PROGRAMME COORDINATING BOARD FIELD VISIT | 9 December 2024

UNAIDS PCB Field Visit in Kenya

1 Summary:

- Following a proposal from the 2024 PCB Chair (Kenya) to hold the 55th PCB meeting (10-12 December 2024) in Kenya, approved by the PCB at its 54th PCB meeting in June 2024, the 2024 PCB field visits took place in Kenya prior to the December PCB meeting itself.
- Kenya has made significant strides in combating the HIV epidemic through comprehensive policies, expanded antiretroviral therapy (ART), and community-led interventions, yet challenges remain, particularly concerning stigma, discrimination, and ongoing infections among vulnerable populations.
- The country has an estimated 1,378,457 people living with HIV, with a prevalence rate of 3.3%, notably higher in young women and key populations such as sex workers. Adolescents and young people aged 15-34 account for many new infections.
- To achieve zero new infections and AIDS-related deaths, Kenya is prioritizing the scaling of pre-exposure prophylaxis (PrEP), enhancing patient-centered care, and integrating HIV services into primary healthcare, supported by increased domestic financing and data-driven decision-making.
- The UNAIDS Programme Coordinating Board (PCB) emphasized the usefulness of field visits to gain a comprehensive understanding of national HIV responses, allowing members to engage directly with local health initiatives and communities and grasping the role of the Joint Programme in supporting these.
- Through organized site visits to strategically selected locations in Kenya, PCB members interacted with key stakeholders, identified successful programmatic initiatives, and highlighted challenges, thereby generating actionable insights for improving HIV interventions targeting vulnerable populations.
- The visits facilitated meaningful discussions among participants, fostering collaboration and the sharing of best practices. This approach reinforced the commitment to evidence-based interventions and bolstered the PCB's strategic decision-making regarding global HIV responses.
- The visit emphasized Kenya's leadership in HIV prevention and treatment, advocating for increased domestic and international support, and highlighting the importance of multi-sectoral collaboration and human rights-based approaches in achieving an AIDS-free generation.
- As the Board discussed the findings of the Midterm Review of the Global AIDS Strategy 2021-2026, the field visits were an opportunity to showcase successes as well as remaining gaps in the HIV response, highlighting the areas that require more progress to achieve the goal of ending AIDS as a public health threat by 2030, and the necessity of continued support for the Joint Programme through sustainable funding and bridging the remaining gaps.

2 Purpose and Significance of Field Visits

The UNAIDS Programme Coordinating Board (PCB) has underscored the significance of field visits in comprehending national HIV responses. These visits, aligned with discussions from the 55th PCB meeting held in December 2024 in Kenya, provided PCB members with crucial firsthand insights into local HIV interventions. By engaging directly with key stakeholders, including government agencies, civil society organizations, and healthcare providers, the visits highlighted programmatic successes while also identifying critical gaps in service delivery.

This process aimed to enhance global best practices through an in-depth analysis of Kenya's HIV response strategies and reinforced the necessity for sustained financial and technical support for the Joint Programme.

In addition to site visits, which focused on best practices in HIV prevention, treatment, and care, delegates evaluated programmes tailored to high-risk groups, such as adolescents, individuals in prisons, female sex workers, men who have sex with men, and people who use and inject drugs. The visits emphasized the integration of multisectoral partnerships within the UNAIDS framework and strengthened evidence-based discussions within the PCB. As a result, various structural, social, and policy barriers affecting service uptake were identified, leading to informed, stakeholder-driven decision-making and fostering collaborative learning among global HIV response partners.

3 Background

In 2010, UNAIDS Programme Coordinating Board (PCB) acknowledged the significance of conducting field visits to improve the understanding of the HIV epidemic and response in countries.

As part of the 55th Programme Coordinating Board (PCB) meeting, delegates conducted field visits to six strategically selected sites, chosen to align with the meeting's thematic priorities and provide an in-depth understanding of HIV interventions targeting key and vulnerable populations. These site visits facilitated direct engagement with programmes designed to address the unique needs of high-risk groups, including adolescents and young

people, girls and young women, individuals in prison and other closed settings, and key populations such as female sex workers (FSWs), men who have sex with men (MSM), and people who use and inject drugs (PWUIDs).

The selection of these sites was guided by epidemiological data, programmatic impact, and replicability, ensuring that delegates could observe best practices, assess service delivery models, identify both successes and gaps in the national HIV response. The sites also showcased the integration and multisectoral engagement with development partners Through these visits, the delegation gained critical insights into the structural, social, and policy barriers affecting service uptake among these populations, thereby strengthening evidence-based discussions and decision-making within the PCB framework.

By engaging directly with local health initiatives and communities, PCB members gained valuable insights into the effectiveness of various strategies and interventions implemented by Kenya. During this meeting, participants had the opportunity to discuss the findings from these field visits and explore best practices for combating the HIV epidemic on a global scale.

By highlighting successful programmatic initiatives and pinpointing critical gaps, these visits generated actionable insights that informed deliberations and strategic decision-making within the Programme Coordinating Board (PCB). Furthermore, the visits reinforced the importance of sustained financial and technical support for the Joint Programme, emphasizing its vital role in enhancing national HIV responses and advancing global health priorities.

The field visits included high-level meetings with key government officials, local community partners, and representatives from Joint Programme entities. This ensured a comprehensive assessment of the national HIV response framework. The engagements were further enriched by site visits to strategically selected locations that exemplify best practices and scalable models, which have shown demonstrable effectiveness in the areas of HIV prevention, treatment, and care.

To maximize the efficacy of these visits, all participants were provided with comprehensive meeting objectives and relevant background information in advance. This preparation allowed for meaningful engagement with stakeholders, enabling participants to critically appraise existing programmatic approaches. Additionally, the visits facilitated the identification of potential opportunities for the replication of successful strategies as well as the integration of these practices into broader policy frameworks. Such a multifaceted approach not only fostered collaborative dialogue but also reinforced the commitment to optimizing the national response to HIV through evidence-based interventions and strategic partnerships.

By facilitating interactive discussions and collaborative initiatives, the PCB ensured that diverse perspectives were considered, ultimately enhancing the effectiveness and relevance of their strategies in tackling HIV-related challenges. This approach not only fostered a deeper understanding of the complexities surrounding HIV but also encouraged a culture of shared knowledge and best practices among various partners involved in the response efforts.

3.1 Objectives of the Programme Coordinating Board visit to Kenya

The Programme Coordinating Board's (PCB) visit to Kenya served multiple strategic objectives aimed at strengthening the global and national HIV response and aligning with global best practices. The objectives were:

a. **Assessment of Programmatic Achievements and Challenges** – The visit provided an opportunity for the PCB to engage with key stakeholders—including government agencies, civil society organizations, healthcare providers, and affected populations—to gain firsthand insights into the region's HIV response. This involved reviewing epidemiological trends, the effectiveness of prevention and treatment strategies, and the integration of innovative approaches such as differentiated service delivery models and digital health interventions.

b. **Strengthening Political Commitment and Global Leadership** – By highlighting Kenya's leadership in HIV prevention, treatment, and policy innovation, the visit underscored the region's commitment to achieving an AIDS-free generation. The PCB recognized Kenya's efforts in driving multi-sectoral collaboration, fostering community-led interventions, and championing human rights-based approaches to HIV programming. Additionally, the visit served as an advocacy platform to mobilize further domestic and international resources, reinforce political will, and advance policy reforms that enhanced the sustainability of the national HIV response.

