

Harm reduction in context of COVID-19 in Kenya

INHSU Africa Advocacy RoundTable
Virtual meeting

1st July 2020



Outline

- Objective of the presentation
- Background information-COVID-19 in Kenya
- Key successes in harm reduction in context of COVID-19
- Key challenges in harm reduction in context of COVID-19



Objective

- To understand key issues for people who use drugs regarding access to prevention, treatment and care particularly in the context of COVID-19



Background information- COVID-19 in Kenya

- First case of COVID-19 discovered in Kenya on 13 March 2020
- Over 5000 cases have been reported in the last 4 months.
- Number of infections and deaths have been increasing
- Kenya under dusk to dawn curfew-9pm to 4am



Background information- COVID-19 in Kenya

- Cessation of movement into and out of the Nairobi Metropolitan Area Mombasa and Mandera counties.
- Due to the surge in infections the healthcare system has been overwhelmed and resulted to homebased care of patients.



Key success in harm reduction in context of COVID-19

- Medically Assisted Therapy(MAT) clinic clients in areas that experienced lockdown had access to methadone through mobile dispensing.
- Continued dosing of methadone during COVID-19 in all the MAT clinics.
- Commencement of methadone dosing at Mombasa Shimo Tewa prisons.
- Nutritional support for PWUDs during COVID-19.



Key challenges in harm reduction in context of COVID-19

Behavioural interventions in context of COVID-19

- Mobilization of PWUDs at the DIC and during outreach has been slow.
- Disruption of PWUDs needles and syringes distribution at the start of the pandemic creating a possibility increased sharing and risk of blood borne infections such as HIV and hepatitis .
- Peer education session at the DIC and during outreach adversely affected.



Key challenges in harm reduction in context of COVID-19

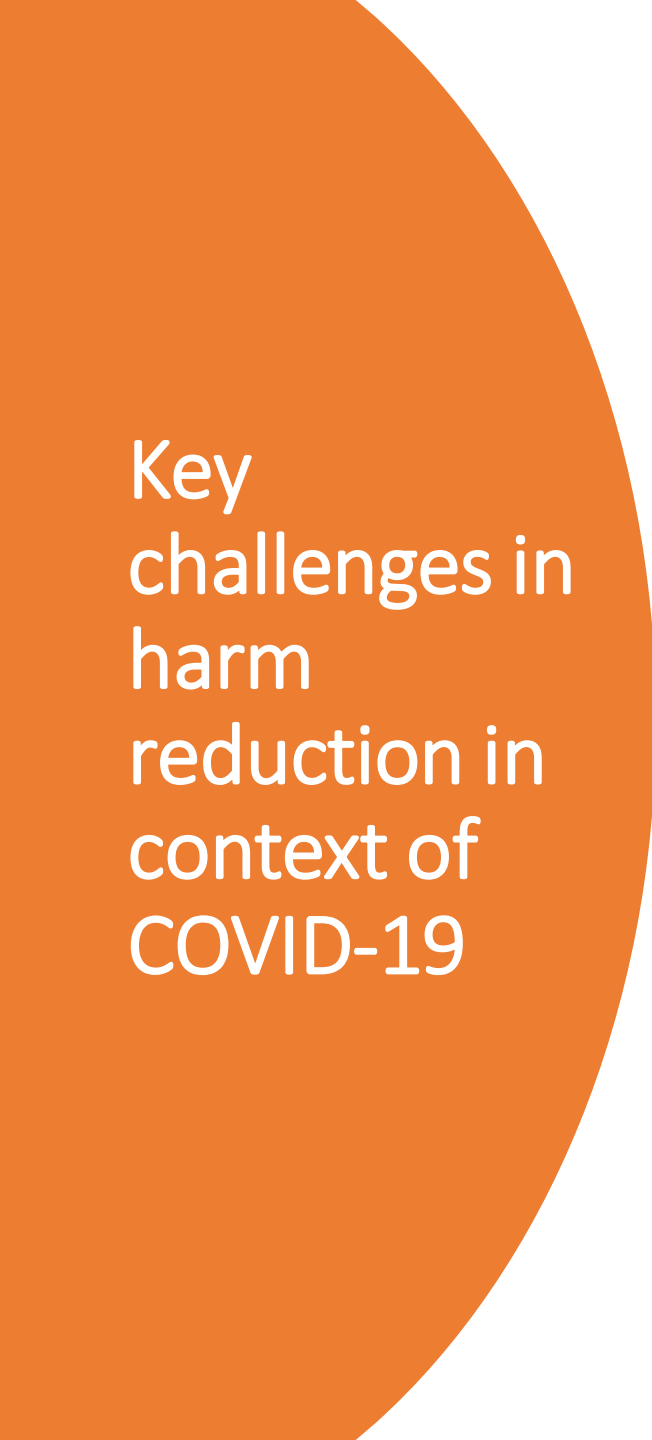
Behavioural interventions in context of COVID-19

