REPUBLIC OF KENYA

NACADA
FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

COMMUNITY-BASED REHABILITATION FRAMEWORK

FOR SUBSTANCE USE DISORDERS

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FOREWORD

An effective national system for the treatment of drug use disorders requires a coordinated and integrated response by many actors. The aim is to deliver services and interventions in multiple settings while targeting different groups including their additional needs.

Globally, there is a need to make treatment systems for drug and other substance use disorders affordable for the health and social system in order to sustain treatment services. Community based treatment for drug use disorders is in general less disruptive to patients' lives, and cheaper for the health system than in-patient and residential treatment. Community based and Out-patient treatment is the recommended first choice of setting from a public health perspective as long as it is evidence-based and can meet the patient's needs.

In a community-based rehabilitation network approach broad partnerships exist not only between different services from health and social sectors but also with other community stakeholders including NGOs and self-help groups. To coordinate all services delivered, it helps to develop an effective community-based treatment approach that utilizes all resources already available in the community. Community based drug treatment services offer a multifactorial and multi-sectoral approach to the management of drug related problems and health issues.

Such an approach encourages: the use of various pathways to treatment; recovery management and support; and an improved quality of life for the entire community. Partners in a community-based network of services need to work in close collaboration and coordination to provide the best possible support through effective referral and case management strategies in order to guarantee a continuum of care.

NACADA envisages that this framework will provide a range of low-threshold entry points and ease access to different treatment and care services.

Dr. Anthony Omerikwa, MBS
Chief Executive Officer.

ACKNOWLEDGEMENTS

The development of the Community Based Rehabilitation framework for Substance Use Disorders supports the implementation of the National Standards for Treatment and rehabilitation; and enhances easy access to support interventions at the community level.

Much gratitude goes to the NACADA Board Chairman Rev. Dr. Stephen Mairori and all board Directors for allocating resources for the development of the Framework. I acknowledge the leadership and support given to the technical team by the NACADA CEO, Dr. Anthony Omerikwa.

The Community Based Rehabilitation framework for Substance Use Disorders was developed by a technical working group drawn from different sectors with an aim to provide technical guidance to policy makers, public health officials, local authorities and other stakeholders dealing with persons with substance use disorders in the community.

I salute the selfless technical working group led by Ms. Judith Twala (Manager Counseling and Rehabilitation), Mr. Lelei Kirwa (Manager Policy and Planning), Rev Wangai Gachoka (Regional Manager North Eastern), Catherine Kimui (Senior Counselor), Wilfred Mbogo (Senior Counselor), Judy Muthoni (Counselor), Mornicah Akumu (Counselor), Eric Gichohi (Counselor MTRC), Prof. Catherine Gacutha (Director-Maranatha Homes) Taib Abdulrahman (Reach-Out Trust), Seth Okech (APRAK), Dr. Florence Jaguga (Head of Rehabilitation-MTRH), Joshaya Kutto (MTRH), Job Kithinji (New Dawn Rehab), Lilian Gitau (Reinasance Rehab Centre) , Tina Masai (Mathare Hospital), Bishop Kanyutu (APEC) and Mercy Musisi (Retreat Rehab Centre).

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ACRONYMS AND ABBREVIATIONS

AA	Alcoholic Anonymous
AU	Africa Union
AUPA	African Union Plan of Action
CBR	Community Based Rehabilitation
CSO's	Civil Society Organizations
FBO	Faith Based Organizations
GA	Gambling Anonymous
HIV	Human Immunodeficiency Virus
IOP	Intensive Outpatient Programs
KHSSP	Kenya Health Sector Strategic and Investment
KMPDC	Kenya Medical Practitioners & Dentists Board
MAT	Medication Assisted Treatment
MOH	Ministry of Health
NA	Narcotic Anonymous
NACADA	National Authority for the Campaign Against Alcohol & Drug Abuse
NGAO	National Government Administration Officers
NGO	Non-Governmental Organizations
PHP	Partial Hospitalization Programs
PWUD	Persons Who Use Drugs
SDG	Sustainable Development Goals
SRMA	Sustained Recovery Management Approach
STIs	Sexually Transmitted Infections
SUDs	Substance Use Disorders
TB	Tuberculosis
UNODC	United Nations Office of Drugs and Crime
WHO	World Health Organization

OPERATIONAL DEFINITIONS OF TERMS

After Care - Care that offer on-going support to maintain sobriety/abstinence, personal growth and integration into the family and community.

