

Upcoming events

International Day Against
Drug Abuse 26th June 2017

Support Don't Punish
Campaign 2017



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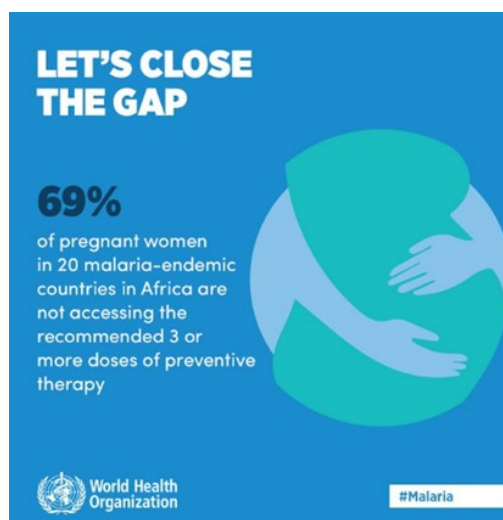
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Our Vision: Healthy people, empowered communities.

Our Mission: To improve health and well-being among communities through capacity building and promotion of innovative leadership



Theme of the month: Malaria

25th of March marked the 17th years of observing World Malaria Day under the roll back Malaria initiative of the Abuja declaration in which the Global leaders made a commitment to end Malaria. Subsequently great progress has been made with a notable 23% drop in Malaria cases and 36% drop in Malaria deaths, attributed to sustained partnerships, shared responsibility and global solidarity that has seen increased global investments in malaria.

However the death toll from Malaria continues to be unacceptably high, with the biggest brunt being in Africa, with some resurgence being noted in some parts of Africa. The global call therefore continues to be call for more political good will, robust financial investment and innovation to ensure continued success against malaria

KANCO joined the world in marking the World Malaria Day 2017 celebrations themed '**push for prevention**' in Bungoma County one of the regions in Kenya where KANCO has been an implementing Malaria interventions. As a precursor to the world Malaria day, Kenya was one of the three countries to pilot the Malaria vaccine in Africa, alongside Ghana and Malawi by WHO, in a project worth \$50 million

Marking World Malaria Day in Bungoma County



Mr Stephen Kokonya CEC Health making a speech at the WMD celebrations in Bungoma

A broad range of preventive measures in Kenya, tailored to local needs have resulted in major progress against malaria, however declining resources underscore the need for even more efficient work. Countrywide, malaria prevalence dropped from 11% to 8% between 2010 and 2015.

Commemoration of the World Malaria Day 2017 in Western Kenya was marked by taking stock of the response and determining the next steps. The day provided an opportunity to impress on the need for continued investment and sustained political commitment for

malaria prevention and control. Alongside celebrating milestones made in combating rolling back Malaria and creating awareness there was continued emphasis on prevention, diagnosis and treatment

With the theme “*pamoja tumalize Malaria Kenya*” The world malaria day in western , Bungoma County was commemorated at Webuye West Sub County, where KANCO funded by Global fund new funding ,model through AMREF Health Africa implements Malaria interventions as well as in other parts of Kenya namely Garissa, Wajir ,Mandera, Tana river ,Lamu East and west Bungoma, Nandi, Transzoia, Kwale and Busia. The Malaria project which started in 2012 spanning to 2017, has been conducting activities like, Quarterly Link supervision, Malaria supervision in health facilities, trainings for Malaria case management for community health volunteers, facilitation for malaria supervision for CHVs, School health trainings among others all aimed at ending malaria in Kenya.

Speaking at the event the County Executive for Health Mr. Stephen Kokonya, appreciated efforts by partners such as KANCO and AM-

REF observing ‘ *These partners play a key role in supporting the county in implementation of life saving Malaria interventions*’ further promising that the county will improve on delivery and access to commodity and supplies to health facility

The County Malaria Control Coordinator. Mr.Moses Wambusi addressed the malaria burden in the county and how the gaps can be addressed observing “*Malaria treatment begins from the community where Community Health Volunteers have been trained on Testing and Treatment of Uncomplicated through the support of the Global Fund Malaria*” to highlight the important role that CHVs play in combating malaria further adding that the County is in the process of improving malaria prevention and treatment by reducing stock outs of commodities.

