

Upcoming events

World AIDS day 1/12/2016



October Issue

VOLUME 1 . ISSUE 9

OCTOBER 2016

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Mission: *To improve the health and well being among communities through capacity building and promotion of Innovative leadership*

Vision: *Healthy people, empowered communities*



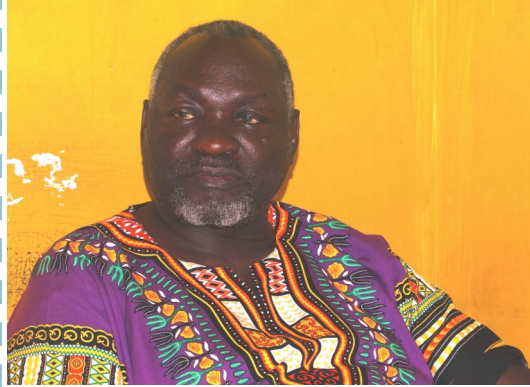
Theme of the month: Community Action On Harm Reduction

KANCO successfully implemented the CAHR1 project between 2012 and 2015 and is presently implementing CAHR2. CAHR 1 project saw the introduction of the Needle and Syringe Program (NSP), launch of the “*Support don’t punish campaign*” for drug users in Kenya, Supported advocacy activities for the Kenya Network of People who Use Drugs (KeNPUD), completion of a [Qualitative research on Access to Care for people who inject drugs](#) and capacity building for implementing partners NGOs and governmental organizations on principles of harm reduction and case management.

CAHR2 programme is a five-year project (2016 to 2021) implemented in seven countries (Kenya, China, India, Indonesia, Malaysia, Senegal and Myanmar). The project is designed to ensure that people who inject drugs (PWID) can access HIV prevention and care services. CAHR2 further promotes human rights for PWID by nurturing an enabling policy, legal and social environment for HIV and harm reduction programming. The project carries out capacity building of civil society organizations engaged in harm reduction initiatives in the respective countries and promotes sharing of knowledge among CSOs with the broader aim of expanding harm reduction expertise in these countries and associated regions. CAHR2 is also involved in strategic information generation through research and innovation.

In these two phases of implementing CAHR, there has been great transformation in the harm reduction environment that has created an enabling environment for PUDs to access health services and lifesaving interventions. Through these partnerships, our partners tell experiences of change they have seen over the last five years:

Needle and Syringe Program: Most successful Intervention (NOSET)



Caleb Angira; Nairobi Outreach Services Trust, Director

Caleb Angira, the Nairobi Outreach Services Trust (NOSET) director recalls vividly the inception of the Needle and Syringe Program (NSP) under KANCO's stewardship. He recalls the hard times they underwent dealing with the myths and misconceptions surrounding the issuance of clean needles and syringes to PWIDs, as he reflects fondly on the evolutions around NSP since 2012 to date.

Caleb observes that NSP has gained popularity with many supporting organizations coming on board and embracing it, including the governments buy-in to NSP as an effective harm reduction strategy.

Despite the challenges, Caleb among other key players in harm reduction in Kenya have continued to appreciate the importance of the NSP as one of the most successful and important among other harm reduction strategies in Kenya which has significantly brought down the sharing incidences among People who inject drugs and consequently the

new incidences of blood borne infections such as HIV ***'One of the most successful interventions we've had is the Needle and Syringe Exchange program, but the onus is on us to ensure that all other interventions follow, and that we sustain the gains made in the program'*** Caleb observes

The inception has created an avenue to engage drug users, have targeted interventions and is an important entry point to build up on other interventions including promotion of sexual reproductive health and rights. Caleb maintains that having the experience, KANCO is in a position to inform on the most appropriate injecting commodities for needle and syringe programs in the country

Needle and Syringe Program: one of the most successful harm reduction strategies

A Thriving Medically Assisted Therapy program at OMARI

OMARI project is a beneficiary of the CAHR 1 and 2 projects. Omari started implementing the NSP project back in 2012 and was one of the key important partners of KANCO in piloting the NSP project in Kilifi County. The Omari Project has a target cohort of about 2000 drug users and targets them with not just NSP but also other integrated services such as SRHR interventions including STI screening and treatment, TB screening, HTC, among others.

