TRAINING ON HIV, HUMAN RIGHTS, THE LAW AND HARM REDUCTION
DATE 5 - 7 NOVEMBER, 2014 MOMBASA COUNTY
REPORT
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ACRONYMS

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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ARV</td>
<td>Antiretroviral</td>
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<tr>
<td>CIC</td>
<td>Commission for the Implementation of the Constitution</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>LEHAN</td>
<td>Law Enforcement and HIV and AIDS Network</td>
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<td>HBV</td>
<td>Hepatitis B</td>
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<td>HCV</td>
<td>Hepatitis C</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IDU</td>
<td>Injecting Drug User</td>
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<td>KP</td>
<td>Key Population</td>
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<td>NACC</td>
<td>National AIDS Control Council</td>
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<td>NASCOP</td>
<td>Kenya National AIDS &amp; STI Control Programme</td>
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<td>NSEP</td>
<td>Needle and Syringe Exchange Programme</td>
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<td>NSP</td>
<td>Needle and Syringe Programme</td>
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<td>MAT</td>
<td>Medication Assisted Treatment</td>
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<td>OSIEA</td>
<td>Open Society Initiative of East Africa</td>
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<td>PLHIV</td>
<td>People living with HIV</td>
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<td>TB</td>
<td>Tuberculosis</td>
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Executive Summary

Around 16 million people around the world inject drugs; 3 million of these people are living with HIV. On average, one out of every ten new HIV infections is caused by injecting drug use. The burden of HIV disease among Injecting Drug Users (IDUs) is significant and expanding. The National AIDS Control Council (NACC) Kenya HIV Prevention Revolution Road Map estimates that 3.8% of new HIV infections are as a result of Injecting Drug Use and the HIV prevalence amongst IDUs is 18.2%.

Harm reduction can be viewed as the prevention of the adverse causes of illicit drug use without necessarily reducing the consumption. This intervention recognizes drug use as a reality and chooses to minimize its harmful effects rather than ignore or condemn them. The training on HIV, human rights, the law and harm reduction was an opportunity to engage senior members of civil society organisations focused on harm reduction and discuss critical legal and ethical issues as well as health in a devolved system of government. This training was interactive and formed the backdrop for greater understanding on the legal and constitutional issues around harm reduction as well as the challenges faced by Civil Society Organisations (CSOs) in the course of providing harm reduction.

The objectives of the training/workshop were:

a) To strengthen the capacities of senior programme officers of organisations dealing with IDUs and their roles in harm reduction and promotion as well as protection of human rights of IDUs in the context of the Constitution of Kenya 2010

b) To enhance the participants’ understanding on HIV, Human Rights and the law in the context of provision of harm reduction services and a devolved government system

c) To identify and develop an action plan to address the legal and human rights challenges affecting the provision of harm reduction services in the counties of concern

This report therefore presents a summary of the presentations, discussions and engagements as well as lessons from the workshop under thematic areas as described below:

i. Constitutional provisions and relevance to rights of IDUs in Kenya;
ii. Health as a devolved function and the role of CSOs;

iii. Legal and Ethical Issues relating to HIV with a Link to IDUs and harm reduction services; and

iv. Creating an enabling legal environment for harm reduction.

Commissioner Catherine Mumma, from the Commission for the Implementation of the Constitution, outlined the relevance of the constitution in advancing the rights of minorities and marginalized groups. She emphasized the need to take the opportunities afforded by the present constitutional regime in ensuring participation in the drafting of laws and policies that ultimately affects us. She explained the unique system of devolution in Kenya and explained that health as a service delivery issue belongs to the county governments and that CSOs should engage with the governments in their counties.

Mr. John Anthony from NASCOP explained the meaning of harm reduction and the role that it plays in preventing and reducing HIV infections. Mr. Allan Maleche explained the concept of an enabling legal environment being one that allows for the necessary HIV interventions and responses. He tackled various pieces of policy and legislation that may hinder the legal environment and ultimately reduce the effectiveness of the HIV responses and interventions.