Capacity Building of the Harm Reduction Implementing Partners



Harm Reduction partners attending the communications training meeting

Communication and media engagement are key components and tools of advocacy. The Harm Reduction project is an advocacy grant that seeks to create a favorable harm reduction environment for people who inject drugs (PWIDs) to effectively combat the spread of HIV and other blood borne diseases.

Harm reduction goes beyond provision of medical services, encompassing both public health and human rights at its core and as such, it requires interventions to combat the elevated levels of stigma, discrimination and human

rights abuses faced by PWIDs be addressed. Evidence suggests that vulnerability and barriers to service access are heightened for particular groups who inject drugs, such as women, children & adolescents and sex workers.

Effective Communication on harm reduction to the different stakeholders therefore becomes an important element for the project’s success. And to drive the goal of the project which is to *increase access to essential HIV and harm reduction services for people who inject drugs in Eastern Africa*

In line with this KANCO organized a three day meeting in Zanzibar bringing together the regional project implementing partner’s communications personnel, to sensitize them on strategic communication and high level advocacy. They had an opportunity to share and learn on visibility and branding for the harm reduction project, media relations, writing for the press, conducting media interviews, and identifying areas of continuous documentation of the regional grant as well as developing a communication strategies for SR’s to support implementation of communication activities

Officiating the opening of the meeting, The police commissioner of Zanzibar, Kheriyangu Khamisi challenged participants that

‘We need to document to build evidence and investment case for harm reduction, that’s is the only way we will sustain what we have started’

Participants also got to share on how to document stories of change, what to document and how, how to leverage on existing media both traditional and new to create awareness for harm reduction, planning and executing successful media campaigns, as well as how to navigate working with the media in challenging policy environment .

Opportunities and gaps presenting in the project were also discussed. SRs were facilitated to create their social media pages and profiles, including the social media sites for the Eastern Africa Harm Reduction Network which is currently up and running

Participants also got to share and learn on fellow partners communications experiences with the media. Readers should look out for these partner pages for the advocacy campaigns that will be happening during the Support Don’t Punish Campaign coming up in June.

Regional Anti Narcotic Police Exchange Learning visit

Access to health care is a basic human right, however sometimes inhibited by the laws and regulation in place governing issues such as drug and substance abuse. Faced by a criminal justice system for the same, People who Use Drugs (PWUDs) are often unable to access health care, for fear of harassments, arrests, physical assault, facing charges etc. despite facing a disproportionately high risk of HIV infections and other blood borne infections due to their high risk behaviors. This system of rule has also had its compounding effect on the implementation of harm reduction interventions in the region, with the greatest challenge cited by the people who use drugs being the fear of law enforcement.

KANCO through the regional HIV and harm reduction project, organized a learning visit with the eight implementing countries anti-narcotics officials, Members of the press, representatives from the EAC, Member of parliament from Uganda, CSOs representatives, representa-

tives from the community of PWUDs, and high level government officials from the region.

The two day visit hoped to create an interactive space to learn harm reduction from the experts, to appreciate the needs of PWUDs/PWIDS and especially health services including provision of MAT, NSP, HIV/SRHR services, build capacity and knowledge base of the selected decision and policy makers to effectively champion Harm Reduction Programming in their countries, learn and appreciate guidelines/policies specific to PWIDS and PWUDs.

The visit also hoped to allow interaction of policy makers with the community of PWUDs to better appreciate their needs, create allies in the decision making and law enforcement departments with clear understanding on the importance of harm reduction concept, build a resource base of harm reduction champions in Eastern Africa Region meet and engage with Policy and decision makers in the region.

The delegates were able to visit different medically assisted therapy (MAT) sites in the coast region, interact with the local authority and health service providers as well as

organization implementing harm reduction interventions. The delegates made a courtesy call to the Mombasa County Commissioner Office, where they had discussions on the stake of government in supporting harm reduction in the region. From the visits and discussions at the different sites the delegates made recommendations among them

The need to anchor harm reduction interventions in the national/regional policies for sustainability and furtherance of the gains made so far .

Advocacy and action on the noted nutritional gap to be taken up especially for breastfeeding mothers and infants born to drug using and recovering mothers.