The Omari project has had a successful NSP project which created an enabling environment for injecting drug users to transition to Medically assisted Therapy (MAT). The project has



Hamid Ndaris, Programs Director

about 250 clients presently on the county government hosted MAT program supported by UNODC. The Omari Project acts as an essential link between the medical and psychosocial aspects of treatment. In terms of recruitment to the program negotiation with families in terms of relationships and moral support, the outreach project is central to this role. Other services that the DIC provides include psychosocial support, nutrition support, SRHR services among others. The

project cites case management from KANCO as one of the positive aspects for the implementation of MAT, as they have the capacity to identify specific cases of need, especially those on HIV treatment and provide the necessary support.

The success of NSP and subsequently the MAT program at OMARI is partly attributed to multi stakeholder buy in. The Omari project staff has strived over the years to create a good working relations with multi stakeholders. They have a memorandum of understanding with the police and magistrate department in Kilifi County; have established good rapport with religious leaders as well as the families of the people who inject drugs, which has culminated in the development of a conducive environment for drug users to access harm reduction services.

The case management model has been a huge success in most of the partner implementing sites and this has been partly because of the facilitation through KANCO to hire full time case managers.

Teens watch, a harm reduction implementing partner implementing the CAHR 1 AND CAHR 2 in Kwale county is one of the good practice sites and are currently under consideration by NASCOP to be a learning site in the implementation of the global UNAIDS 90/90/90 target- 90% aware of their HIV status, 90% of those testing positive on treatment and 90% of those on treatment being virally suppressed. The teens watch director Mr. Cosmos Maina attributes this selection to “**demonstrated ability through the case management model introduced by KANCO under the CAHR project**” The case management model seeks to enable the organization to follow up clients with clinical needs, ensuring that they access services and monitoring their progress Merida Muthoni a beneficiary of the case management model shares her story



Anita* Outreach worker Teenswatch

My name is Anita* an active drug user and sex worker. I was reached out to by a Teenswatch outreach worker, from the den in terrible shape, I was very sick. She brought me to the case manager, who linked me with the facilities.

The clinician at Teenswatch screened me, I was HIV positive and had hepatitis C and my CD4 count was really low. Here the case manager took me to Diani medical center and I was put on ART. She followed me up for the next 6 months ensuring that I was taking my medication, was accessing nutritional support services which teens watch provides, accessing condoms, was put on family planning and was also accessing clean needles and syringes for injecting. I

was also linked to treatment for STIs that I had long suffered from.

Through these interventions I am happy I have regained my health, thanks to these multiple interventions and in the last visit the doctor said my viral load was undetectable.

I attribute this success to the case management program run by teens watch and I know for sure, had they not reached out to me at the time that they did, and linked me up to treatment, I would not be here today, I have had my fair share of challenges including losing my unborn child, but my recovery has revived my hope.

Although from the screenings I also learnt that I had Hepatitis C, I got to learn more about it and the modes of transmission, I remain optimistic that someday a cure will be available.

I am presently an outreach worker at teens watch, reaching out to my fellow sex workers and linking them to services. I am who I am today because teens watch walked with me.