- Psychosocial support sessions at the MAT clinic slowed to reduce congestion at the clinics
- Increase in the number of PWUDs who are homeless.
- Low risk perception of COVID-19 by PWUDs with many of them not adhering to preventive measure like wearing masks consistently.
- Loss of livelihoods for PWIDs leading to increase in poverty

Key challenges in harm reduction in context of COVID-19

Bio-medical interventions in context of COVID-19

- Increased cases of MAT defaulting by PWUDs
- New inductions in the MAT clinics stopped.
- Access to methadone for clients who are on quarantine in Mombasa infrequent.
- Pregnant WWID not going to hospital for pre-natal care due to fear of COVID-19 infections.
- Immunization of children of drug users affected because PWUDs fear infection with COVID-19



Key
challenges in
harm
reduction in
context of
COVID-19

Bio-medical interventions in context of
COVID-19

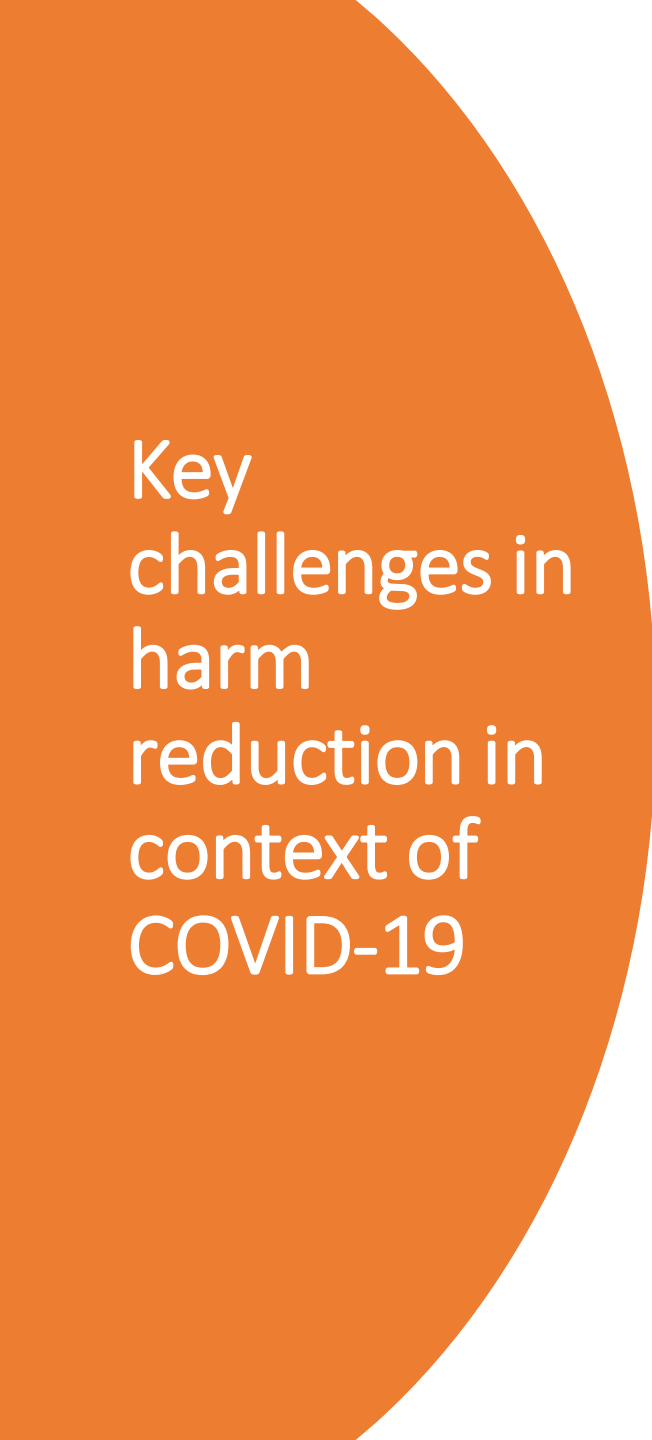
- ARVs uptake by some PWUDs interrupted at the start of the pandemic due to movement restrictions some counties.



Key challenges in harm reduction in context of COVID- 19


Structural Interventions in context of COVID-19

- Increase in police violence during curfew hours especially for the homeless PWUDs
- Police raids in the drug using site(Kawangware Nairobi) and destruction of handwashing stations.
- Increase in police arrest of PWUDs
- Increase of stigma and discrimination of PWUDs by general public due to perception that they could be COVID-19 infected.



Key
challenges in
harm
reduction in
context of
COVID-19

Structural Interventions in context of COVID-19

- Increase in intimate partner violence among WWUDs
 - Increase in violence/mob justice by the general public due to PWIDs involvement in petty crime.
- 

Thank you