Need to champion harm reduction policy change both at the country and regional level

Meeting with the Mvita Member of Parliament Hon. Abdulswama Sharif Nasir, who is also a harm reduction champion working closely with the Harm reduction partners in the coast region, he called on the policy makers present to ***'Come forth and be the agents of change, championing policy change for harm reduction in their countries and at the regional level'***

If you won't talk about food to a woman, she won't have time, that's why we are calling on all multi stakeholders to come forth and support the nutritional component for us to effectively reach women with harm reduction services"

MAT clinic Nurse: Malindi

A call for More Investment in Harm Reduction

Musa* a recovering drug user working at one of the outreach centers shared his story during the visit' 'My name is Musa* a recovering injecting drug user. My first encounter with harm reduction was at Reach Out Trust Center, where I came because they had a feeding program. Without anywhere else to eat, I came to them and it was then that I was introduced to the needle and syringe program, the first harm reduction intervention in Kenya targeting injecting drug users then being supported by KANCO, where I became among the first beneficiaries. I had an opportunity to learn on the science behind NSP and why I could not continue to share injectables, here I was also able to access not just food support but also the much needed health care that most of the time as people who use drugs have no access to. This was a life changing experience for me, it's from the counseling and access to other services that I embarked on the journey to recovery from drugs. I strongly believe that had I not accessed these harm reduction services, I would be dead, just as all my friends and that's why I urge you all to invest more in harm reduction, extend the services to all drug users and ensure that harm reduction remains sustainable"

Nutritional Support a Key Component for the Success of the Medically Assisted Therapy



As we walked into the Malindi Sub county Hospital, Medically Assisted Therapy Dispensing Facility at around 10am ,we met a crowd of men and women waiting to get into the facility to get their wonder drug 'Methadone'. It's the only one in the county and presently gives services to 609 drug users among them 53 women. The delegates meet the facility in charge and the staff, from where we learn that there are great

strides being realized in harm reduction through the MAT program, from where they have retained a cohort of about 90% and 4 have successfully completed the Methadone program since its inception two years ago.

At the Kisauni MAT clinic, we meet a mother , clutching on to her two week old baby, she and her baby's father are both on Methadone programme. However being unemployed, she has no food, not even breakfast and yet breastfeeding her baby, as we go on we learn that this is not an isolated case. The nurse explains to us that there is no nutritional support even for such mothers and this is one of the major setbacks of the Methadone program especially for women. Though it holds the promise of recovery from drugs and leading a normal life, the normalcy which includes child bearing, faced by lack of meaningful employment and the hardships faced by drug user is difficult. A nurse at the MAT dispensing site at the Malindi Sub county Hospital observes that despite having a more friendly and open policy for women to access services, the women are not forthcoming ***"If you won't talk about food to a woman, she won't have time, that's why we are calling on all multi stakeholders to come forth and support the nutritional component for us to effectively reach women with harm reduction services"***

Pictorials for the Anti-Narcotic police visit



The learning visit Delegation team at the Malindi Sub-County Methadone Facility



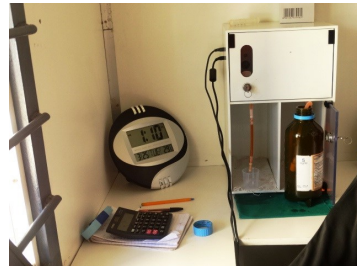
KANCO team with the Mvita Member of Parliament Hon. Hon. Abdulswama Sharif Nasir



Inset Inspector of Police Uganda, Serubaga, listening to a session at the KANCO Watamu DIC



From left the OCS and probations officer (right) Malindi, Sharing on their support to the Harm Reduction Delegations visit at the Watamu KANCO DIC



Methadone measure and a nurse demonstrating how to use it at the Malindi Sub-County Hospital



Visiting delegation at the Kisauni Methadone Facility having a discussion with the Facility in charge and staff



Participants attending a session Kisauni Methadone Facility



Community Health volunteer championing MAT uptake

KANCO with the support of USAID has been championing grassroots advocacy across Kenya through citizen empowerment to actively participate in decision making and ensure that devolution is effectively implemented. The desired outcome for the project is to empower citizens to better influence policy formation and implementation.