The participants to the training had the platform to explain their work, structures, successes, hindrances and challenges. The programmes developed for harm reduction largely seek to not only minimise the effects of injecting drug use but to eventually rehabilitate drug users. The workshop also consisted of a panel where relevant stakeholders took the opportunity to describe the role they may be playing in harm reduction.

In conclusion the workshop achieved its objective and it significantly provided a platform for the creation of partnerships that may prove to be significant for HIV, human rights and harm reduction.
1.0. Introduction and Background

According to the World Health Organisation, globally, around 16 million people inject drugs and 3 million of them are living with HIV. On average, one out of every ten new HIV infections is caused by injecting drug use. The burden of HIV among Injecting Drug Users (IDUs) is significant and expanding. The National AIDS Control Council’s (NACC) Kenya HIV Prevention Revolution Road Map\(^1\) estimates that 3.8% of new HIV infections are as a result of Injecting Drug Use and the HIV prevalence amongst IDUs is 18.2%. The Open Society Foundation, in their recent publication *Bringing Justice to Health*\(^2\) identified the coastal towns of Lamu, Malindi and Mombasa as epicenters of Kenya’s injection drug use epidemic.

Among IDUs, HIV and other blood-borne infections such as Hepatitis B (HBV) and Hepatitis C (HCV), are spread primarily through risky behaviours related to multi-person reuse (sharing) of contaminated syringes and drug injection equipment.

Male and female IDUs are not only at risk of acquiring and transmitting HIV through the sharing of drug injection equipment, but also through high-risk sexual behaviours, including but not limited to unprotected sex and engaging in sexual behaviours under the influence of drugs or in exchange for drugs.\(^3\)

This vulnerability underscores the need for responsive programming so that we can better meet the specific and comprehensive needs of both male and female IDUs. Of additional concern is the potential bridging effect, whereby an epidemic, initially fuelled by the sharing of contaminated injecting equipment, is spread through sexual transmission from IDUs to non-injecting populations and through prenatal transmission to newborns. This is particularly concerning in countries where sexual partner networks are highly interconnected.\(^4\)

As demonstrated in the preceding paragraphs, drug use is associated with a range of health, social and community problems. People who use drugs are equally stigmatized and marginalised. Countries have chosen to respond to issue of drug

\(^1\)http://hivhealthclearinghouse.unesco.org/sites/default/files/resources/kenya_hiv_prevention_revolution_road_map.pdf


\(^4\) ibid
use by enacting a range of laws to curtail drug use. In the case of Kenya, parliament has since enacted the Narcotic Drugs and Psychotropic Substances (Control) Act 1994. With the health dangers posed by use of drugs the question becomes how to draw a balance between achieving the legitimate aims of drugs control while also respecting human rights such as the right to dignity and the right to health for those accessing harm reduction services.

2.0. Overview of the training and training objectives
The training objectives were:

a) To strengthen the capacities of senior programme officers of organisations dealing with IDUs and their roles in harm reduction and promotion as well as protection of human rights of IDUs in the context of the Constitution of Kenya 2010.

b) To enhance the participants’ understanding on HIV, Human Rights and the law in the context of provision of harm reduction services and a devolved government system.

c) To identify and develop an action plan to address the legal and human rights challenges affecting the provision of harm reduction services in the counties of concern.

3.0. Health Ministry’s Response to IDUs and Future Plans for Harm Reduction Services – NASCOP (John Anthony)
Mr. John Anthony from NASCOP gave a background on HIV prevalence especially amongst Key Populations (KPs). He indicated that there are an increasing number of new infections, the bulk of which are females. He discussed the statistics around the HIV burden in Kenya and the numbers of people living with HIV (PLHIVs) in the country.

With regard to programming that focuses specifically on IDUs he stated that six counties have programmes and these are Mombasa, Kilifi, Kwale, Nairobi, Migori and Kisumu. The bulk of programming which focuses on IDUs is in Mombasa. There are 23 counties which have reported IDUs but there are not enough programmes available to address IDUs. Even in counties where programmes exist a number of IDUs are not catered for. The national estimates for numbers of IDUs is
18, 327 and it is estimated that of this number only 7, 930 are catered for in the available programmes.