Innovation for structured Interventions for women Injecting Drugs in MEWA



Muslim Education Welfare Association (MEWA) is also a CAHR implementing partner targeting injecting drug users both male and female in the larger Kisauni area. MEWA has had a success outreach program that has a component of providing shelter to women who inject drugs. The facility that accommodates these vulnerable women and their children, provides not just a safe haven for them but also provides nutritional and education support to them and their children. Through this model, these women whom were first contacted through outreaches targeting drug users with the CAHR essential package (NSP, MAT,ART, HTS,SRHR, targeted IEC materials, condom distribution, prevention management and treatment of TB

and Prevention Diagnosis and management of viral Hepatitis), are brought back to the community and put on treatment that would go a long way in ensuring their reintegration to the community, counseling and guidance to transition from high risk drug use to lower risk or abstinence as well as linkage to MAT



Participants at the Arusha High Level Policy Dialogue Meeting

KANCO with the support of the Global Fund convened a three day high-level advocacy meeting for Members of Parliament of the Eastern Africa countries in Arusha – Tanzania this November. The is part of the HIV and Harm Reduction project for Eastern Africa spearheaded by KANCO in eight African Countries– Kenya, Uganda, Tanzania, Zanzibar, Burundi, Ethiopia Seychelles and Mauritius.

The Arusha meeting brought together Members of Parliament from the Region and participating countries, Ministries of Health, EAC secretariat, Police Forces – Antinarcotics Unit/Department EAC Sectorial heads and EAC Key population country representatives

The main purpose of the meeting was to advocate for a favorable environment for People Who Inject Drugs

(PWIDs) to access comprehensive healthcare. The meeting sought to share experiences on Harm Reduction Programming in the Eastern Africa region, assess the health needs of PWUDS/PWIDS including provision of MAT but also the HIV/SRHR services, build capacity and knowledge base of the present decision and policy makers on HIV and Harm reduction to champion Harm Reduction in the region, build a supportive environment in which harm reduction services are provided as well as to define, assess and discuss the guidelines and policies that are specific to PWIDS and PWUDs including how they impact on provision of harm reduction services to PWIDs.

The high level meeting hoped to create Harm Reduction champions/advocates, get Government Buy in and support for harm reduction policies in the project countries and the Region, create an Improved/

supportive environment through advocacy to review laws that criminalize PWIDS, increase harm reduction resource persons, get the regional Governments Buy in and support for Harm reduction in Ethiopia, Burundi and Uganda as well as Skills transfer in harm reduction in Medically Assisted Therapy (MAT) and Opioid Substitution Therapy (OST).

One of the outcomes of the meeting was the *Arusha Declaration on Harm Reduction*, premised on drug use emerging as a major factor for HIV transmission in Eastern Africa and the need to address the legal and policy barriers, lack of strategic information, stigma and discrimination, and the use of criminal justice approach to Drug use and its related impact as well as effective implementation of public Health interventions for drug users.

The pinnacle of the meeting was the participants appending their signatures and pledging their support to harm reduction interventions in the region

Arusha High Level Policy Dialogue Meeting pictorials

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From top Left: Honorable members of parliament from Burundi, Kenya, Uganda, Tanzania and Zanzibar respectively appending the Arusha Declaration on Harm Reduction during the Arusha Meeting



Febienne Hariga- UNODC- Making a presentation during the Regional High Level Policy Dialogue Meeting in Arusha



Nathalie Rose, IDPC- Making a presentation during the Regional High Level Policy Dialogue Meeting in Arusha



Center Allan Ragi (KANCO ED), and the EANASO delegation from Burundi, sharing some light moments during the Arusha Meeting

Innovation for Improved SRHR for women who use drugs (Reach Out)



The Reach Out Director with the medical team that

Among the successes of the CAHR program is putting women at the heart of the response to drug use in Kenya. The initial program implementation faced community resistance, with PWID feeling isolated, marginalized and stigmatized. This had an even greater impact on female PWID, and especially the coast having a conservative society, the female PWID, are often isolated and thus difficult to reach population among the PWID population. Women are especially vulnerable to HIV and hepatitis

transmission. HIV rates are generally higher among women who use drugs, compared to men. Drug use makes women more vulnerable to sexual abuse, transactional sex, as well the risk of infection with blood borne diseases due to sharing of injectables. However their Sexual Reproductive Health and Rights (SRHR) are often overlooked due to the general idea that people who use opiates are often not sexually active.