Case Management - A coordinated, individualized approach that links clients with appropriate services to address their specific needs and help them achieve their target goals.

Community Recovery Capital - The breadth and depth of internal and external resources within the community that can be drawn upon to initiate and sustain recovery from substance use disorders.

Continuum of Care - A concept involving an integrated system of care that guides and tracks patients through a comprehensive array of health services spanning all levels of intensity of care.

Harm Reduction - A set of activities that are intended to minimize the negative physical and social impact, including the transmission of HIV, incurred by the behaviors related to drug use. The other alternative for definition for Harm reduction refers to policies, programmes and practices that aim to minimize the negative health, social and legal impacts associated with drug use, drug policies and drug laws.

Models -These are approaches that are used to guide intervention in this case Substance Use Disorders community based approaches.

Pathways - A series of actions that can be taken in order to achieve something.

Recovery - A continuum process and experience through which individuals, families, and communities utilize internal and external resources to address drug dependence and substance abuse problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive and meaningful life.

Recovery Management - A philosophy of organizing addiction treatment and recovery support services to enhance pre-recovery engagement, recovery initiation, long-term recovery maintenance, and the quality of personal and family life in long-term recovery

Self-Care - Taking an active and pro-active role in one's own overall health and wellness, and creating a balance and equilibrium across personal, social and work lives. The World Health Organization also defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health worker.

CHAPTER ONE: INTRODUCTION

1.0 Background

World Drug Report 2023, (Nations, 2023) states that the burden of drug use continues to be high worldwide. In 2021, one in every 17 people aged 15–64 had used at least one drug in the past 12 months with an estimated number of users growing from 240 million in 2011 to 296 million in 2021 amounting to 5.8 percent globally which was a 23 percent increase. The global strategy to reduce the harmful use of alcohol (2010) prescribes that governments should enhance the prevention and treatment capacity of health and social care systems for disorders due to alcohol use and associated health conditions. This is an integral part of universal health coverage and aligns with the 2030 Agenda and its health targets.

African Union (AU) Plan of Action on Drug Control (AUPA) 2019-2023 advocates for the scaling up of social reintegration programs for people who use drugs (PWUD) who are in recovery after treatment, PWUD in contact with the criminal justice system, ex-residents of probation homes, and PWUD suffering from morbid mental health disorders. The East African Community Regional Policy on Prevention, Management and Control of Alcohol, Drugs and other Substances, 2019, provides that member states should strengthen programs on psycho-social support including programs on stigma and discrimination, and social reintegration to address the harmful effects of alcohol and drugs.

Kenya is committed to promoting interventions that ensure that every person enjoys the highest attainable standard of health, which includes the right to health care services. Sustainable Development Goals (SDG) seeks to strengthen the prevention and treatment of people with substance use disorders, including narcotic drug abuse and harmful use of alcohol. The Kenya Health Policy, 2014 -2030 directs Nations to guarantee highest standards of health in a manner responsive to the needs of the population.

Further, the Kenya Health Sector Strategic and Investment Plan (KHSSP) 2013-2017 performance monitoring indicators and targets include minimizing exposure to health risk factors and halting and reversing the rising burden of non-communicable diseases.

The aspirations of Kenya's Mental Health Policy 2015-2030 priority actions include: developing a National strategic program on substance use management; investment plans to improve access effective substance use management; capacity building and quality assurance to meet the guidelines and standards for evidence-based best practices in substance use management and integrating substance use management in the health care and social welfare systems in the comprehensive continuum of care.

The development of the framework comes in response to the increasing unmet needs for treatment and rehabilitation services making it difficult for early diagnosis, intervention and care. Community level intervention also responds to the need of cost effectiveness in an environment of economic hardships. The community based programming shall improve access to treatment and ensure participation of the community and family. Community interventions will further assist to reduce stigma and discrimination and further affect treatment outcome which will in turn improve community self-efficacy.