After setting out the background Mr. Anthony proceeded with an explanation of harm reduction. Harm reduction is aimed at reducing the adverse consequence of illicit drug use without necessarily reducing the consumption. It stems from an acknowledgment that drug users are part of our world and chooses to minimize the effects of drug use rather than condemn them. There are three levels of intervention in harm reduction: primary (education, medical legalization and supportive laws), secondary (needle and syringe distribution, making the NS environment safer) and tertiary interventions (Medication Assisted Therapy [MAT], detoxification and weaning).

The harm reduction package has various components which include behavioural intervention, biomedical intervention and structural intervention. The first two are focused on working with individual IDUs but the third is focused on creating an environment that will enable the possibility and realization of harm reduction as an intervention.

Mr. Anthony then explained the existing framework on harm reduction focusing on policies such as National Guidelines for Drug Use, National Guidelines for Key Populations in Kenya amongst others, additionally there are policies that address harm reduction that are currently being developed. He also emphasized the need to generate research on key populations: behavioural studies, mapping, estimations etc. as well as structured programme monitoring through standardized tools.

He then discussed the Technical Support Unit which was established to support NACC and NASCOP on KP programmes with activities such as capacity building, mentoring and support, field visits etc. The tools and studies developed by the technical unit could assist CSOs in performing their mandates.

He mentioned an area of concern in that amongst all the key populations it has been reported that IDUs face the highest amount of violence and backlash from the communities. This indicates a large amount of stigma and negativity towards IDUs and this requires intervention on issues of violence. The reality is if the violence continues the IDUs will be more reluctant to engage with the necessary organisations that encourage safe drug use and inadvertently stop engaging in harm reduction.
He closed by positively indicating that Medication Assisted Therapy (MAT) should be rolled out on 12 November, 2014 in Mathare Hospital.

4.0. Understanding Harm Reduction and the Relevant Activities being Undertaken by the CSOs

The Kenya Harm Reduction Network includes the following organisations which were present at the workshop: Reach Out, Omari, Teenswatch, Mewa and Nairobi Outreach Services Trust.

The participants gave descriptions of their programmes and the types of activities undertaken by them. These include primary, secondary and tertiary interventions. The activities discussed below are engaged in by all of them collectively but not necessarily by each of them individually.

A model of activities was described by Reach Out which outlined that their focus is on outreach programmes utilizing an outreach model. There are 110 hotspot (where IDUs meet to take drugs) areas which they work in and in order to achieve this they have partners in Mombasa, Diani, Kilifi, Malindi and Kwale. On average a busy site will host 500 IDUs per day and a less busy one 40-80 IDUs per day.

Different perspectives are used to inform activities: the programme perspective and the community perspective. The programme perspective is informed by the creation of qualitative tools and thematic areas and working within them while the community perspective is focused on more quantitative aspects of harm reduction. The outreach strategy also functions on a macro and micro level with a focus on programme management, efficiency and effectiveness on a macro level and a focus of the daily details of programme activities such as reaching IDUs and assisting them on a micro level.

A significant aspect of the activities undertaken by CSOs is drop-in centres which are focused on medical interventions for IDUs. They offer: HIV testing and counselling, TB testing, drug dependency therapy and other interventions. The drop-in centres also have referral services such as referral clinics for psychiatric management of patients and paralegal services.

Apart from the drop-in centres there are outreach field workers. The aim of the outreach field work is to decentralize the services in the drop-in centres by allowing
the outreach workers to take the relevant services available in the centre to IDUs. Significantly 80% of the staff at Reach Out are former drug users and therefore have the advantage of their unique insight into IDUs. There are also peer outreach programmes which compose of active drug users, but given that they are still active they are less reliable, however, their aim is to utilize their training to assist other IDUs. Each outreach worker is assigned 20 IDUs they are required to meet with them regularly but sometimes a delay in funds and the availability of the IDUs hinder the logistics of achieving this.

The challenges faced in harm reduction efforts are a lack of human resources, commodities and an unavailability of community health workers.