4 The HIV epidemic and response in Kenya

Kenya has made remarkable progress in reshaping the trajectory of the HIV epidemic through comprehensive policy frameworks, innovative epidemiological prevention strategies, and the expansion of antiretroviral therapy (ART). The nation's commitment to achieving universal health coverage, along with multisectoral collaboration, has resulted in significant reductions in HIV prevalence, improved health outcomes for individuals living with HIV, and enhanced overall quality of life.

Targeted investments in differentiated service delivery models, community-led interventions, and the application of digital health technologies have further fortified Kenya's response to HIV, ensuring increased accessibility and operational efficiency in prevention, care, and treatment services. Nevertheless, challenges persist, as evidenced by the ongoing incidence of AIDS-related morbidity and mortality, particularly among key populations and other vulnerable groups. Structural barriers—including persistent stigma, discrimination, and gender disparities—continue to obstruct progress.

Kenya has an estimated 1,378,457 people living with HIV, with a prevalence rate of 3.3%. The prevalence is higher among females (4.6%) compared to males (2.2%). Among key populations, HIV prevalence is notably higher, with rates of 29.3% among sex workers, 18.2% among men who have sex with men, and 18.3% among people who inject drugs. Notably, 57% of all new infections are domiciled among adolescents and young people aged 15-34 years. In 2023, 51% of new infections occurred in nine counties, with Nairobi, Kisumu and Nakuru bearing the highest burden. Young women (15-24 years) represented 31% of new adult cases compared to 8% among young men in the same age group.

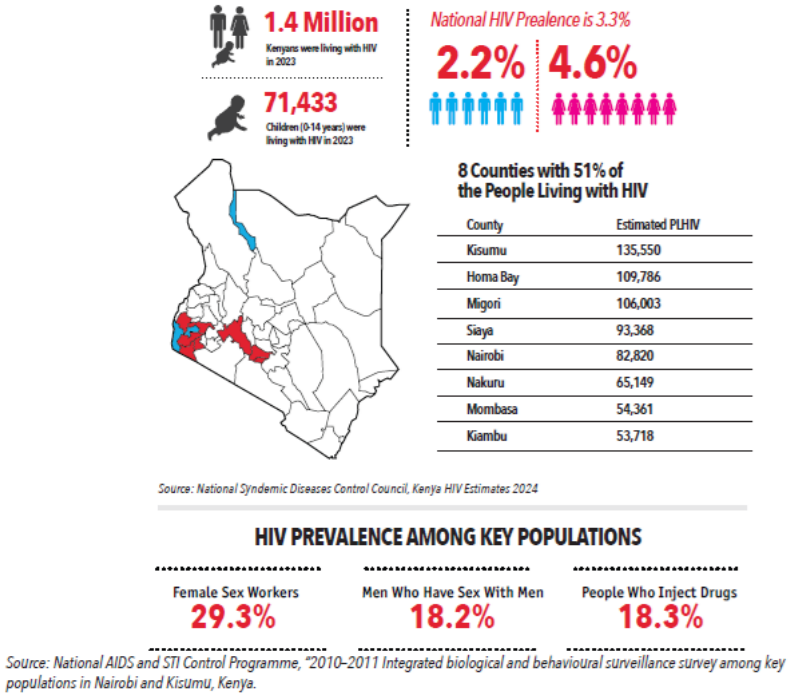
In 2023, about 95% of the estimated people living with HIV were aware of their HIV status. Antiretroviral therapy coverage among people living with HIV was at 97% in 2023. Similarly, viral suppression among those on antiretroviral therapy increased from 85% in 2019 to 94% in 2023. Treatment coverage among children was 73% in 2023 while 76% of adolescents and young people aged 15-24 were on treatment.

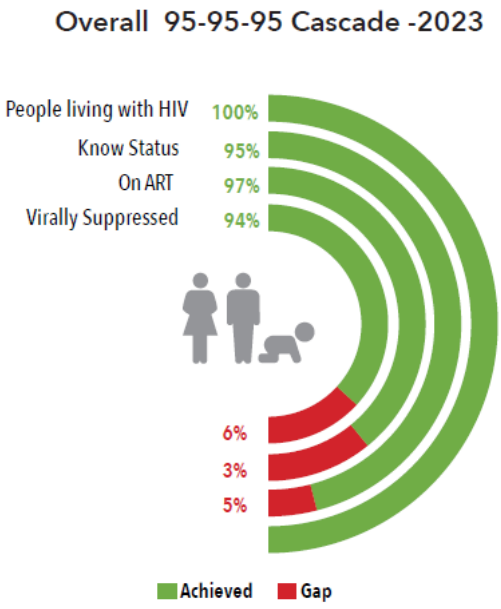
There is a concerning convergence of risk factors and vulnerabilities among adolescents and young women in Kenya, typically aged between 10 and 19 years, leading to new HIV infections, unintended pregnancies, and instances of sexual and gender-based violence.

Moreover, gaps in service delivery and funding limitations pose risks to the sustainability of achieved outcomes. These challenges underscore the urgent necessity to amplify evidence-based interventions and maintain momentum toward epidemic control.

To attain the ambitious targets of zero new HIV infections and zero AIDS-related deaths, Kenya is emphasizing high-impact interventions. This includes scaling up the implementation of pre-exposure prophylaxis (PrEP), optimizing treatment adherence through enhanced patient-centered care models, and reinforcing the integration of HIV services within primary healthcare frameworks. Augmenting domestic financing, leveraging public-private partnerships, and fortifying data-driven decision-making processes are essential to ensuring a sustainable and resilient response to the HIV epidemic.

Through sustained political commitment and the adoption of global best practices, Kenya is expediting its trajectory toward eliminating AIDS as a public health threat and realizing the vision of an AIDS-free generation.





Source: National Syndemic Diseases Control Council, Kenya HIV Estimates 2024.

5 PCB Field Visit Activities

5.1 Ruiru Government of Kenya Prisons Medically Assisted Therapy (MAT) Clinic

a. Introduction

The Ruiru Medically Assisted Therapy (MAT) Clinic operates within a Level 3 healthcare facility within the Kenya Prison Service Training College. It provides a comprehensive array of healthcare services to a diverse population. Its offerings include MAT for opioid dependence, maternal and child healthcare, mental health services, and antiretroviral therapy (ART) for individuals living with HIV. This integrated model enhances service delivery efficiency and promotes continuity of care across various health needs.

The clinic serves multiple vulnerable populations, including incarcerated individuals, prison staff, trainees, and the surrounding community, facilitating a public health approach that connects institutional and community-based care. The inclusion of MAT and ART in a multi-service setting improves health outcomes, reduces stigma related to substance use disorders, and bolsters harm reduction strategies.