The NACADA survey (2022) established that Kenya is confronted with a high burden of Substance Use Disorders (SUDs). This requires innovative and cost-effective approaches to meet the ever-increasing demand for substance use disorder (SUD) prevention, treatment and rehabilitation. Further, there is need to collaborate with the Kenyan Ministry of Health (MOH), County Governments, Civil Society Organizations (CSOs), Non-governmental Organizations (NGOs), Faith Based Organizations (FBOs), and other partners to expand SUD intervention services with an emphasis on community- based approaches to address the challenges of affordability and physical access.

The Kenya Mental Health Action Plan 2021-2025 further highlights the importance of prevention and promotion through harm reduction programs, increasing access to quality mental health services through provision of substance use disorder treatment and rehabilitation and advocacy for inclusion of equitable medical cover for substance use disorder treatment.

1.1 Legal and policy context

Kenya has put in place legislations, regulations, policies, standards and guidelines and adopted international laws and standards for responding to SUDs. The framework shall be guided by the following laws, regulations and policies; -

1.1.1 Legal frameworks

1. The Constitution of Kenya 2010
2. National Authority for Campaign against Alcohol and Drug Abuse (NACADA) Act, 2012
3. Alcoholic Drinks Control Act, 2010
4. Narcotic Drugs and Psychotropic Substances (Control) Act, 1994
5. Tobacco Control Act, 2007
6. Public Health Act, 2012
7. Pharmacy and Poisons Act, 2009
8. Poisonous Substances Act, 2012
9. Medical Practitioners and Dentists Act
10. The Mental Health Act (Amendment 2022)
11. Food, Drugs and Chemical Substances Act, 2013
12. Data Protection Act,2018
13. The Children's Act (2001)
14. HIV & AIDs Prevention Act, 2006
15. Counselors and Psychologists Act (2014)
16. Employment Act (2012)
17. Sexual Offences Act (2006)
18. Any other relevant laws

1.1.2 Policy Frameworks

1. County Government Laws Policy Framework
2. Kenya Mental Health Policy 2015 - 2030
3. National Standards for Treatment and Rehabilitation for Persons with SUDs
4. National Guidelines for Aftercare and Reintegration for Persons Recovering from SUDs
5. Framework for Community Engagement in Management of Alcohol and Drug Abuse 2022
6. And any other applicable policies

1.2 Rationale

The framework will facilitate communities to establish and operationalize evidence based community treatment and rehabilitation facilities. The framework will expand the capacity for meeting the needs and demand for the treatment and rehabilitation of SUDs. Community based treatment and rehabilitation will: -

1. Facilitate patients' access to treatment
2. Provide affordable services for patients, families and the communities
3. Foster patients' independence in their communities
4. Focus on social integration and community empowerment
5. Offer flexibility compared to other modalities of treatment
6. Facilitate reduction of stigma and promote community positive outcomes
7. Provide security and community integration thus spurring growth in communities
8. Reduce incarceration and recidivism

CHAPTER TWO: PURPOSE AND SCOPE OF THE FRAMEWORK

2.0 Purpose of the framework

To provide a guideline for the delivery of community-based prevention, rehabilitation and continuing care for SUDs.

2.1 Goal

Building synergy towards development of systems, mobilization of resources, infrastructure and programming for rehabilitation and continuing care for SUDs services.

2.2 Objectives

1. Ensure the early detection, diagnosis and management of SUDs in the community.
2. Ensure equitable and timely evidence-based rehabilitation and referral for PWUDs in communities.
3. Initiate and strengthen community systems for continuum of care for SUDs.
4. Minimize stigma and mainstream community responsiveness to management of SUDs.
5. Map community resources and create partnerships for community management of SUDs.
6. Create referral systems for complementary SUDs services.

2.3 Scope of the Framework

This framework shall guide various stakeholders– including but not limited to: policy makers, businesses, parents, media, law enforcers, learning institutions, faith-based organizations, health care service providers, social service agencies, informal groups, special populations and government – to collaborate and create an enabling environment for treatment, rehabilitation and continuing care for community wide impact.