Below is the organisational structure of the drop-in centres:

![Organisational Structure Diagram]

Following the discussion on harm reduction and the nature of the work undertaken by CSOs the participants discussed some of the challenges they face in their work. These include Antiretroviral (ARVs) and TB medication defaulting amongst IDUs; lack of comprehensive clinics at drop-in centres; privacy issues regarding HIV positive IDUs; Hepatitis B and C infections which are not usually detected due to costly testing procedures; vaccination of outreach workers is expensive; the cost of getting IDUs to centres and medical facilities is prohibitively high; and others.
5.0. Challenges facing CSOs Working on Harm Reduction

Three topical areas were chosen for discussion: service delivery, structural and policy. The participants broke into focus groups to discuss challenges faced in each of these areas.

a) Service delivery challenges

- Beneficiaries, community members and authorities lack an awareness of the rights of IDUs and such beneficiaries cannot assert their rights and community members and authorities cannot observe them.
- Drug use is a taboo in the community thus many people do not accept it as a problem that ought to be addressed.
- Health care workers do not assist with IDUs due to the stigma surrounding drug use.
- Resources are inadequate and do not match the needs of the beneficiaries or recipients.
- Communication vis-à-vis the targeted persons is limited, there is not enough written communication or research to effectively advocate for harm reduction.
- Lack of coordination between the different CSOs because each have their own programmes which may have the potential to limit the services that may be received by an IDU depending on which organisation they approach.
- Programmes are unsustainable as they are dependent on donor funds.

b) Policy Challenges

- Contradiction in terms of existing laws and policies with the constitution.
- Lengthy process in amending existing laws.
- Lack of proper implementation of existing policies.
- Limited political will, involvement and engagement.
- Persons charged with implementing legislation are given little opportunity to weigh in on its impact and effectiveness.
• Stakeholders are not involved in policy formulation or when they are involved their inputs are largely not taken into consideration.

c) Structural Challenges
• **Resource mobilization**: human resources, financial resources are strained and unsustainable.
• **Project design**: CSOs do not have a say in the design of the project-this is dictated to them by donors. The donor drives the project and there is no room for creative innovation.
• **Data management**: the data and research compiled by CSOs is usually used by government agencies at no cost while the government does not fund CSOs.
• **Networking**: there are not enough proper networking opportunities amongst the CSOs.

6.0. Constitutional Provisions and Relevance to Rights of IDUs in Kenya
Commissioner Catherine Mumma held a session where she discussed constitutional provisions and their relevance to IDUs. She began by explaining the role of the Commission for the Implementation of the Constitution (CIC) which is to facilitate and oversee the implementation and development of the Constitution and its framework.

Kenya has a rights based constitution which is a break away from previous constitutions. All government organs are obliged to review their instruments to ensure that they are compliant with the Constitution. A circular by the Office of the President together with the CIC to all government bodies was to ensure all policies, laws and instruments within those agencies are reviewed. This position puts CSO’s in a unique position where they have an opportunity to influence mandatory policy changes.

The provisions of the Constitution relevant to the rights of IDUs are: Article 43 which guarantees the right to health; Article 2 which states that all ratified international instruments form part of the laws of Kenya; Article 10 which outlines

5 In light of Article 2 of the Constitution the following are significant: Article 12 of International Convention on Social and Economic Rights; the Convention to Eliminate all forms of Discrimination Against Women; Article 24 of the Convention on the Rights of the Child; and the Convention on the Rights of Persons with Disabilities.
the values and principles of the Constitution which includes the respect of the rights
of marginalised peoples; Article 27 which protects the right to equality and equal
treatment of the law; Article 54 which protects the rights of persons with disabilities;
and Article 56 which protects the rights of minorities and marginalised groups.

7.0. Health as a Devolved Function and the Role of CSOs
Commissioner Mumma also presented this session, indicating that part of the CIC’s
mandate is to monitor the system of a devolved government. Health in Kenya is now
a devolved function and by extension HIV services become county services in
accordance with Schedule 4 of the Constitution.

Devolution is meant to foster national unity by recognising diversity. It is principled
on self-governance to enhance participation of all the diverse communities in Kenya.
The system of devolved government in Kenya is unique to Kenya; Article 6 which
provides for the division of the territory of Kenya makes reference to governments of
Kenya and accepts that we are not a federal government.