Furthermore, the provision of maternal and child healthcare and mental health services addresses comprehensive reproductive health and co-occurring disorders, thereby enhancing treatment adherence and overall well-being. This approach aligns with global healthcare best practices, promoting accessibility and a patient-centered model, while reinforcing Kenya's commitment to a human rights-based framework in health interventions for marginalized populations.

b. Implementation Progress

The Medically Assisted Therapy (MAT) clinic is currently providing essential harm reduction services to a cohort of over 520 clients. Of these, 400 individuals have been inducted at the facility, while 120 have been transferred from other MAT sites to continue their treatment. Among the enrolled clients, 11 are currently incarcerated, highlighting the critical role of MAT programmes in addressing substance use disorders within correctional settings.

Kenya's HIV epidemic disproportionately affects people who inject drugs (PWID), with an estimated HIV prevalence of 18.7%—a rate approximately six times higher than that of the general adult population. This heightened vulnerability is driven by risk factors such as needle-sharing practices, limited access to harm reduction services, and co-occurring socio-economic challenges. Similarly, HIV prevalence among individuals in prison is estimated at approximately 9%, reflecting the compounded risks associated with incarceration, including inadequate healthcare access, unsafe injection practices, and high-risk sexual behaviors. The integration of MAT within a comprehensive healthcare framework is crucial in mitigating these risks, improving health outcomes, and reducing the transmission of HIV and other bloodborne infections among PWID and incarcerated populations.

c. Implementation Challenges

During the introductory presentations, the senior management outlined several critical challenges impacting the effectiveness and sustainability of the Medically Assisted Therapy (MAT) programme. These challenges include:

- Inadequate human resources lead to limited capacity for providing comprehensive care and support, resulting in burnout among healthcare providers.
- Insufficient financial resources restrict the clinic's ability to expand services, procure essential supplies, and implement supportive programmes like psychosocial support and vocational training.
- Clients struggle with rigid dispensing schedules due to employment, transportation barriers, and legal constraints, which can lead to treatment interruptions and relapse.
- Many clients face discrimination in the workplace and experience chronic unemployment, exacerbating financial instability and increasing their vulnerability to relapse.

d. Implementation of best practices/ success

- The operational framework of the MAT clinic exemplifies a strong political commitment to addressing the needs of people who use and inject drugs (PWIDs) through rigorous, evidence-based interventions.
- Key to the clinic's efficacy is a multi-sectoral collaboration that has proven essential. Ongoing coordination between the prison health system and community health sectors has not only augmented domestic resource allocation but has also fortified the sustainability of the clinic's initiatives.
- The active participation of community-led organizations and civil society has been instrumental in shaping the clinic’s success narrative.
- Additionally, the provision of technical assistance by both national and international organizations, coupled with donor support, has significantly bolstered the clinic’s achievements.
- The clinic’s integrated service model offers a comprehensive, one-stop solution for PWIDs, effectively addressing comorbidities and opportunistic infections, thereby enhancing the overall impact of PWIDs health outcomes.

e. Links for policy issues for the Joint Programme

The formulation and execution of supportive policies are pivotal for the initiation, implementation, and expansion of harm reduction interventions targeting individuals who use drugs and those in incarceration environments. Over the years, the Joint Programme has collaborated extensively with national stakeholders and various partners to advocate for and promote harm reduction initiatives across Kenya.

Presently, the Joint Programme is facilitating study visits for representatives from other countries to Kenya, providing them with an opportunity to gain practical insights into the development of supportive policies and practices for harm reduction. These visits also emphasize the modalities of implementation within both community settings and correctional facilities, underscoring the necessity of tailored approaches in diverse environments. Additionally, the UN Joint Team has supported programmes that promote harm reduction among those incarcerated as well as enhanced HIV care for key populations through harm reduction programmes focusing on people who inject drugs.

f. Site Debrief and Conclusion

Kenya's harm reduction efforts have made significant strides, but this is just the beginning. To sustain and expand these gains, it is imperative to scale up coverage and accessibility of harm reduction interventions, ensuring that all individuals who need these services can benefit from them. Strengthening service delivery, increasing funding, and enhancing programme sustainability must remain top priorities in the fight against drug use and associated health risks.

A multi-sectoral approach is essential in achieving a comprehensive harm reduction response, particularly among PWUD and those within correctional facilities. Effective collaboration between government agencies, healthcare providers, civil society organizations, and the justice system will be crucial in ensuring the seamless implementation of a full spectrum of harm reduction services, from MAT to psychosocial support and reintegration programmes.

Furthermore, while the continuity of care for the 11 incarcerated individuals who were on methadone before imprisonment represents a positive step, more needs to be done. Expanding the induction of people in prison into MAT programmes is critical to reducing withdrawal-related suffering, preventing relapse, and mitigating the risks of HIV and other bloodborne infections. Ensuring equitable access to harm reduction services within prison settings will be fundamental in upholding human rights and public health imperatives.

Sustained commitment, policy reforms, and innovative service delivery models will be key to achieving a robust harm reduction framework that not only saves lives but also fosters long-term rehabilitation, social reintegration, and improved health outcomes for drug users.

5.2 Health Options for Young Men On HIV/AIDS and STIs (HOYMAS)

a. Introduction

HOYMAS (Health Options for Young Men on HIV/AIDS and STIs) is a Kenyan Community-Based Organization (CBO) established in 2009 by male sex workers living positively with HIV. The organization is committed in promoting the health, human rights, and economic empowerment of men who have sex with men (MSM), male sex workers (MSWs), and other key populations, including the LGBTIQ+ community. HOYMAS operates across Nairobi, through physical Drop-In Centers (DICs), currently serving 9973 individuals, and providing care and support for 621 people living with HIV.

The organization has expanded its reach through telehealth and outreach, supporting comprehensive health services, advocacy, and capacity-building programmes. The facility has a suppression rate that stands at 100%, demonstrating its commitment to ensuring that individuals living with HIV achieve viral suppression and maintain overall health. These achievements result from their integrated services that focus on prevention, care, and support, targeting those most in need across Nairobi and other regions.

b. Implementation Progress

The programme has achieved an 86% coverage rate against its set target, demonstrating substantial progress in service delivery. It currently supports 374 people living with HIV (PLHIV), ensuring full treatment adherence. However, the alarming prevalence of violence, with 1,264 reported cases, poses significant challenges to the well-being of beneficiaries. Additionally, 158 cases of anal warts have been documented, necessitating surgical intervention, though only 47 procedures have been conducted due to the high costs associated with treatment. Despite these challenges, the programme has surpassed expectations in PrEP coverage, reaching 200 individuals—more than double the initial target of 84—highlighting its effectiveness in HIV prevention efforts.

c. Implementation Challenges

The following are the key challenges highlighted during the visit include:

- Persistent stigma, discrimination, and threats against LGBTQ+ individuals and human rights advocates create significant barriers to healthcare access and safety. The lack of safe spaces further exacerbates this issue.

