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Scaling up Nutrition through father to father dialogue sessions

In the coastal community, the men are the gate keepers and decision makers of the family. The male involvement in maternal and child health is vital in paving the way for the advancement of maternal and child nutrition in the region.

Male involvement in maternal and newborn health is one key recommendation by the World Health Organization (WHO). In line with this KANCO is implementing the Pwani Lishe Bora project in Mombasa County, supported by the European Union. The project seeks to sensitize the men on nutrition through father to father dialogues in the community. The dialogues are held on a quarterly basis with each quarter having a different topic of discussion with the recent ongoing discussion being on breastfeeding. The discussions are led by a nutritionist with support of the Community Strategy Focal Person and the area Chief.

In a recent dialogue at Nyali/Kisauni sub county, Charles Kimani, a nutritionist at Mlaleo health center together with the Project team led a dialogue of over 100 fathers at Kadongo grounds on the importance of breastfeeding and the man's role in supporting exclusive breastfeeding was held.

The facility nutritionist informed the men on the importance of breast feeding including enhancing the release of the hormone oxytocin, which helps the uterus return to its pre-pregnancy size and may reduce uterine bleeding after birth, lowers the risk of breast and ovarian cancer and supports optimal brain development. He asked the men to support the women by ensuring that a breastfeeding woman has hot fluids at all times to aid milk production. He also demonstrated on how to massage the woman to ensure she relaxes and is comfortable enough to breastfeed.

The fathers were also informed on the importance of good psychological environment. They were informed that when a woman is not at peace psychologically, she has difficulty in breastfeeding as this could lead to milk shortage. The forums have seen a tremendous transformation in the community in knowledge and attitude of fathers in supporting maternal and child health.

Other activities by the Pwani Lishe bora project include tracking of home visits done by Community health volunteers, Mother to Mother Dialogues, purchase and distribution of Iron and Folic Acid tablets, advocacy on increment of the nutrition budget by 10% ,training of various households on Savings and Internal Lending Communities approach, training and mentorship of journalist on nutrition sensitive reporting.

The project also in progress to train 500 health care volunteers on Nutrition, support and working to strengthen linkages and referral through the Community Health Strategy, sensitization of the community on improved hygiene practices including hand washing; food fortification i.e. Salt iodization, iron fortification and chlorination of community water points.



Fathers during a father to father dialogue meeting in Kisauni Mombasa.

On 7th September 2017, The Ministry of Health, Uganda, authorized the pilot of harm reduction services in five referral district hospitals across the country. This has come with no commitment to support policy review for service delivery at a time when emerging evidence shows that there are over one thousand injecting drug users in Kampala town

Like other Eastern Africa countries, Uganda has a problem regarding drug use, due to the singular policy approach and lack of statistics (until the recent population size estimates conducted in 2017); it has been difficult to build a case for policy makers to set aside resources for healthcare access for drug use related infections in the region. Unsafe injecting drug use is something that most high level policy makers in the region see entirely as criminal, with little perspective on the health and social consequences resulting from drug use.

Despite the shift in focus to harm reduction and human rights of People Who Inject Drugs, Eastern Africa governments have been slow to take up these approaches, and have mainly maintained the criminal justice approach.

Blood borne viruses, including HIV have penetrated the population of people using drugs. HIV has remained disproportionately severe in terms of infection rates, and government commitment in terms of access to services for those who are most vulnerable, has been minimal if at all. Drug policies in the region focus on supply reduction and law enforcement, rather than on public health and human rights

The legal and policy barriers are blind to the public health reality that PWID are vulnerable groups with high risk behaviors, have overlapping relationships with other key populations and the general population, and that they play a significant role in HIV epidemics. In Kenya, for example, although HIV-related discrimination is prohibited the national legislation and policy fail to offer legal protection people who inject drugs.

The lack of information and related programming, coupled by stigma and discrimination, criminalization and punitive laws and policies, gender violence especially amongst women who inject drugs, limitations within existing health and community systems cumulatively have resulted to a “hidden” population that is rarely seen, heard and listened to by policy makers. The “hidden” population has over time been unable to access prevention, treatment and support services.

An interesting observation is that despite the existence of modest interventions, in Kenya, Tanzania and Zanzibar, the legal and policy environment continues to criminalize the possession of needles and syringes. Law enforcement practices have been reported to pose obstacles for people who use drugs when accessing services (including outreach), particularly through the fear of arrest and harassment. Conversely, the progress made in enabling access to services has been significant in improving the health and social outcomes of PWID who have been able to access the services, even at low service coverage.

KANCO together with the East Africa Community (EAC) began a process under the Global Fund regional Grant to formulate a regional draft policy on harm reduction services for people who inject drugs. If adapted the East Africa will be the first region on the continent to formulate a harm reduction policy that proposes the adoption of effective responses to drug use problems.

Health Experts drawn from the EAC member states have been holding periodical meetings since May 2016 to deliberate on the draft policy, ahead of further consideration and validation by the East Africa Legislative Assembly. A comprehensive policy at the regional level such as the EAC would encourage member states to review and update their national laws and create an enabling environment for harm reduction interventions; this would complement the criminal justice approach, and go a long way in creating awareness and harmonizing drug policies in the region

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