Health facilities in the Counties consist of a much larger number of facilities than
that in the national government. Counties can create their own health policy as long
as it aligns with the National Health Policy. Any policy made by the National
government must be an aggregate of all 47 counties. The system is one of
interdependence whereby the county governments must focus on the distinct needs
of its people but they must still account to the National government.

There are two levels of government, the national government and county
governments. The division is in both the executive and the legislature. The only arm
of government that is not devolved is the judiciary. At county level both executive
and legislative structures exist and both these structures will inform the health
facilities that will be developed in a county. Additionally, inter-governmental
structures which can allow counties to be in consultative process with each other
and with the national government can be formed.

Health sector systems which include human resource, health products and
commodities, health information system, health financing, health infrastructure and
equipment, partnership for delivery of health are now within the county
government function.
8.0. Legal and Ethical Issues relating to HIV with a Link to IDUs and harm reduction services

Mr. Allan Maleche who indicated that the law is important for creating an enabling legal environment because good laws, when properly implemented, can help in addressing HIV related issues presented this session. Although the law alone cannot stop AIDS nor can it be blamed when HIV responses are inadequate, it can, however, play a powerful role in the well being of PLHIVs.

The term “key populations” is used to define persons who might be unable to access health care due to some form of discrimination tied to their group. This term usually refers to MSMs, sexworkers, IDUs, transgender persons and prison populations.

What CSOs should aim for is creating an environment where programmes on harm reduction can be effectively and efficiently utilized. The right legal environment can lead to a reduction in HIV infections as it will allow the people in need of services and information to access it and such access may in turn lead to a reduced number of infections.

Mr. Maleche then briefly described the legal framework citing the Constitution, ratified international documents, the Draft East African Law on HIV, the HIV and AIDS Prevention and Control Act, the Penal Code, the Sexual Offences act and By-laws of the previous municipalities as important instruments that can aid or impede the fights against AIDS.

IDUs are susceptible to violations of their rights in the context of stigmatization, violence against them, illegal searches, harassment, extortion and even sexual violence. Additionally the nature of their activities renders them vulnerable to charges of inciting drug use; possession of illicit drugs or drug paraphernalia. Worryingly such charges are at times levelled against outreach workers and this impedes provisions of essential health services and formation.

What is significant to consider is how to create an enabling legal environment that will ensure provision and access to harm reduction services.

9.0. Plenary Session

Considering the presentations by Commissioner Mumma and Mr. Maleche the participants held discussions around these issues. They considered the provisions of the Prohibition of Narcotics and Psychotropic Act, 1994 and how to tackle them to
create an enabling environment. It was recognized that the Act had some positive features with the potential to support harm reduction, however, these were not properly implemented. Notable is that fines given by persons penalized in a drug related offence should be used for rehabilitation, while such fines are collected there is no evidence that they are used for rehabilitative purposes, such that Kenya does not have a public health facility with a rehabilitation centre.

The participants raised concerns about biometric verification of Key populations that are PLHIV. At present there is not enough information around the proposed programme available however, there are red flags around privacy and confidentiality issues. Two aspects have to be determined, the first is if biometric verification is the most suitable method and if it is the second is how to ensure that in the course of biometric verification the rights of all involved are retained, maintained and protected.

There was agreement by the CSOs that the focus should be on a rights based discourse. However, such discourse must also consider the obligations that are created when rights are afforded. In relation to IDUs they have an obligation to observe the law like all other citizens.

The participants also discussed developing a comprehensive minimum package. This involves agreeing as a network to the minimum that would be required to achieve the goals of a programme properly and relaying this to donors. The significance of this is to be able to speak in one voice to ensure that programmes are not solely donor driven.

The participants discussed the possibility of sensitising the community and the government to harm reduction as an option outside of the criminal justice system to address IDUs. They agreed to consider research undertaken in Tanzania on a comparative study of funds spent imprisoning IDUs as opposed to rehabilitative efforts. Additionally, a comparative study on MAT in other countries will be considered in an effort to determine best practices prior to the roll out.
10.0. Panel discussion on different stakeholders’ roles in harm reduction

a) Kenya Police Service
Inspector Wilson Edung represented the Kenya Police Services, he is also a member of the Law Enforcement and HIV and AIDS Network (LEAHN) and the AIDS Control Unit in the Police. Inspector Edung drew form his experiences with other key populations such as sexworkers and MSMs indicating that there was a need for partnership between law enforcement and these groups not only in the fight against AIDS but also for their ability to assist in rooting out criminal elements that are a danger to society.