- HOYMAS' recognition as a center of excellence for STIs and anal warts has increased referrals, stretching its limited resources. Additionally, the inability to meet budgetary requirements and inadequate staffing hinder effective service delivery.
- The resemblance of PrEP packaging to ARVs contributes to stigma, discouraging its use. Moreover, a limited understanding of the PEP/PrEP service model in Kenya affects accessibility and uptake.
- The need for expanded laboratory and clinic facilities, meeting spaces, and general infrastructure improvements remains a pressing challenge. Additionally, a limited supply of STI drugs affects the quality and consistency of care provided.

d. Implementation of best practices/ success

- HOYMAS engages PLHIV and affected populations in the design, implementation, and evaluation of programmes, ensuring services are relevant and effective through a peer-led model.
- The organization offers comprehensive care specifically tailored for MSM, male sex workers, and young populations, including STI/HIV screening, treatment, and mental health support.
- By leveraging social media and digital platforms, HOYMAS effectively reaches young key populations with health information, consultations, and awareness campaigns, making access to care more convenient.
- HOYMAS conducts research and influences policy development to ensure that health policies address the unique needs of MSM and other key populations, promoting equitable access to care.
- The implementation of one-stop-shop models and differentiated service delivery approaches, including fast-track services and community ART distribution, enhances convenience and promotes adherence to treatment.

e. Links for policy issues for the Joint Programme

Stigma and discrimination against key populations including sex workers remains high in Kenya. Advocating for the decriminalization of sex work in Kenya, including for men who have sex with men (MSM), is crucial for protecting human rights, improving healthcare access, and reducing violence and discrimination against sex workers. Stigma and discrimination against key populations including sex workers remains high in Kenya, making it difficult for this population to seek justice where they experience abuse or expliotation.

Policy changes in this area require sustained advocacy, engagement with policymakers, and public awareness campaigns to shift perceptions and challenge deeply rooted societal stigma. It also involves working with stakeholders, including law enforcement, healthcare providers, and human rights organizations, to create an enabling legal and social environment that upholds the dignity, safety, and well-being of all sex workers, including MSM.

f. Site Debrief and Conclusion

- HOYMAS provides both community and clinical services, offering a wide range of integrated programmes that are innovative and scalable to a larger population.

- The facility faces significant resource strain due to increased referrals, limited funding, an inadequate supply of STI drugs, and challenges in meeting its budgetary requirements.
- Issues such as stigma surrounding PrEP packaging, a limited understanding of the PEP/PrEP service model, and a lack of community awareness hinder effective HIV prevention efforts.
- Human rights advocates face violence, threats, and a lack of safe spaces, while inadequate staffing further limits the ability to provide support and protection.

5.3 The Bar Hostess Empowerment & Support Programme (BHESP)

a. Introduction

Bar Hostess Empowerment & Support Programme (BHESP) is a sex worker-led organization in Kenya, founded in 1998 and registered as a Non-Governmental Organization in 2005. It was established to address the specific needs of marginalized women, including female sex workers (FSWs), bar hostesses, and women who use drugs focusing on providing health, legal, and economic services to these communities while advocating for their rights and reducing stigma.

BHESP has been working closely with the police to address issues of arbitrary police arrest of sex workers. This led to the formation of Kenya Sex Workers Alliance which is the lead community-led organization for advocacy for female sex workers in Kenya. BHESP Sex work programmes cover Nairobi, Isiolo, Marsabit, Wajir, Machakos and Nyandarua counties. BHESP strategic areas of focus: Prevention, Treatment, Care and support, Gender/ Human rights awareness, Advocacy and Economic empowerment.

The programme offers comprehensive prevention interventions and employs a multifaceted approach that includes behavioral strategies such as risk assessment, counseling, health education, peer education, and outreach initiatives aimed at social mobilization and adherence support. Biomedical interventions feature HIV testing, condom distribution, STI screening, and various prophylaxis options, including pre-exposure and post-exposure prophylaxis, as well as family planning and ART. Additionally, the programme addresses structural factors through policies targeting workplace HIV and AIDS sensitivity, gender-based violence, stigma, discrimination, and substance abuse, while utilizing strategies like venue-based outreach, differentiated service delivery models, and social mobilization to enhance impact.

b. Implementation Progress

The programme has since reached at least 35,210 members of key populations with a comprehensive minimum package of services. Of these individuals, 34,849 (99%) were tested for HIV and received their results. Among those tested, 286 (1.2%) were found to be HIV positive, with 284 (98%) successfully linked to care and treatment. Cumulatively, 3,492 members of key populations are currently enrolled in the BHESP Care and Treatment Programme.

The programme has successfully targeted hard-to-reach sex workers, conducting outreach efforts that engaged 78 massage parlors, 20 immigrant sex workers, and 25 sex workers who inject drugs. Utilizing a peer-led service delivery model, the programme incorporates strategies such as programmatic hotspot mapping, population size estimation, and targeted outreach at venues and drop-in centers.

Since October 2023, there have been 2,224 individuals who initiated Pre-Exposure Prophylaxis (PrEP), alongside 216 who have begun using the Dapivirine vaginal ring. The expansion of virtual services for key population (KP) has also contributed to enhanced accessibility. This initiative has facilitated contact with 2,288 individuals, with 933 visiting clinics, 731 undergoing testing (all testing negative), and 92 initiating PrEP. Moreover, the introduction of the B-SAFE app, available on the Google Play Store (though not yet on the Apple App Store), aims to further augment service accessibility.

c. Implementation Challenges

- Inconsistent supply of essential commodities, including condoms, PrEP, and family planning products, affects service delivery and HIV prevention efforts.
- The reliance on daily oral PrEP presents adherence challenges, making it difficult for some individuals to maintain consistent use.
- There is an urgent demand for newer PrEP options, such as injectable PrEP and long-acting injectable ART, to improve uptake and adherence.
- Without reliable access to prevention commodities and alternative treatment options, the long-term effectiveness of HIV prevention programmes remains at risk.

d. Implementation of best practices/ success

Although sex work is illegal, many workers feel a sense of safety and empowerment, stemming from greater awareness of their rights and advocacy efforts aimed at improving relations with law enforcement. Organizations like BHESP have taken significant steps to support sex workers by informing police about their rights and reducing incidents of harassment.

Social protection initiatives for female sex workers (FSWs) have been developed through programmes like ‘Life Beyond Sex Work’, which empowers workers with income-generating activities, mini-savings groups, and community support for children of sex workers. BHESP also offers cash transfers to vulnerable individuals and legal assistance for those facing police action. These programmes aim to promote the transition of older sex workers into more stable livelihoods while ensuring that they can access governmental support systems.

Mental health support is another critical area of focus, with resources introduced to help sex workers manage their well-being. The launch of the Mental Health Guidance for Key and Vulnerable Populations in 2022 has paved the way for screening and treatment programmes. Engaging sex workers in decision-making processes and programme design is essential for effective support. Overall, the intersection of sex work, law, and social advocacy in Kenya underscores the importance of treating sex workers with dignity and addressing their unique needs through inclusive strategies.

Proactive engagement with police and judicial systems, along with County Health Management Teams, has enhanced service delivery for sex workers and key populations (KPs) through training healthcare workers in KP-friendly services and establishing violence response teams.