2.4 Guiding Principles

The framework shall adopt the United Nations Office on Drugs and Crime (UNODC) and World Health Organization (WHO) guiding principles on treatment and rehabilitation for SUDs which are:

1. Continuum of care from outreach, basic support, and harm reduction to social reintegration, with entry for appropriate services.
2. Delivery of services in the community with minimal disruption of social links and employment.
3. Integration into existing health and social services.
4. Leveraging on community resources including families.
5. Participation of people who are affected by SUDs, families, and the community at large in-service planning and delivery.
6. A comprehensive approach that takes into account different needs for instance health, family, education, employment and housing.
7. Close collaboration between civil society, law enforcement and the health sector.
8. Provision of evidence-based interventions.
9. Informed and voluntary participation in treatment, rehabilitation and reintegration.
10. Respect for human rights and dignity including confidentiality.
11. Acceptance that relapse is a part of the treatment process and will not stop an individual from re-accessing treatment services.

CHAPTER THREE: APPROACHES TO COMMUNITY-BASED REHABILITATION

3.0 Overview

Community Based Rehabilitation refers to a specific integrated model of treatment for people affected by drug use and dependence in the community which provides a continuum of care from outreach and low threshold services, through detoxification and stabilization to aftercare and integration, including maintenance pharmacotherapy. It involves the coordination of a number of health, social and other non-specialist services needed to meet the patient's needs.

3.1 Approaches to Community Based Rehabilitation

Community-based approaches for rehabilitation shall be implemented depending on population needs, health structure, social care services, legislative policies and resources. The approaches shall include one-stop-shop, community-based network and sustained recovery management.

3.1.1 A One-Stop-Shop Approach

This shall entail a wide range of medical and psycho-social services being provided in one facility making it a "one-stop-shop." Such services include SUD management, family and peer support, comprehensive care for medical conditions such as HIV, hepatitis, and tuberculosis (TB), psychological and pharmacotherapy for mental disorders and other medical conditions, social assistance, and protection and recovery management.

3.1.2 Community-Based Network Approach

The network approach is a coordinated comprehensive network of rehabilitation and care services. It shall have a centralized system that affords clients the services they require through relevant referrals. Partnerships shall be created not only between different services from health and social sectors but also with other community stakeholders. This approach shall ensure community participation and linkages to ongoing drug use prevention and low-threshold services in the communities.

3.1.3 Sustained Recovery Management Approach

Sustainable recovery management is a public health approach to reducing the harmful consequences of drug use. It allows individuals a path that improves their life in the short-term and long-term. This approach includes reentry to schools and vocational training, mentorship and life skills training and linkages to income generating activities. This shall encompass promoting harm reduction strategies for patients who seeks sobriety as well as advocating for better drug policies and uphold basic human rights for persons with SUDs.

3.2 Models and Pathways of Community-Based Rehabilitation Programs

Models and pathways for community-based rehabilitation programs shall be embedded within the community-based approaches as explained below. These shall include;

3.2.1 Community Outreach

This is an activity of providing professional services to any population or a group of people that might not otherwise have access to those services. Outreach aims at actively engaging individuals affected by substance use disorders, providing them with support and connecting them to appropriate resources, programs and rehabilitation services. It entails providing a package of bio-psychosocial spiritual services including community mobilization, SUDs and mental health screening, health education on relevant topics such as harms of alcohol and drugs and self-care, harm reduction, follow-up, and referral. Community outreaches can be conducted in churches, during chiefs' barazas, and other community activities. Activities could be conducted by health care providers, addiction professionals and community health promoters, and trained peer providers.

3.2.2 Low Intensity Out-Patient Treatment Programs

The services provided in this model include one-on-one therapy sessions, group sessions and psycho-education workshops. This model of CBR is best suited for individuals who have mild to moderate SUDs and have an abundance of support systems.

Treatment in Low Intensity Programs Out-patient programs shall be implemented within primary health care facilities such as Health Centers and Sub-County Hospitals. They can also be delivered within faith-based health facilities and health facilities run by NGOs. Low Intensity Outpatient programs are offered once a week and are delivered by either trained health care providers, addiction professionals, community health promoters, or trained peer providers.

3.2.3 Intensive Out-Patient Programs (IOP)

This model of CBR shall offer a compromise between outpatient and residential treatment in that the care provided shall be more structured than the regular outpatient programs. The model shall require patients to attend sessions several times a week. This model is best suited for individuals who have moderate SUDs and require a more structured treatment plan than regular outpatient programs.

The IOPs shall be implemented within primary health care facilities such as Health Centers, Sub-County Hospitals. The programs can also be delivered within faith-based health facilities and health facilities run by NGOs and such services are offered more than once a week and could be delivered by mental health care providers, and addiction professionals.

