in the general popula-

tion. Difficulties accessing PMTCT, Early infant detection of HIV and mothers losing custody of their children to foster care and other family members were some of the challenges highlighted. The study findings were an outcome of a broader study on the sexual and reproductive health needs and rights of women who use drug. The study recommended further research on children of people using drugs, ensuring service access to the children of people using drugs and strengthening community projects in delivery of sexual and reproductive health needs.

The other two presentations highlighted responses to needs of sex workers and men who have sex with men. Some of the key issues raised in these presentations were the insensitivities to children of key populations, and their limited access to basic services including education and health.

There is a Durban statement on children, adolescents and HIV available on www.ccaba.org

AIDS 2016: Access Equity Rights Now!



The 21st International AIDS conference (AIDS 2016) Conference attracted 15,000 participants from 153 countries. This was a historic moment, as the conference had been held in the same place 16 years earlier, which was a facilitator then for ensuring ART was made available in developing countries. The 21st conference opening ceremony had a happy-sad feeling to it, acknowledging that 16 years down the line from Durban 2000, access to treatment had significantly increased, with 17 million people now being able to access treatment world-wide, while at the same time, taking note of the gaping inequalities in providing care and treatment, and the dwindling resources being directed towards HIV & AIDS in the recent times. Addressing the needs of populations most vulnerable to the epidemic, focus on women and girls, people who inject drugs, young people, men who have sex with men (MSM), transgender people and sex workers was deemed as urgent. The United Nations Goodwill Ambassador and actress Charlize Theron emphasized that the end to AIDS was so near, yet so far. In her speech, she highlighted the problems

facing the HIV response noting: "HIV is not only transmitted by sex. It is transmitted by sexism, racism, poverty and homophobia. If we are going to end aids, we must cure the disease in our hearts and minds first." The UNAIDS Executive Director, Michel Sidibé, in keeping with the momentum also noted that being in Durban and on Nelson Mandela day was a significant marker for responding to HIV that gave impetus for HIV and AIDS advocates to keep working towards ensuring equity in responding to the disease: "In 2000, people came here demanding respect, rights and dignity. They came to demand access to HIV services. It is fitting, on Nelson Mandela day, that we are back in Durban to challenge the world again."

The gnawing reality of donor retreat came out as the greatest threat towards achieving the 90-90-90 Global targets. While significant progress has been made towards this end with 46% of those who know their status on treatment and 38% of these virally suppressed, there is still a funding need of US\$ 37 Billion in the coming two years. Last year, 600million worth of funding was not available from traditional donors.

Key Highlights from the conference

Harm reduction policy in sub Saharan Africa: During this session held in the Global Village, key approaches, gains and setbacks in harm reduction were discussed. KANCO talked about the work going on in the region through the regional harm reduction project under global fund, showcasing approaches used to initiate policy discourse in Kenya. The project is being implemented across seven countries namely Kenya, Uganda, Tanzania, Mauritius, Zanzibar, Ethiopia and

Seychelles. In Kenya, both local and national leaders had been engaged through various forums including advocacy campaigns for the rights of people using drugs such as the 'support don't punish' campaign, high level parliamentary meetings and engagements with the East African Legislative Assembly.

The status of TB HIV integration: A study done in the previous year as collaboration between KANCO, Action and Results was disseminated in one of the sessions during the conference at the TB HIV networking zone. The study shows the progress made so far in relation to integration of TB and HIV activities at country level, looking at case studies of some of the high burden TB countries globally.

A debate was also staged at the TB HIV networking zone on whether HIV programming should allocate more money towards TB activities. The debate brought to the fore the key issues of debate in TB HIV integration, with a conclusion that more needed to be done to get resources for responding to both diseases, while acknowledging that TB was a heavy burden in the HIV response and the two cannot be separated.



TB VOICES AT THE AIDS HIGH LEVEL MEETING



KANCO TB advocacy manager, making a comment during the TB meeting at the AIDS HLM

As a TB advocate attending the International AIDS Conference, I am used to TB seeming quite extraneous to the burning issues that animate most activists, leaders and the media attending the meetings. Nearly half the time that TB takes the life of someone living with HIV, that person dies without anyone knowing that they had TB, yet few AIDS organizations discuss TB. It is easy to get discouraged.

But I came away from the recently concluded AIDS Conference in Durban, South Africa, with a much greater sense of optimism. We heard about some impressive success stories at the meeting, such as TB-HIV integration success achieved by Humana in India and MSH in Uganda, plus striking research from Malawi [1] showing that it was possible to increase by twenty times the average number of monthly tuberculosis diagnoses among HIV patients.

But my renewed optimism was also due to a sense of

greater political momentum. Political representatives from nearly twenty African countries came together to formally launch an African TB Caucus. We also saw dynamic efforts to engage the religious community [2] in Africa in raising awareness about TB and TB-HIV, which I think will also be essential to success.

The new momentum was summed up by one of the world's most eloquent voices on AIDS and human rights, Stephen Lewis of AIDS Free World, now engaging on TB and TB-HIV.

Lewis spoke at an event where ACTION launched new research on TB-HIV policies and funding [3], showing the burden of TB-collaborative activities often falls on TB programs.