The focus of Inspector Edung’s presentation was to emphasise that when dealing with any member of a key population the starting point is to remember that you are dealing with a human being and that is the primary consideration. He then gave a brief explanation on how he became aware of harm reduction work and showed an informative video titled “from enemies to allies” which depicted the tensions and partnership between sex workers and law enforcement officers (the police).

He stressed the need to seek for change from whichever platform you are afforded. It was this attitude that encouraged him to use his platform as a police officer to assist in the fight against AIDS. He indicated a need to advance our cultural beliefs and find ways to manage these problems. Notably he stated that IDUs are sick people and by virtue of their illness we are persecuting them. The only intervention that has been offered by the police thus far is using the criminal justice system, which only transfers the problem to a different body and does not tackle the issue.

He explained that there are laws in the country that are critically a bar to the work embarked on but the aim is to design an approach that does not discriminate against people and will ultimately help all concerned. Law enforcement and public health are intimately related but there is a tendency to focus on the criminal justice aspect as opposed to the public health aspect. The police are provided with few if any alternatives to arrest. This is a culture that the police service is trying to move away from to one where partnerships are formed with the communities in an attempt to form a mutual understanding of the roles each is playing. He however, indicated that the failure to legitimize alternative interventions significantly hinders that ability to form these partnerships.
b) Prisons Department
Assistant Commissioner of Prisons in the Coast Region, Julius Adero, represented the Kenya Prisons Department. He explained the history and objectives of the Kenya Prison Service in terms of its mandate and its establishment. The Prison’s mandate is to maintain prisoners in safe custody under humane conditions while rehabilitating them through training and counselling.

In discussing harm reduction he broadly tackled the subject, indicating that he saw the role of the prisons as one which ensures that while prisoners are in their custody they are safe and secure. He emphasized that the criminal justice system is aimed at rehabilitating offenders with an aim of re-integrating them into society. In light of this there is a need to recognize that prisoners retain all their human rights apart from their right to liberty.

In his understanding the most effective form of harm reduction is to ensure that IDUs in prison are kept in a drug free environment which will not afford them the ability to expose themselves to harm. While he admitted that prisons are hardly ever a drug free environment and that IDUs are likely to be exposed to as many drugs in prison as they are out of prison, he was adamant that the best method is to provide a drug free environment.

11.0. Group Work-Priority issues to be tackled when addressing HIV, human rights and harm reduction
The purpose of this group work was to foster a unified front so that the CSOs could discuss a strategy and a way forward with a focus on which legislation and policies are problematic to harm reduction; what strategies they would like to employ in tackling these and what partnerships they would like to forge. This was to inform a discussion on agreed activities; funding; and responsible parties for those activities. The end result of this was an action plan which shall inform the activities going forward.

12.0. Formulation of Action Plan on dealing with Legal and Ethical Issues affecting HIV and Harm Reduction
After a discussion on what the action plans should focus on the participants were broken up into two groups to discuss the different aspects and formulate an action
plan. The groups then presented their proposed plans which were discussed by the participants and tabulated.

13.0. Way forward
The participants agreed on the issues that they would like to tackle going forward in order to create an enabling legal environment; these were captured in the action plan.

14.0. Closing Remarks
Mr. Allan Maleche thanked the participants for attending the three day workshop on HIV, Human Rights the Law and Harm Reduction. He thanked them for the informative and engaging participation that informed the training, which helped both KELIN and the participants become more aware of harm reduction. He reiterated KELIN’s commitment to assist in legal and ethical issues that may arise in the course of performing their mandates. Mr. Maleche then closed the meeting.