3.2.4 Partial Hospitalization Programs (PHP)

The PHPs shall be similar to IOPs but shall provide a higher level of intensity and support. With partial hospitalization, treatment sessions are provided 5 days a week and run for about 6 hours in a day. This shall include intensive therapy sessions, medical supervision, and access to a wider range of treatment modalities including occupational therapy, and skills training.

3.2.5 Medication-Assisted Treatment (MAT) Programs

This model of CBR shall offer a combination of medication alongside psychosocial interventions. Medication shall be used as relapse prevention strategy by reducing cravings and/or manage withdrawal symptoms while addressing the biopsychosocial aspects of SUDS. The MAT services shall be provided by appropriate multidisciplinary team of trained professions as prescribed by the Pharmacy and Poisons Act and other relevant regulatory bodies.

3.2.6 Peer Support Programs

This shall entail the use of peer support groups, such as Alcoholics Anonymous (AA), Narcotics Anonymous, Al Anon and Gambling Anonymous among other self-help groups guided by the principles of mutual aid.

3.2.7 Sober Living Homes

This model of CBR shall provide clients residential facilities that provide a structured and substance-free environment. The activities of the sober living home shall be directed by specific rules and guidelines.

3.2.8 Harm Reduction Programs

The primary focus of the model shall be to reduce the risks linked to substance use and to improve the quality of life for substance users. Services shall include: Opioid substitution therapy (OST) and other evidence-based drug dependence treatment; HIV testing and counselling; Antiretroviral therapy; Prevention and treatment of Sexually Transmitted Infections (STIs); Condom programs for people who use drugs and their sexual partners; targeted information, education and communication for people who inject drugs and their sexual partners; Prevention, vaccination, diagnosis and treatment for viral hepatitis and Prevention, diagnosis and treatment of TB; and overdose prevention and management through community distribution of naloxone.

3.2.9 Mobile Treatment Units

Mobile treatment units shall offer comprehensive services on the move to individuals dealing with SUDs. Such services shall include delivering assessments, medications, counseling, and various supportive services for inaccessible community sites.

3.2.10 Holistic and Wellness Approaches

Holistic recovery shall be founded on the philosophy of incorporating not only physical but also mental and emotional well-being aspects of life in the recovery process. Activities such as yoga, meditation, mindfulness, nutrition, and physical fitness are incorporated.

3.2.11 Faith-Based Programs

The primary elements of faith-based programs in CBR programs shall include spiritual exploration and faith-based counseling, with the help of trained pastoral counselors or spiritual leaders. These programs shall ensure linkage to appropriate medical and additional psychosocial interventions to ensure all aspects of SUD are met.

3.3 Documentation

Accurate and comprehensive documentation in community based rehabilitation programs shall be essential for clinical care, quality assurance, legal and ethical compliance, and funding and reimbursement. All providers will be required to adopt a framework that ensures appropriate record keeping of all clients, with clear documentation of the diagnosis, management or treatment plans, treatment outcomes including referral, community support and linkages made, while observing all ethical and legal guidelines. This ensures that it is in accordance with data protection and safety laws of the country