He declared that "this conference can be the turning point" and that "the pendulum is swinging" to a recognition that "we have to deal simultaneously with TB and HIV or else we will never defeat AIDS." He said, "This is a tremendously important battle, and I urge you to keep fighting, because you're not going to be as alone and isolated as you have felt yourselves to be."

This call to action was echoed by a number of plenary speakers at the AIDS conference, including influential activists like Nkhensani Mavasa, Chairperson of the Treatment Action Campaign (TAC), who decried the lack of investment in TB research [4], and Mark Heywood of Section 27, who told a group of leading activists from around the world that the AIDS movement has not done enough on TB. Dr Anton Pozniak told a full plenary session [5] that more aggressive action against TB was essential.

The Minister of Health of South Africa, Aaron Motsoaledi, also championed the issue of TB-HIV, reminding everyone about the urgency of TB [6] at the end of the TAC street march and insisting on action [7] in his summation on the final day. Rosemary Mburu, Executive Director of WACI Health, put it very directly in the ACTION press

conference, urging that the AIDS community take on TB-HIV:

We are looking for a much more aggressive integration of TB-HIV. We are looking for much more leadership from the AIDS community, the AIDS leadership, to take up TB integration. We have seen more of that leadership from the TB community. We are here to see the level of leadership we need to see from the AIDS community.

It is time that this challenge be taken up more widely and TB be incorporated in the work plans of HIV organizations.

Rahab Mwaniki KANCO TB advocacy manager participated in the launch dubbed **From policy to practice:**

Highlighting How the TB -HIV response is working.

According to a TB research done in African countries, including Kenya. Despite some progress made in testing and treating TB, there are still 3,000 children with TB that are not in the health system thus not accessing treatment. In October 2016, Kenya will be the first country to roll out the new TB Fixed Dose Combination (FDC) Paediatric formulation.

At the TB 2016 Pre-conference side lines, Hon. Stephen Mule, MP Matungulu was nominated as the new Chair of the **African TB Caucus**. The role of the Caucus will be to champion TB issue at the legislative level in budget and addressing policy gaps

MARKING THE WORLDBREASTFEEDING WEEK



Representatives from PWANI LISHE BORA, WOFAK, DSW, NILINDE,

The Launch of the World Breastfeeding Week in Mombasa County was successfully done on the 5th of August at the Coast General. It was a colorful event resonating with the global theme encouraging breastfeeding as the only optimal way of feeding infants 0-6months and up to 2 years. Information on exclusive breastfeeding both to mother and child, male involvement in breastfeeding, positioning and attachment amongst many other topics in regards to breastfeeding were discussed.

The occasion graced by Coast General Hospital Staff, County and Sub county Nutritionists, Mothers from different support groups, representatives from the: Director of Health's Office, Chief Executive Officer's office, Pwani TV, Governor's press and partner Organizations such as; KANCO WOFAK, RED CROSS, DSW,

NILINDE, WAHA, KRCS, Mombasa Maize Millers, emphasized on the importance of breastfeeding.

Dr Khandwalla the Chief executive Officer – Coast Provincial General Hospital speech reiterated on the importance of the breastfeeding as a contributor to the Millennium Development goals 1-5 by ensuring a

healthy start in life saying:

'Mombasa county has improved on breastfeeding, currently the coverage is at 68% while the national coverage is at 61%. This has contributed to reduction of infant mortality rate proving that investing in breastfeeding is investing in the future of our county'

Elizabeth Kivuva (Director of Nursing CPGH) expressed her desire to see more and more children grow healthy and strong emphasizing on the importance of breastfeeding within the first hour after birth, the importance of colostrum and the lifelong benefits of breastfeeding on a child's cognitive development.

Esha Bakari the county Nutritionist congratulated the mothers who had joined support groups and recommended that they continue sharing knowledge, challenges and experience amongst each other. She also commended the health care workers and community health volunteers who have gone a long way in ensuring home visits are done and education on storage, preparation and feeding of a child on expressed milk. She also stipulated the role of a man (father), family and community in motivating a mother to successfully breastfeed for 6 months and beyond. In this age and time men play a key role in meal choices at home and in encouraging their partners to choose Exclusive Breastfeeding for optimal growth and development.

The County Nutritionist urged the whole community to encourage ladies to attend Ante natal clinic in order to gain knowledge and make informed decisions in regard to infant and young child feeding. In addition to this, Esha emphasized the importance of having a conducive environment full of love and support at home and within the community to encourage more and more mothers to breastfeed Exclusively for the first 6 months of a child's life.

The Mothers from different support groups received gifts for successfully conducting Exclusive Breastfeeding for the period of six months.

Continuous Medical Education for breastfeeding

Additionally, KANCO through the European Union funded project Pwani lishe bora consortium, has been working closely with the county of Mombasa on delivery of Nutrition based activities. During the WBW, KANCO was able to support the continuous medical education (CME) in Mombasa County, anchored on breastfeeding as part of process to achieving sustainable development.

This exercise was geared towards ensured engagement and collaboration with a wider range of actors including the Mombasa County and other CSOs around promotion, protection and support of breastfeeding.



Mother from Support Group Receiving a Gift from Esha Yahya

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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.