APPENDICES

APPENDIX 1: Programme

TRAINING ON HIV, HUMAN RIGHTS, THE LAW AND HARM REDUCTION
DATE 5 -7NOVEMBER, 2014
VENUE: PANGONI BEACH RESORT AND SPA

AGENDA

Objectives

- Increase understanding of HIV-related stigma, discrimination and human rights violations that increase the vulnerability of people who inject drugs.
Discuss key HIV, law and human rights issues affecting injecting drug users and those who work with them.

Update knowledge on the most recent, relevant scientific, medical, epidemiological and legal evidence pertaining to harm reduction services and its impact on law and human rights issues in the context of the Constitution of Kenya 2010.

To enable participants to come up with a work plan on how to address the legal and human rights issues affecting the provisions of harm reduction services

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WORKSHOP Day 2 Thursday, 6 November, 2014

<p>| TIME | SESSION | FACILITATOR |
| 8.30 – 8.45 AM | Recap | |
| 9:45 – 10.30 AM | Health as a devolved function | Com. Catherine Mumma – CIC |</p>
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<td>Tea Break</td>
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<td>11.00 –12:30PM</td>
<td>Legal and Ethical Issues relating to HIV with a Link to IDUs and harm reduction services.</td>
<td>Allan Maleche - KELIN</td>
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<td>12.00-1.00PM</td>
<td>Plenary</td>
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<td>Lunch Break</td>
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<td>2.00 – 4.00 PM</td>
<td>Panel discussion on different stakeholders’ roles in harm reduction</td>
<td>Ted Wandera - KELIN</td>
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<tr>
<td>3.30 - 4.00PM</td>
<td>Group Work-Priority issues to be tackled when addressing HIV, human rights and harm reduction</td>
<td>Ted Wandera-KELIN</td>
</tr>
<tr>
<td>4.00 – 4.30 PM</td>
<td>Tea &amp; Departure</td>
<td></td>
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</tbody>
</table>

**WORKSHOP Day 3 Friday, 7 November 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 – 8.45 AM</td>
<td>Recap</td>
<td>Ted Wandera - KELIN</td>
</tr>
<tr>
<td>8.45 – 10.00 AM</td>
<td>Formulation of Action Plan on dealing with Legal and Ethical Issues affecting HIV and Harm Reduction</td>
<td>CosmusMaina</td>
</tr>
<tr>
<td>10.00 - 10.30 AM</td>
<td>Plenary</td>
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<tr>
<td>10.30-11.00 AM</td>
<td>Tea Break</td>
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<tr>
<td>11.00–12:00PM</td>
<td>Presentation of Action Plans</td>
<td>ALL</td>
</tr>
<tr>
<td>12.00-12.30PM</td>
<td>Way forward</td>
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</tr>
<tr>
<td>12.30 – 2.30 PM</td>
<td>Lunch Break</td>
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<tr>
<td>2.30 – 3.45 PM</td>
<td>Ironing out issues affecting the Harm Reduction Network in Kenya.</td>
<td>Taib Abdull Jamar</td>
</tr>
<tr>
<td>3.45 - 4.00 PM</td>
<td>Closing Remarks</td>
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</tr>
</tbody>
</table>
APPENDIX 2: List of Participants

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Sex</th>
<th>Institution</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Abdalla A Badhu</td>
<td>M</td>
<td>MEWA</td>
<td>Mombasa</td>
</tr>
<tr>
<td>2.</td>
<td>Ahmed Idarus</td>
<td>M</td>
<td>The Omari Project</td>
<td>Malindi</td>
</tr>
<tr>
<td>3.</td>
<td>Calleb Angira</td>
<td>M</td>
<td>NOSET</td>
<td>Nairobi</td>
</tr>
<tr>
<td>4.</td>
<td>Catherine Mumma</td>
<td>F</td>
<td>CIC</td>
<td>Nairobi</td>
</tr>
<tr>
<td>5.</td>
<td>Chris Abuor</td>
<td>M</td>
<td>OSIEA</td>
<td>Nairobi</td>
</tr>
<tr>
<td>6.</td>
<td>Cosmus Maina</td>
<td>M</td>
<td>Teens Watch</td>
<td>Kwale</td>
</tr>
<tr>
<td>7.</td>
<td>Dilmua Mohamed</td>
<td>M</td>
<td>The Omari Project</td>
<td>Malindi</td>
</tr>
</tbody>
</table>
APPENDIX 3: Action Plan