Successful outreach to young sex workers includes the implementation of virtual spaces, resulting in 1,204 referrals and 521 enrollments in the DREAMS project, and integrating additional services like PMTCT and AYP programming into the prevention programme.

e. Links for policy issues for the Joint Programme

Advocacy for the human rights of sex workers at the National and county level is crucial in ensuring the protection and inclusion of hidden and hard-to-reach sex workers. Discrimination creates significant barriers to healthcare access, legal protection, and economic stability for sex workers, forcing many to operate in unsafe environments where they are vulnerable to violence, exploitation, and stigma. By advocating for legal reforms that reduce discrimination of sex workers, local authorities can facilitate better access to healthcare services, including HIV prevention and treatment programmes. A reduction in discrimination and stigma would also encourage sex workers to seek justice in cases of violence and expliotation without fear of legal repercussions, ultimately improving their overall well-being and rights. Moreover, it would enhance engagement with health interventions, ensuring that all sex workers, including those in highly marginalized groups, receive the services and support they need.

Access to the Dapivirine vaginal ring remains a critical issue, particularly concerning its cost and availability. While the ring offers an alternative HIV prevention option for women who may struggle with daily oral PrEP adherence, its high cost and limited distribution hinder widespread adoption. Affordability remains a major concern, as many sex workers and key populations may not have the financial means to access it consistently. Additionally, stock availability and integration into national HIV prevention programmes have been slow, limiting its reach among those who could benefit the most. Strengthening advocacy efforts to reduce the cost of the Dapivirine ring and integrating it into public health programmes can improve access, ultimately expanding HIV prevention choices for vulnerable populations.

The UNJT collaborated with Next Generation Lawyers to build the capacity of key population-led organizations in legislative advocacy amid the anti-LGBTQ wave and the proposed Family Protection Bill. The initiative also engaged parliamentarians on rights-based health approaches and provided emergency shelter and food support to vulnerable populations. Further, The UN Joint Team implemented a programme scaling up access to integrated SRHR, HIV and GBV services for key populations, the programme supported 11,173 Female Sex Workers (FSWs) to access comprehensive HIV and SRHR services through Drop In Centres (DICEs) located in Mtwapa and Kilifi, which are considered hotspots.

f. Site Debrief and Conclusion

- There is a need for legislative review and stronger collaboration with law enforcement and judicial structures to create a more supportive legal environment for key population programmes, reducing harassment and ensuring access to essential services.
- Sex workers must be actively engaged in shaping policy documents, national strategies, and community-led programmes to ensure their needs and lived experiences are accurately represented and addressed.
- National support systems should be reviewed to provide alternative livelihood options for highly vulnerable sex workers, particularly young entrants and aging individuals, to ensure their long-term well-being and financial stability.
- Strengthening engagement with NSDCC and national leaders is crucial for driving advocacy efforts, while programmes must also adapt to emerging challenges such as COVID-19 and climate change, which increase vulnerabilities and violence among key populations.

5.4 The Mathari Teaching and Referral Hospital Medically Assisted Therapy (MAT) Clinic

a. Introduction

The Mathari Medication-Assisted Therapy (MAT) Clinic serves as a comprehensive, one-stop facility offering opioid agonist therapy alongside a range of essential healthcare services. These include HIV testing, STI screening, antiretroviral therapy (ART), tuberculosis (TB) testing and treatment, management of opportunistic infections, maternal health services, and referrals for additional care as needed. Established on December 8, 2014, it was the first MAT clinic in Kenya, setting a precedent for harm reduction interventions in the country.

The clinic's operations are primarily funded by the United States through the Centre for International Health, Education, and Biosecurity (CIHEB) Kenya, the primary implementing partner. CIHEB collaborates with two civil society organizations—Nairobi Outreach Service Trust (NOSET) and Support for Addictions Prevention and Treatment in Africa (SAPTA)—to strengthen community linkages between the MAT clinic and the populations it serves. While CIHEB provides human resources and technical support, SAPTA and NOSET facilitate outreach and community engagement. The Government of Kenya supplies critical commodities, including methadone, antiretroviral drugs, and other essential medical supplies, ensuring sustained service delivery for people with opioid use disorder.

b. Implementation Progress

The partnership to establish the Mathari MAT clinic began in 2013-14, with the induction phase running through 2014-15, which included the recruitment of the first clients. From 2016 to 2021, the programme saw a steady increase in the number of clients, although this growth has since plateaued. To date, a total of 1,770 individuals have been initiated into the programme, consisting of 1,561 males and 209 females. Currently, there are 405 active clients, with 349 males and 56 females. However, 709 individuals (644 males and 65 females) have been lost to follow-up, and 276 individuals (254 males and 22 females) have been weaned off the programme. Among those who have been enrolled, 151 individuals have tested HIV positive, with 27 currently on the onsite ART programme, achieving a 95% viral load suppression rate. The most recent estimates suggest that approximately 27,000 people inject drugs in Kenya, with more than 4,000 of them residing in Nairobi.

The visit commenced with an in-depth overview of the MAT programme. The primary objective of the MAT programme is to reduce harm associated with drug use, while simultaneously preventing HIV transmission and other sexually transmitted infections (STIs). The programme's entry point for clients is facilitated through collaboration with Civil Society Organizations (CSOs) such as SAPTA and NOSET, with a majority of the clients coming from the surrounding Mathari slums and nearby areas. However, the programme also includes cases where healthcare workers themselves struggle with substance abuse, and these individuals have been successfully enrolled in the programme.

The MAT clinic operates seven days a week, providing methadone under Directly Observed Treatment (DOT), except in situations where clients are hospitalized or incarcerated. In such cases, arrangements are made to ensure the continued administration of methadone. In addition to methadone maintenance, clients have access to a comprehensive range of services including HIV, tuberculosis (TB), STI, and opportunistic infections testing, treatment, and referrals, available Monday through Friday. The needle and syringe exchange programme is conducted at the community level, promoting safe practices to reduce the spread of infections.

Overdose prevention is an integral part of the programme, with interventions both at the community and facility levels. Peer educators and healthcare workers are trained in overdose management, and Naloxone, an opioid antagonist, is provided at the community level to mitigate overdose risks. Clients are typically initiated with a 30-milligram dose of methadone, though adjustments may be made based on individual needs and characteristics. Typically, clients are weaned off methadone after two years of participation in the programme, although there are instances where individuals have remained on therapy since 2014. The process of weaning off is tailored to each client's specific needs and is done with careful preparation to ensure a successful transition.

c. Implementation Challenges

- Clients Burn Out - Clients must take the medication through Directly Observed Treatment which means they have to travel daily to the facility. This challenge is somehow addressed through the mobile van and sometimes a pool transport which brings the client to the facility. This has resulted in a relatively high loss of follow-up.
- Dwindling funds - It was noted since the programme started the funds have been significantly reducing the number of human resources for the programme and provision

of medicines to clients for opportunistic infections which makes the clients use money from out of their pockets. This has also affected the capacity of the clinic to provide other services, including ante-natal care.