3.4 Referral

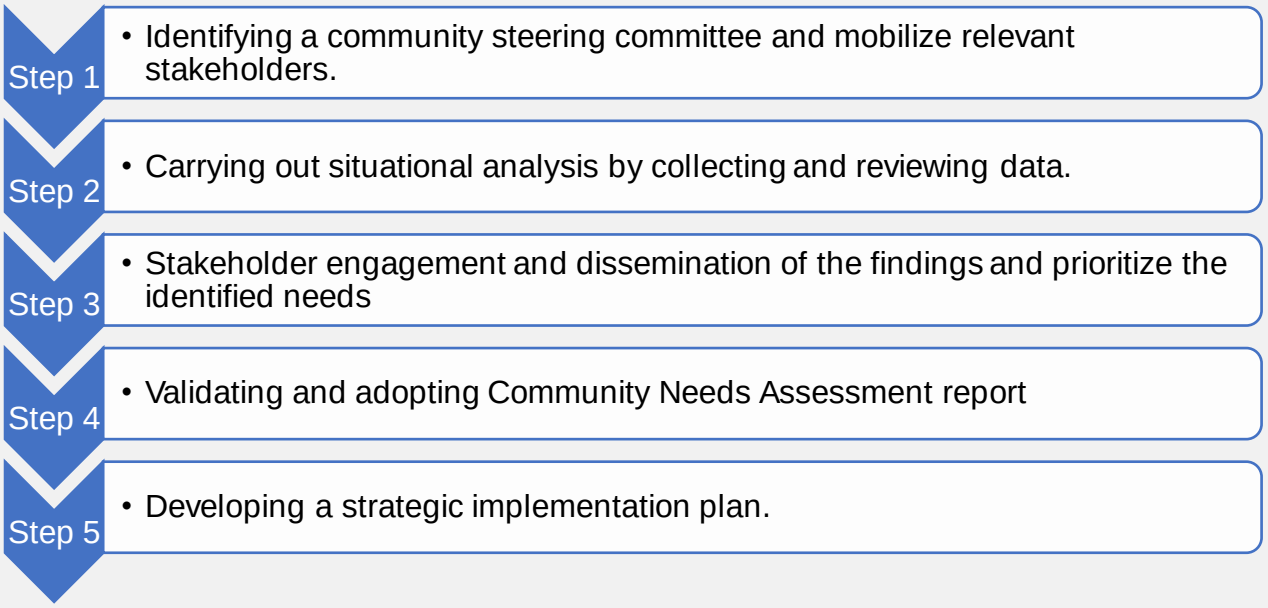
Referral shall entail making a recommendation for a client to receive a service or care /rehabilitation from another provider or facility/community. Organizational and ethical protocols for referral shall be adhered to.

CHAPTER FOUR: ESTABLISHMENT AND IMPLEMENTATION OF COMMUNITY BASED REHABILITATION

4.0 Community Needs Assessment and Engagement

Community needs assessment is a systematic process that involves identifying and analyzing community needs and resources. The process also involves prioritizing needs and setting the foundation for action to respond to SUDs challenges in the community.

4.1 Steps for Community Needs Assessment



4.2 Location of the Service

Map out ideal locations for establishment of Community based rehabilitation facilities in liaison with local administration, County government and other relevant government agencies.

4.3 Legislation and Compliance

Each Community based rehabilitation facility shall be legally registered in accordance with the prevailing laws of Kenya and the facility shall have been accredited by the relevant bodies.

4.4 Community Mobilization and Partnerships

Community mobilization and partnership play a crucial role in community based rehabilitation. By fostering collaboration and coordination, communities can effectively combat SUDs and support individuals on their journey to recovery.

4.5 Steps to facilitate Community Mobilization include:

Step 1: Assess community needs: Comprehensive assessment focuses on SUDs challenges, existing resources, and gaps in services for guiding mobilization efforts.

Step 2: Build synergies: Partnering with key stakeholders with relevant skills and lived experiences in creating networks of support and enhancement of impact towards community mobilization initiatives.

Step 3: Awareness and feedback: Utilizing various mediums to sensitize the community about SUDs consequences, and available services and receive community feedback.

Step 4: Capacity building: Equipping community first responders with competence and skills to identify SUDs issues, provide support, and referrals.

Step 5: Engage in Advocacy: Providing capacity building for policy makers, opinion leaders and community leaders and raising awareness among policymakers and community leaders about the importance of accessible and quality rehabilitation services. It shall also entail championing for the allocation of resources, policy changes, and the reduction of stigma associated with SUDs

Step 6: Establish support groups: Facilitating formation of support groups.

4.6 Operationalizing the facility

Working with a primary health care network (PHCN) in the community provides access to different multidisciplinary team members such as physicians, nurses, social workers and psychologists. Its greatest strength is its location and care and support can be provided locally, directly where clients live and work.

Their location allows PHCN workers to develop strong relationships with their clients, while also understanding better their day-to-day lives and needs. Community-based treatment services can work with Primary Health Care Networks to provide drug dependence treatment services by:

1. Building capacity of PHCN professionals through training, education, sharing experiences, and consultation;
2. Sharing case management and coordination;
3. Offering ongoing expertise and support to the network, and
4. Smoothly working with referral services.