TRAINING ON HIV, HUMAN RIGHTS, THE LAW AND HARM REDUCTION
DATE 5 -7 NOVEMBER, 2014 MOMBASA COUNTY

ACTION PLAN

Introduction

In November 2014 a three day workshop on HIV, Human Rights, the Law and Harm Reduction was convened by KELIN. The aims of the workshop were to develop the capacities of senior programme officers and to enhance the participants understanding on HIV, Human Rights and the law in the context of provision of
harm reduction services in a devolved government system. The participants of the workshop were representatives from Reachout, Teenswatch, MEWA, Omari project and NOSE. One of the expected outcomes of this workshop was the development of an action plan.

Formulation of Action Plan

The workshop ran for three days with an intensive and interactive agenda that allowed for plenary sessions and discussions. Presentations were given by Mr. John Anthony representing NASCOP, Commissioner Catherine Muyeka Mumma, Inspector Wilson Edung from the AIDS Control Unit of the Kenya Police Services, Mr. Julius Adero the Assistant Commissioner for Prisons in the Coast Region, Mr. Allan Maleche and the participants.

The agenda of the workshop covered various topics which included understanding the role of government agencies in harm reduction programmes, the nature of the work by civil society organizations (CSOs) and the challenges they face, the legal framework for health as a devolved system, the constitutional and legal framework for HIV and a panel session with the Police and Prison Services.

On the final day of the workshop when all the sessions were complete the participants engaged in discussions to formulate an action plan in light of the information they had received in the course of the workshop. The participants were divided into two groups broadly focusing on three thematic areas: laws and policies; stakeholders; and partnerships.

In formulating the plan below a number of aspects were discussed when determining what activities should be undertaken, these were:

a) Which laws and policies are problematic on a national and county level;
b) Which laws and policies are supportive and are they being enforced;
c) Knowledge amongst different stakeholder, determine who the stakeholders are and how they are involved;
d) Do the stakeholders have the knowledge that will help them support harm reduction work, if not, how can those gaps be filled;
e) What strategies should be employed to approach partners;
f) What partnerships should be formed with the different structures of government; and
g) How to provide legal redress when the human rights of IDUs are violated.
It was also significant to identify which issues were felt to be a priority.

Other important issues that were considered by the participants:

a) Opportunities provided by the global fund;

b) How to document the success stories;

c) Opportunities for IDUs to have a platform to discuss issues they face;

d) Methadone (roll out, administration, access, availability and other treatment and care aspects);

e) Right to information; and

f) How to utilize the media.
<table>
<thead>
<tr>
<th>Thematic Area</th>
<th>Action</th>
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</table>
| Laws & Policies        | Review of memorandum seeking to repeal or amend Narcotic Drugs and Psychotropic Substances Control Act, 1994 (Narcotics Act)  
Paying specific attention to: Sections 3, 5(1) (a)-(d) and 14 which provide for penalties for receiving additional narcotic drug or psychotropic substance. These penalties hinder the ability to assist IDUs and should be amended  
Obtain clarity on standard operating procedures (SOPs) that apply to CSOs engaged in harm reduction.  
Conduct research into the lack of implementation of Section 58 of the Narcotics Act which provides for rehabilitation.  
Determine how to engage for amendment or review of problematic laws and policies.  
Seek amendment of section 24 of HAPCA which penalizes deliberate HIV infection.  
Seek a review of County By-laws that restrict access to health services through criminalization of loitering, taunting, and nuisance. |
| Stakeholders           | Development of curriculum on harm reduction for civil society organizations (CSOs).  
Identify stakeholders who already have some level of information: People who use drugs; CSOs; healthcare workers;
<table>
<thead>
<tr>
<th>Partnerships</th>
<th>Outline organizations or persons we would like to form partnerships with.</th>
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<tbody>
<tr>
<td></td>
<td>Agree on strategy that will be engaged to commence these partnerships.</td>
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<tr>
<td></td>
<td>Employ the agreed upon strategies and reach out to suggested partners.</td>
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