In Kenya, it's estimated 18,000 people inject drugs, and research shows only 15% of these access SRHR services, which means women are missing out on vital interventions including condoms and family planning, access to post abortion care, and maternal health services including prevention of mother to child transmission (PMTCT) services. In re-

sponse, Reach out has had innovative and deliberate efforts to ensure that female drug users are reached with services, they have devised a package for women who use drugs which they attribute to their increased uptake of services

The package includes: Introduction of the period tracker that provides individualised menstrual cycle awareness for proper planning, the introduction of the refreshment program, the introduction of the hygiene kit, sister to sister program, the development of the Community Advisory Committee, and a strengthened outreach program that offers services such as STI screening and referrals. They also have fully fledged clinic that offers a continuum of

Transitions from high risk to low risk drug use behavior



A beneficiary utilizing laundry services at the DIC

The Watamu Drop In Center (DIC) was opened in 2013, to offer services to drug users. Using a three pronged approach; peer to peer, outreaches and the static approaches, they have reached and maintained a cohort of 1350 clients with continuous interactions and engagements offering clinical services, HIV Testing Services (HTC), prevention and risk reduction counseling, health talks, provision and

distribution of male and female condoms, information services, needle and syringes, referrals and provision of SRH services to female injecting drug users

Apart from the health services provided the program also provides, nutritional support, hygiene kit, clean up facilities, entertainment as well as creating an enabling environment for nurturing entrepreneurial skills.

Out of the 1,350 clients reached with HIV prevention and harm reduction services on a day to day bases there has been a record of transition change to positive behavior recorded among 33 (29 male & 4 female) clients, whom since the start of the program were registered as injecting drug users. The continuous observation indicated a shift

from injecting to smoking then relapsing back to injecting before shifting back to smoking and now takes Methadone at Malindi Sub County Hospital Methadone clinic. The prevention and risk reduction counselor attest to their behavior change having walked with them since they registered first contact with the drop in center and managed to put them through a risk reduction plan towards behavior change.

Together they have also undertaken other integrated interventions such as family re-integration, psychosocial support and anonymous support group. The clients underwent a lot of psychosocial and bio-medical transition supported with periodic detox intervention to stabilize their craving and withdrawals

All the 33 clients have benefitted from services offered at Watamu DIC and are presently engaged in different economic activities as they continue to rebuild their lives. still on the focus group sessions.

*33 drug users
transition from
high risk to low
risk drug use
practices in
Watamu*

Achieving Multi-sectorial Integration and Coordination in ECD



Participants at the ECD stakeholders forum

The National Early Childhood Development (ECD) Stakeholders convened to launch the Early Childhood Network for Kenya (ECDNeK) a body mandated to show case multi-sectorial collaborations among various ECD players in Kenya in light of the glaring gaps in coordination of ECDE players, at the Kenya Institute of Curriculum Development (KICD) in October, 2016.

The conference brought together 155 participants from the Ministry of Education, State Department of Basic Education, ministry of health, council of governor's representatives, members of parliament, county education officers, ECDNeK which KANCO is one of the founding members, CSOs among others. The conference was themed, *"uniting for the child's early years."*

Discussions on ECD in relation to education, nutrition, health and protection, highlighting the importance of integrated Early Childhood Development (ECD) approaches (and inclusion of children 0-3 years). The forum aimed at forging partnerships and multi-sectorial collaboration of state and non-state actors in ECD, enabling timely and quality Early Childhood services for all children under the age of 8 years.

Indeed, ECD is a multidimensional concept, cutting across multiple sectors, such as health, nutrition,

education, and social protection and as such multi-sectorial approach is needful.

ECDNeK emphasized on the need for creation of an enabling policy environment for integrated ECD for all children, increased investment in ECD as well as lobby for the development of an Integrated ECD policy.

From the meeting, The Cabinet Secretary constituted a team from different ministries, CSOs, Development partners and ECDNeK to develop a draft integrated ECD Policy for Kenya.

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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 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 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