4.7 Relevant community partners

These shall include:

1. Neighborhood associations
2. Organized groups of users, family members, and health workers
3. Educational and research institutions
4. Professional organizations
5. Government agencies and NGOs involved in aftercare activities such as skills-based training and employment opportunities
6. Human rights organizations
7. Religious and community leaders
8. Trade and services establishments
9. Health services such as hospitals and clinics
10. Youth organizations and youth leaders
11. Social services
12. Media
13. Relevant specialized services

4.8 Enhanced treatment and rehabilitation network and meeting health and social needs

To improve a treatment network and meet the health and social needs of clients, the programme planners need to include specialized services, such as;

1. Medical and mental health emergency services to support community based services by providing beds, and laboratory services that may not be available within community-based services or networks;
2. The STI, HIV and AIDS programmes that can provide integrated care to clients through its clinics and various supports;
3. Community-based outreach partnerships;
4. Physical rehabilitation programmes or home care for clients who cannot leave home because of incapacitation
5. Health and safety programmes in the work place that community based services' teams can help develop;
6. Programmes that promote affordable and supportive housing and/or support income and employment;
7. Work and social skills training, and income generating opportunities

All of the above service providers are necessary partners for biopsychosocial support in community-based treatment services and working effectively in a network means setting up common goals that community-based services and partners agree upon.

4.9 Critical Aspects in Partnerships

1. Knowing the mission, guidelines, and principles of the services to be involved in the network;
2. Working together as interdisciplinary teams within the community;
3. Sharing and bringing together the delivery of evidence-based care for clients;
4. Setting up common workflows, standards and practices;
5. Improving the partners' ability to reach common goals and provide for community needs by sharing resources (material, time and human resources) and skills;
6. Sharing information;
7. Establishing regular meetings and exchange of information with the various partners;
8. Setting up workable ways in which to link different social organizations that are able to contribute to a better quality of life for clients, and to the promotion of a more inclusive society;

9. Being willing to function following a plan to achieve the desired goals, and
10. Searching constantly for ways to share responsibility and accountability for the actions and outcomes of the network.

Community networks operate more effectively if one or more of the following conditions are met: Sustenance of community infrastructure (their community base); Working with existing health and welfare networks and other community organs; Adequate and diverse funding arrangements; and creating a social climate of appreciation of issues such as sexuality, sexual preference or drug use.

4.10 Case management

Case management in community-based rehabilitation of substance use disorders involves coordinating and organizing services for individuals seeking help for SUDs. It aims to provide comprehensive support and assistance to promote recovery and prevent relapse. Case management shall entail;

1. Assessing needs;
2. Developing personalized treatment plans, and
3. Connecting individuals with appropriate resources such as counseling, support groups, vocational training, and other community programs.

4.11 Sustainability

Sustainability in community-based rehabilitation entails incorporating practices and strategies for durability of programs. It shall involve creating systems that can withstand challenges and changes over time while still providing quality care and support to individuals with SUDs.

Key strategies shall include but not limited to: -

1. Collaboration and Partnerships:

Encouraging collaboration among various stakeholders, to create a comprehensive support system and leverage collective expertise and resources.

2. Funding and Resource Allocation:

Securing sustainable funding sources to ensure the availability of necessary resources.

3. Capacity Building and Training:

It shall entail enhancing service providers, knowledge and skills sets to ensure continuous delivery of effective services and interventions.

4. Continuity of Care:

It shall involve establishing mechanisms for monitoring progress, providing ongoing counselling, and recovery management.

5. Community Engagement and Education:

It shall entail raising awareness about SUDs, reducing stigma, and encouraging early intervention. It shall involve communities as active participants in fostering a supportive environment for individuals in recovery.

CHAPTER FIVE: ETHICS IN COMMUNITY-BASED REHABILITATION

5.0 Ethics in Community-Based Rehabilitation

Ethics for CBR comprise principles that inform practice. Adherence to the respective codes of ethics shall be mandatory as per the requirements of particular professions of those working in CBR. The CBR practitioners shall provide care, support and rehabilitation while upholding ethical principles that promote fairness, dignity and respect for clients, other service providers and their professions.

The CBR ethical considerations include but not limited to;

Client Welfare: The CBR providers shall accept their responsibility to ensure safety and welfare of their clients.

Informed Consent: The CBR providers shall ensure that each client is informed about service in clear and understandable language.

Non-Discrimination: The CBR providers shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client based on diversity.

Non Exploitation: The CBR providers shall not impose their personal, religious, cultural or political values on any client.