- Community integration - There was no conceptualization of an exit strategy for the clients who have been weaned off the MAT and hence a need to have this discussed and incorporated moving forward.
- Use of Multiple Drugs/Poly Drug use - Some clients are on other drugs such as marijuana, cocaine(crack), and jet fuel which interact with MAT. They are counseled and referred for further support.
- Other mental health disorders - The clients on MAT also face other psychiatric problems, majorly depression, schizophrenia and psychosis, and generalized anxiety disorder.

d. Implementation of best practices/ success

- Working with communities – The clinic benefits from the direct relation and referral from the community-based and community-led services.
- One-stop shop - The clinic provides an array of services for their clients which makes the programme attractive.
- National level technical support - The Ministry of Health through the National AIDS and STIs Control Programme (NASCOP) the National Syndemic Diseases Control Council (NSDCC) and the Technical Support Unit provides technical support for the implementation of the Medication Assisted Treatment (MAT programme) through a national technical working group.
- Collaboration with key stakeholders at the community level, with other MAT clinics, implementing partners, the donor community, and government agencies provides an opportunity for sharing best practices and learning from each other.
- Community Integration - having a family member become part of the treatment supporter whose role extends beyond the hospital.
- Health Information System – The team has been trained on the online reporting system majorly the Kenya Electronic Medical Record (Kenya EMR) and the Kenya Health Information System (KHIS) which ensure information is captured aptly and correctly. The servers are local, and unauthorized persons cannot access the databases.

e. Links for policy issues for the Joint Programme

- The needs of people who use drugs are complex and multifaceted, requiring a comprehensive approach that considers the whole person and the whole society. This approach should integrate not only biomedical care but also social, psychological, and community support, addressing both the immediate and long-term needs of individuals undergoing MAT
- There is an urgent call for changes in the laws and regulations surrounding the dispensing of methadone, particularly to allow for take-home doses. Advocacy and policy development efforts must be intensified to facilitate these legal changes, ensuring that treatment becomes more accessible and flexible for individuals. Training for healthcare providers and stakeholders is also recommended to support these shifts in policy and practice.
- People benefiting from MAT also have significant non-biomedical needs, such as gender-specific reintegration support, which requires expanding the role of the

Joint Programme. Efforts should focus on providing comprehensive services that help individuals reintegrate into society, considering the unique needs of different genders and social contexts.

- The expansion of MAT services requires sustainable funding, both from domestic government budgets and long-term commitments from donors. The Mathari MAT clinic can serve as a best practice model for MAT provision, and the Joint Programme should promote its approach within the region to strengthen community engagement and increase the scale of MAT services across broader populations.

f. Site Debrief and Conclusion

The MAT programme at Mathari has significantly contributed to improving the lives of people who inject drugs, empowering clients and enhancing their overall well-being, social relationships, and family dynamics. Clients have reported increased economic engagement, with many now able to save money and refrain from criminal activities. Notably, some clients have transitioned into peer support roles within their communities, offering guidance and assistance to others facing similar challenges. This success has been driven by a strong and ongoing relationship with the communities, particularly through outreach services targeting people who use drugs, including those who inject. However, sustaining these achievements requires securing long-term resources to support the community outreach component of the programme.

A key challenge faced by both clients and clinic staff is the daily requirement for directly observed methadone consumption, which imposes financial and opportunity costs on clients. The transportation expenses for daily commuting, which could otherwise be used for essential needs such as family support, create economic burdens. Additionally, the time spent commuting affects clients' employability and overall productivity. From the clinic's perspective, the need for daily dispensing contributes to overcrowding and resource strain. Therefore, regulatory changes are urgently needed to allow for "take-home" doses for eligible clients, which would alleviate some of these logistical challenges. Additionally, expanding access to services through community-based initiatives and mobile clinics could further improve service accessibility.

To maximize the impact of the MAT programme, there is a need to adopt a more person-centered, holistic approach that goes beyond the immediate biomedical needs. This includes addressing broader social and economic factors that affect clients' integration into society. Empowering individuals to take on more economically and socially productive roles within their communities is vital for their long-term recovery and reintegration. Furthermore, strengthening the "exit strategy" for clients, helping them transition from clinic-based care to community-based support, will ensure a more sustainable and inclusive path to recovery.

5.5 The MAONO Africa Centre for Transformation

1. Introduction

MAONO Africa Centre for Transformation is a non-governmental and non-profit organization that works with youths and children in the informal settlements of Nairobi Kenya and its environments. MAONO is an acronym of Kiswahili words; *Miradi Anzisha Onyesha Njia Okoa* that mean “Initiation of Initiatives that Transform Lives”. The center started out as

MAONO cultural group in 2000 and was later transformed and registered as a national non-governmental organization in 2020. The main goal of the organization is to transform the lives of talented youth in informal settlements focusing largely in Dandora, located in the Eastern parts of Nairobi. This is achieved through tapping in and developing talents, skills and abilities among the youth. This initiative transpired as a strategy for restoring hope among adolescents and young persons living with HIV, adolescent mothers and sexual and gender-based violence survivors and other disadvantaged and vulnerable youths in Nairobi's informal settlement faced by a myriad of challenges in their stormy lives.

The mission of MAONO Africa is to enable a global culture that values change making, innovation and social entrepreneurship by reinventing the role of sports and art in addressing social ills and challenges affecting children and youths in urban and peri-urban communities. MAONO Africa envisions a wholly empowered and just society for all. To achieve its goal and mission, MAONO Africa runs a one stop recreational safe space for children, youths and community where they can leisure, share lived experiences, connect, entertain and learn.

The programmes aim to support and empower youths and children through sustainable socio-economic initiatives and as a result improving their living standards. It strives to create a social transformational model, which inspires a new generation of change makers that will change the narratives for themselves and the community, and hence the programme motto: *Each one Teach one*.

2. Implementation Progress

MAONO Africa's programme reaches a diverse and impactful group of beneficiaries, with 463 individuals currently enrolled. Among these, 160 are People Living with HIV (PLHIV), a group that receives targeted support including medical care, counseling, and community integration initiatives aimed at reducing stigma and improving overall well-being. Additionally, the programme serves 30 teen mothers, offering them specialized services such as reproductive health education, vocational training, and psychosocial support. By focusing on these vulnerable groups, MAONO Africa addresses the unique challenges they face, from health and education to social isolation and economic empowerment, fostering a path for sustainable personal and community transformation.

The programme also experiences significant engagement, with daily traffic ranging from 180 to 200 individuals. This consistent foot traffic reflects the demand for the recreational safe space and community services provided by MAONO Africa. It indicates that the organization has successfully established itself as a hub for youth and community members to engage in activities that promote leisure, learning, and empowerment. With such high levels of participation, the programme is effectively reaching its goal of creating a transformative space for youth, fostering a generation of change makers who will positively influence their communities.