To achieve this, the project uses trainings and other media tools to create awareness among the citizens on issues, and help them to take action. The grassroots are trained to engage stakeholders such as policy makers and the media to highlight issues of concern as they work together to seek desired change.

KANCO organized a two day county journalist training, that took them through

the principals of citizen participation and their stake in ensuring that citizens rights are upheld and they are fully engaged in meaningful discussion that have an impact in their lives.

The training took the journalists through the county score cards highlighting the gaps and opportunities that they can put their voice to fuel advocacy. They discussed important issues such as the state of nutrition in their counties, HIV /AIDS, education, the county structures and how to do meaningful advocacy through highlighting human interest stories

The training journalists were also taken through the county structures and who to address and seek information from on different topical is-

sues of concern.

The journalists promised to be grassroots champions in their respective counties.



County Journalists developing action plans from the training

African Union Statement on the Occasion of the World Malaria Day 2017

Today marks 17 years since African Heads of State and Government committed to key actions to end malaria as a public health threat in the Abuja Declaration on Roll Back Malaria on 25 April 2000. African leaders further declared 25 April as Malaria Day to be commemorated annually for sustained advocacy and ensuring that the disease remains high on the policy and political agenda. Today the African Union commemorates this day with the rest of the international community at a critical juncture when significant progress has been made but with the greater need more than ever before to catalyse and sustain action in the race to end Malaria for good. The progress that we have made is a result of sustained partnerships, shared responsibility and global solidarity that has seen increased global investments in malaria.

The results that we celebrate today in Africa include an estimated 23% drop in new malaria cases and a 31% decline in deaths from the disease between 2010 and 2015. However we are mindful that Africa continues to bear the biggest burden of malaria with 90% of cases in 2015 estimated at 212 million worldwide occurring in Africa. Furthermore 92% of malaria mortality in 2015 occurred in Africa. The gains against malaria are fragile as demonstrated by the recent malaria resurgence in Southern Africa. This requires all of us to remain vigilant in order to ensure that the gains made are not reversed, and this can happen very quickly. We need to accelerate efforts to support regions on the continent that are still at the stage of controlling malaria and those moving towards malaria elimination.

We know what we need to end this disease on the continent and we know that malaria was successfully eliminated in other regions. African leaders endorsed the Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa in Africa by 2030 in July last year. The strategy has set bold and ambitious targets to reduce new cases of malaria and malaria deaths by 90% by 2030. Effective strategies that have

been put in place across the continent to prevent malaria include insecticide treated mosquito nets and indoor spraying with residual insecticides. To succeed in our battle with malaria there is need for greater investments in surveillance and early warning systems to allow early detection and faster response to the outbreaks. Currently many countries with a high burden of malaria have weak surveillance systems and are not in a position to assess disease distribution and trends, making it difficult to optimise responses and respond to outbreaks.

Emerging insecticide resistance also remains a threat to the region's long term progress. Early diagnosis and treatment of malaria reduces the disease, prevents death and contributes to reducing malaria transmission. We need to deal with antimalarial drug resistance as it is a recurring problem in our society. To reach a malaria free Africa we need to strengthen ownership and leadership in countries, enhance partnerships and coordination and increase domestic health financing. Efforts to prevent malaria in pregnancy alone have averted newborn deaths globally. Less malaria means healthier societies, increased attendance at school and work, more productive communities, and stronger economies. Eliminating malaria is critical to achieving Africa's blueprint for socio-structural transformation, Agenda 2063, and must remain a key continental priority.

We must sustain political will, robust financial investment and innovation to ensure continued success against malaria. The continued development of new solutions and strategies are revolutionising detection, treatment and malaria prevention. Next-generation drugs, diagnostics, and vaccines are vital in our collective efforts to

further accelerate gains and mitigate the threat of drug and insecticide resistance. Strong regional collaborations that address cross-border malaria transmission and broader health security issues help countries and regions to achieve elimination goals. We have come far in our journey to defeat malaria which we envisioned in Abuja in 2000. We need to sustain strong partnerships, continued strong political commitments and funding to end malaria once and for all. Together we can end malaria for good.

Mrs. Amira Elfadil Mohammed Elfadil
Commissioner for Social Affairs
African Union Commission

Courtesy of WHO

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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.