Confidentiality: The CBR providers shall communicate the parameters of confidentiality in a culturally sensitive manner within the community settings they shall be working.

Minors and Others: The CBR providers shall protect the confidentiality of minor or adult clients who cannot provide voluntary informed consent. For such clients, the consent shall be provided by the next of kin.

Self-care: The CBR providers shall engage in on-going professional development including further training, continuous supervision, clinical coaching, personal therapy and work life balance.

Accountability: The CBR providers shall exercise responsibility and transparency in the process of providing rehabilitation services.

CHAPTER SIX: IMPLEMENTATION MATRIX

NB: All key actors will be sensitized and capacity built on how to implement evidence-based community-based rehabilitation programs.

Roles and responsibilities of key actors	
Institution	**Responsibility**
Ministry responsible for Internal Security and National Administration	• Lobby for funding through Treasury • Promote and facilitate the development, adoption and implementation of evidence-based policy and program interventions
Treasury	• Resource allocation in prevention, treatment and rehabilitation of drug use disorders
NACADA	• Develop and promote national standards on treatment and rehabilitation for persons with substance use disorders. • Promote and facilitate the development, adoption and implementation of evidence-based policy and program interventions. • Promote the adoption and implementation of community-based rehabilitation programs and facilities. • Promote and facilitate mobilization, empowerment and capacity development of public sector, private sector, civil society organizations, faith-based organizations, community health promoters, local communities and other stakeholders to develop, adopt, coordinate and implement evidence-based interventions. • Promote and facilitate capacity development for implementers of community-based rehabilitation programs. • Promote, facilitate and coordinate the regulation of community-based rehabilitation programs and facilities. • Undertake continuous review, monitoring and evaluation of the community-based rehabilitation framework for Substance Use Disorders.
Ministry of Health (Community Health Promoters)	• Resource allocation in treatment of drug use disorders. • Strengthen services for early identification, screening, brief interventions and referral at diverse settings including learning institutions, workplaces, and community levels

Institution	Responsibility
	• Identify and manage the most prevalent disorders due to drug use at primary health care. • Monitor the rehabilitation and integration of persons who require such services in the community. • Manage overdose, withdrawal symptoms, Co-occurring psychiatric disorders and other medical conditions. • Provide medical supplies and equipment to deliver Universal Health Care. • Provide community disease surveillance by reporting early signs of imminent health disasters or emergencies. • Enroll and monitor the health status of members of the households assigned to the community health promoter. Keep • and maintain a record of members in all households assigned to the community health promoter. • Render first aid services to an assigned household and where necessary, make referrals to the link facility. Report incidences of • side effects of drug
Ministries Departments & Agencies	• Identify and refer employees with alcohol and drug dependence to community-based rehabilitation programs. • Promote and facilitate the establishment and protection of relapse-free environments and settings.
County Governments	• Allocation of funds for implementation of community-based rehabilitation programs drawn from the liquor licensing function. • Implement programs and standards for management of persons suffering from substance use disorders. • Establish community-based rehabilitation programs and facilities for persons suffering from substance use and disorders. • Inform NACADA on registered community-based rehabilitation programs
Kenya Medical Practitioners and Dentists Council (KMPDC)	• Provide quality and ethical health care through appropriate regulation of training, registration, licensing, inspections and professional practice.

Institution	Responsibility
Community Based Organizations	• Adopt and implement interventions based on national standards as applicable to the national policies, laws and regulations. • Through outreach programs; identify and refer persons in need of Community based rehabilitation program. • Provide first line screening, brief interventions and referral to other service providers. • Establish and ensure sustainability of support groups. • Act as the link between the person with Substance use disorder and their family and community
Faith Based Organisations	• Adopt and implement interventions based on national standards as applicable to the national policies, laws and regulations. • Provide recovery champions within the community. • Provide venues to host support groups. • Provide serene and safe environment that promotes recovery management
Counsellors & Psychologists Association	• Screen, assess and develop treatment planning. • Provide psycho social interventions
Media Council	• Provide knowledge and skills for employment which sharpens human skills. • Improve quality, productivity, innovation and efficiency of persons in recovery
TVETs	• Provide knowledge and skills for employment which sharpens human skills • Improve quality, productivity, innovation and efficiency of persons in recovery

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