3. Implementation Challenges

During the site visit, several critical challenges were discussed that highlight the complex, multifaceted issues faced by the children, youth, and families the organization serves. These challenges include the intersection of HIV, gender-based violence (GBV), teenage parenthood, and the impact of poverty, compounded by peer pressure. Many of the youth in MAONO's programmes face these intersecting vulnerabilities, making their experiences particularly difficult. HIV affects a significant number of beneficiaries, and gender-based

violence, particularly for girls, further exacerbates their situation. Teen parenthood, whether among mothers or fathers, creates an additional layer of difficulty, often hindering educational progress and economic opportunities, while poverty creates a cycle that is difficult to break. Peer pressure adds another layer, particularly in urban and peri-urban environments, where young people may be influenced to engage in risky behaviors, contributing to the spread of HIV and perpetuating cycles of violence and poverty.

There is stigma faced by students in schools, particularly regarding HIV. One boy shared his experience of being ostracized and ridiculed by his peers for taking his HIV medication. This stigma not only affects his mental and emotional health but also discourages others from seeking treatment and support. The challenge extends to teen fathers and mothers, who face social isolation, limited access to education, and a lack of supportive infrastructure for parenting. Inadequate access to comprehensive sexual and reproductive health (SRH) education and information about pre-exposure prophylaxis (PrEP) and sexually transmitted infections (STIs) was also highlighted. Many youth lack the knowledge to protect themselves or to make informed decisions about their health.

Moreover, the fear of accessing health information, particularly concerning HIV status or sexual health, creates a barrier to seeking services and support. Integrating HIV services with SRH and mental health services remains a significant challenge. These services are often siloed, making it difficult for beneficiaries to access comprehensive care that addresses both their physical and mental health needs in a coordinated and holistic manner. Addressing these intertwined issues is critical for MAONO Africa's mission to empower youth and foster long-term community transformation.

4. Implementation of best practices/ success

- Effective leadership is at the core of MAONO Africa's success. The center's leadership ensures that the vision and mission of empowering youth and community members through sports, arts, and socio-economic initiatives are effectively translated into actionable programmes.
- Income-generating activities (IGAs) are a crucial component of MAONO Africa's programme, designed to enhance economic empowerment for both individuals and the community at large. These activities are strategically integrated into the center's offerings, providing participants with tangible skills, resources, and opportunities to improve their financial stability.
- A key strength of MAONO Africa's approach is its emphasis on youth-led and community-driven services. The organization recognizes that young people are best positioned to identify and address their own needs, and therefore actively involve them in the design, delivery, and evaluation of services. 4. Addressing the Adolescent as a Whole Person
- MAONO Africa adopts a holistic approach to working with adolescents, viewing them as multifaceted individuals with potential beyond their challenges, such as being HIV-positive or young mothers.
- MAONO Africa creatively uses art, culture, sports, and digital skills—particularly through platforms like social media—to engage and inform adolescents, while also creating income-generating opportunities.
- Personal stories have a transformative power that can deeply resonate with others. MAONO Africa taps into the experiences of adolescents themselves, using their

stories of overcoming adversity, resilience, and growth to inspire and attract more young people to the center.
- MAONO Africa recognizes the importance of building strong, strategic partnerships with key stakeholders in the community, including local government, healthcare facilities, legal systems, and educational institutions.

5. Links for policy issues for the Joint Programme

- The implementation challenges highlighted above are being addressed through different UN joint programmes through a multi-faceted approach and will continue to be the focus of the UN particularly in the integration of HIV services.
- Develop individualized, patient-centered care plans that integrate medical treatment, mental health support, and socio-economic empowerment, tailored to the unique health, emotional, and socio-economic needs of each adolescent.
- Implement anti-stigma programmes in schools and communities to reduce discrimination and foster understanding and acceptance of vulnerable adolescents, particularly regarding HIV, teenage parenthood, and mental health challenges.
- Provide income-generating activities, vocational training, financial literacy programmes, and community-based enterprises to empower youth economically and promote long-term entrepreneurial skills and independence.
- Regularly assess and adapt programmes using data and feedback to address the evolving needs of adolescents, ensuring relevance to emerging challenges such as mental health, sexual and reproductive health, and long-term treatment adherence.
- Provide a holistic, sustainable framework that integrates healthcare, mental health, education, and economic empowerment to promote better health, economic stability, and social integration for vulnerable youth.

6. Site Debrief and Conclusion

The programme is highly effective in addressing the needs of adolescents and youth populations (AYP) living with HIV, providing comprehensive care, support, and empowerment through tailored interventions. One of the key advancements in the programme is the adoption of **multi-month dispensing (MMD)** for antiretroviral therapy (ART) and other essential medications for adolescents and young people (AYP). This strategy allows for longer intervals between refills, reducing the need for frequent visits to healthcare facilities and improving treatment adherence. MMD is particularly beneficial for AYP, as it reduces barriers related to stigma, transportation costs, and missed doses, which are often common in this demographic. It also enhances retention in care by making treatment more accessible and less disruptive to the individual's daily lives, contributing to better health outcomes and a more sustainable approach to HIV management.

The programme faces significant challenges related to the **stockout of medicines**, including those for **STIs** and other critical health conditions. Stockouts disrupt treatment regimens, exacerbate health disparities, and undermine the overall effectiveness of health interventions, particularly for vulnerable populations like AYP. Inadequate supply chains, fluctuating funding, and logistical issues often contribute to these shortages, leading to treatment interruptions and worsening health outcomes. Addressing stockouts requires improvements in supply chain management, better forecasting, and robust procurement systems to ensure that medicines and essential healthcare supplies are consistently available for those in need.

5.6 The Gender Violence Recovery Centre (GVRC)

1. Introduction

The Gender Violence Recovery Centre (GVRC), established in 2001, is dedicated to providing comprehensive support for survivors of gender-based violence (GBV) in Kenya. With a network of eight branches across the country, GVRC offers free and essential services to survivors, including girls, women, boys, men, and children, with a focus on those with disabilities. Since its founding, the Centre has supported over 62,000 survivors, offering services such as reconstructive surgery, rescue operations, psychosocial support, HIV testing and counseling, Post-Exposure Prophylaxis (PEP), and screenings for other infectious diseases like hepatitis and sexually transmitted infections (STIs). The Centre works in collaboration with county governments to expand its services, ensuring that survivors across Kenya have access to critical care.

GVRC also implements primary prevention programmes to raise awareness and promote community-level engagement. Through initiatives like the “Kings and Queens Club,” which reaches over 200 schools nationwide, and the establishment of GBV Protection Units in two universities, the Centre works to foster peer-to-peer education and reduce incidents of GBV. Additionally, GVRC collaborates with law enforcement and the judicial system, offering capacity-building and training on GBV. The Centre’s advocacy efforts influence national policy and contribute to the development of guidelines and manuals for GBV prevention and response. Specialized programmes, such as the psychosocial support provided for children aged 5-12 who have experienced sexual abuse, ensure that survivors of all ages receive appropriate care. Various partnerships, including funding from UBRAF through the UN Triple Threat Joint Programme support the Centre’s work.

2. Implementation Progress

The Gender Violence Recovery Centre (GVRC) provides critical support to over 4,500 survivors of gender-based violence (GBV) annually, offering 24/7 services across its network of centers. A significant portion of those served—40%—are children under 18 years old. Sexual violence accounts for 76% of the reported cases, highlighting the urgent need for specialized services. Additionally, two-thirds of the survivors are referred by the police, emphasizing the strong collaboration between GVRC and law enforcement in ensuring survivors receive timely and appropriate care. The programme also addresses the needs of men and boys, with 400 GBV cases involving this demographic reported annually.

Through its extensive network, GVRC has successfully referred over 800 GBV cases to court each year, thanks to its joint efforts with the police. The programme has been replicated across all 47 counties in Kenya, with services integrated into Level 5 hospitals. Since its inception, GVRC has supported over 80,000 survivors across 15 GBV centers, providing essential services to a diverse population and ensuring comprehensive care and justice for survivors nationwide.

3. Implementation Challenges

The prosecution of gender-based violence (GBV) cases in Kenya faces significant delays, with the legal process often taking an extended period, leading to discouragement among survivors and reduced faith in the justice system. Despite the high volume of reported cases, only a small fraction—approximately 20 out of 800 annually—are successfully prosecuted,

underscoring the inefficiencies and barriers within the legal and judicial framework. This delay in the timely execution of justice not only exacerbates the trauma experienced by survivors but also undermines the overall effectiveness of the justice system in addressing GBV. The lack of swift legal recourse further perpetuates a cycle of impunity for perpetrators and discourages victims from seeking justice, highlighting the need for reform in legal processes and the acceleration of case prosecution to foster accountability and protect the rights of survivors.

Furthermore, the absence of standardized regulations and clear legislative frameworks for the operation of safe shelters poses a significant challenge in ensuring the safety and well-being of GBV survivors. The lack of comprehensive guidelines for shelter management, including staff qualifications, safety protocols, and survivor care procedures, makes it difficult to guarantee consistent, high-quality protection for those in need. This gap in regulatory oversight also limits the ability of shelters to provide long-term care and rehabilitation. Additionally, the financial burden associated with treatment and shelter services is substantial, with outpatient care costing up to USD 800 and inpatient care reaching USD 1,600. These costs highlight the need for increased government and donor funding to ensure the sustainability of GBV response programmes, as well as to guarantee that survivors can access essential medical, psychological, and legal services without financial barriers.

4. Implementation of best practices/ success

- The multi-sectoral approach that involves the community, government (including county governments), the justice system, the police, development partners, civil society organizations (CSOs), and international organizations, as well as survivors, has contributed to the success and sustainability of the programme.
- The Centre has played a crucial role in enacting national legislation concerning Gender-Based Violence, particularly with the Sexual Offenses Act of 2006, and has also contributed to the development and revision of the Post Rape Care (PRC) form, which was gazetted in 2012.
- GVRC was involved in drafting the National Gender Policy and advocating for the inclusion of a Gender-Based Violence course in the Nursing Diploma curriculum, among other national documents.
- The services provided by the Centre are free of charge.
- Continuous advocacy efforts have led to the inclusion of Gender-Based Violence services in the current Social Health Insurance (SHI) package. This has resulted in county governments allocating funds for GBV centers and shelters for survivors.
- The support groups for survivors serve as an effective therapeutic approach, helping individuals recover more quickly.
- Innovative methods used with children, such as drawing and writing, have been beneficial in addressing their issues and ensuring they receive appropriate psycho-social support.

5. Links for policy issues for the Joint Programme

- The programme collaborates with the Department of Gender and supports policy development and the development of guidelines/manuals to mitigate gender violence.

- Through advocacy with the government, the UN joint programme can influence national policies, especially on the provision of justice for GBV survivors and punitive measures for the perpetrators of violence.
- Advocate against punitive laws such as anti-LGBTQ laws that provide a challenge for the GBV/HIV programmes
- The UN joint programme to explore opportunities to create linkages with Community led monitoring and the triple threat programme on ending new HIV infections, SGBV and teenage pregnancy.
- Advocate for the inclusion of GBV care within the Social Health Insurance Framework as part of Emergency Care Services

- **Site Debrief and Conclusion**
- The intersection of HIV and GBV, along with high adolescent pregnancy rates, necessitates the scaling up of comprehensive, integrated prevention and response programmes.
- UNAIDS committed to supporting regional knowledge exchange, while capacity-building for Center staff was emphasized to enhance community engagement and programme effectiveness.
- Ensuring the integration of LGBTQ+ individuals and persons with disabilities into all programmatic interventions remains a key priority.
- The digital transformation of the Gender Recovery Center (GRC) programme and systematic documentation of best practices were recommended for efficiency, scalability, and global replication.
- Establishing linkages with CLM and the Triple Threat programme will enhance community-driven oversight while improving referral pathways for GBV survivors to access education, skills development, economic empowerment, and labor market opportunities.

6 Conclusions from the Field Visit

The field visits in Kenya concluded with a debrief session where PCB delegates were able to provide feedback from the six different site visits. The following is a summary of the key points and recommendations emerging from the field visits:

- There is a need to scale up integrated HIV, GBV, and adolescent pregnancy programmes – to strengthen and expand comprehensive, integrated interventions addressing HIV, GBV, and teenage pregnancy, ensuring accessibility and effectiveness for vulnerable populations.
- Enhancing community-led monitoring and engagement – establishing and strengthening synergies with Community-Led Monitoring (CLM) and the Triple Threat programme would improve community-driven oversight, accountability, and responsiveness in GBV and HIV programmes.
- Regional learning and capacity strengthening – It would be useful to facilitate regional exchange programmes and capacity-building initiatives for health and social service providers, leveraging best practices from other countries to enhance community involvement and service delivery.
- Inclusion of key and vulnerable populations – HIV programmes should prioritize the meaningful inclusion of LGBTQ+ individuals, persons with disabilities, and other marginalized/ priority groups in all HIV and GBV-related interventions to promote equity and accessibility.
- Digital transformation of HIV and GBV programmes – It will be important to invest in the digitalization of key programmes such as the Gender Recovery Center (GRC) to improve data management, service delivery efficiency, and access to support services.
- Expanding Harm Reduction services – There is a need to strengthen harm reduction interventions for people who use drugs (PWUD), particularly in correctional facilities, by expanding access to medication-assisted treatment (MAT), psychosocial support, and reintegration programmes.
- Strengthening referral and reintegration pathways for survivors – It is key to improve linkages for GBV survivors, ensuring access to school reintegration, vocational training, economic empowerment, and labor market opportunities to support long-term recovery and resilience.
- Sustaining funding and policy reforms – Stakeholders should advocate for increased investment in harm reduction, HIV prevention, and GBV response programmes, while driving policy reforms that promote sustainability, inclusivity, and human rights-based approaches.
- Comprehensive multisectoral collaboration – There is a need to enhance coordination among government agencies, civil society organizations, healthcare providers, and the justice system to ensure seamless implementation of harm reduction and HIV prevention strategies.
- Documenting and scaling best practices – It will be important to systematically document successful programme models and innovations to facilitate knowledge sharing, inform policy decisions, and support regional and global replication of evidence-based interventions.