PROGRAMME COORDINATING BOARD FIELD VISIT | 22-24 November 2011

UNAIDS PCB Field Visit to Kenya

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

A delegation from the UNAIDS Programme Coordinating Board (PCB) including representatives of the PCB Chair and Vice Chair undertook a field visit to Kenya in November 2011.

The visit was a valuable opportunity for Board representatives to be exposed to the challenges of a complex epidemic in one of the 20+ countries, observe highlights of the multisectoral approach and integrated community-based HIV programmes, discuss programmes for key populations in a restrictive legal environment, and witness UNAIDS leading an effective Joint Team in support of the national response, in the context of the UN Country Team (UNCT) led by the UN Resident Coordinator.

---

1. The delegation comprised:

   – Dr Ana Isabel Nieto [El Salvador]
   Head, National HIV/STI/AIDS Programme

   – Dr Adam Fronczak [Poland]
   Undersecretary of State, Ministry of Health, Poland

   – Ms Fernande MVILA [Congo]
   Conseillère, Mission permanente du Congo à Genève

   – Dr Nitas Raiyawa [Thailand]
   Deputy Permanent Secretary
   Ministry of Public Health, Thailand

   – Mr Miguel Ángel Toscano V. [Mexico]
   Ministro, Misión Permanente de México ante los Organismos Internacionales

   – Ms Pirjo Suomela-Chowdhury [Finland]
   Head of Unit for UN Development Affairs
   Ministry for Foreign Affairs, Finland

   – Ms Nadia Rafif [PCB NGO Africa]
   Association de Lutte Contre le Sida (ALCS), Morocco

   – Ms Rathi Ramanathan [PCB NGO Asia]
   Asia Pacific Network of Sex Workers

   – Mr Sathyanarayanan Doraiswamy [UNHCR]
   Regional HIV and Reproductive Health Officer, UNHCR Nairobi Office

   – Ms Jan Beagle
   UNAIDS Deputy Executive Director, Management and External Relations

   – Ms Yuki Takemoto
   UNAIDS External Relations Officer, Office of Cosponsor Relations and Governance

2. The full programme for the visit is attached.

3. Key issues that were addressed through the visit:

   - Political leadership and the key role of the new Constitution in Kenya
   - Importance of a multisectoral approach and integrated community-based programmes
   - Challenges of sustainable financing and the commitment/engagement by the Kenyan Government in meeting those challenges
   - Coordinated and effective UN support to the national HIV responses for Kenya (and Somalia) -UN Joint teams for Kenya (and Somalia)
   - Innovative approaches to reach Universal Access and Millennium Development Goals (MDGs) in resource-limited settings:
     - Community-based approach in urban setting (KICOSHEP, Kibera)
     - Community-based approach in hyper-epidemic, rural setting (Millennium Village Project)
   - Key role of cultural and traditional leaders and faith-based organizations in addressing social factors that may inhibit the national response
   - Kenya's experience in policy development, programming and service delivery to key populations that are in conflict with the law (sex workers, MSM, IDU)
   - Efforts to improve access to justice for PLHIV (HIV Equity Tribunal)
   - Shared responsibility and mutual accountability for results and sustainable financing.
   - Gender as a crucial cross-cutting issue in the national HIV response

Programme Coordinating Board Visit to Kenya, 22 – 24 November 2011
Full Programme

22 November 2011

Meeting with Mr. Mohamed Hussein Gabbow, Assistant Minister of State for Special Programmes

The Assistant Minister provided an overview of the national response to HIV including some of the key achievements and challenges that remain.

Key issues included:

- Political commitment at the highest level: The President oversees the national HIV response. Progress in the national HIV response has been made possible by Political leaders leading a response that focuses on access to HIV-related services based on concrete data regarding transmission and prevalence.
- A multisectoral approach to prevention and treatment interventions: The multisectoral response and decentralisation have helped reach communities, empower and women and other key populations extend the HIV networks. It has also brought out the linkages that HIV has with other developmental challenges.
- Increase in voluntary medical male circumcision and condom use: Kenya is one of the countries that has had the most significant scale up of voluntary medical male circumcision. The case of Nyanza Province has been cited as one of the most notable successes in this area. In the past two years over 250,000 adult men have been circumcised.
- Gender: The Government is well aware of the feminisation of the HIV epidemic in Kenya and gender is mainstreamed into all programmes. Given the lack of demand for female condoms in comparison to male condoms, the Government is trying to create greater demand for the former.
- Access to treatment: Treatment coverage has reached 72%.
- Law and culture: There are many sensitive issues as they relate to HIV in this area they must be approached carefully and with patience.
- The commitment by the Kenyan government to increase domestic funding for HIV:
  - Kenya is willing to reverse the 80% external funding ratio for HIV investments by increasing domestic funding. A memorandum to generate domestic sources has already been submitted to the Cabinet Committee on HIV and AIDS and will soon find its place in a revised policy.
  - A high level delegation just returned from a study tour to India to learn how India is able to finance its own response and to share Kenya's experience in return.

Meetings at National AIDS Control Council (NACC) with Professor Mary Getui (NACC Chair), Professor Alloys Orago (NACC Director), Dr Sobbie Mulindi (NACC Deputy Director) and other NACC Senior Management members

The presentation by NACC on the current state of the HIV epidemic and the national response in Kenya highlighted the following:

- Prevalence of HIV now stabilized at 6-8% and an increasing number of deaths averted;
- Over 80% pregnant women on ART and increasing numbers of vertical infection averted;
- Regional variation of the epidemic ranging from 0.9 to 13.9% prevalence;
- Women are impacted by HIV twice as much as men;
- Testing levels have increased;
- Reduced multiple partnerships by both men and women;
- Demand for male circumcision on the increase;
- Improved interventions for key populations;
- Development of an enhanced national plan to support orphans and vulnerable children (number of orphans who are on cash transfer programme reached 1.2 million in 2010);
- Number of community-based organisations working on HIV response reaching 6000;
- Government sustaining a complex multisectoral and multi-partner coordination with close to USD 650 million per annum, over 80% coming from external partners;
- New constitution of Kenya has created more demands for the response and has opened avenue for rights and generation of strategic information to influence policy and improve on the quality of the national response;
- Establishment of the first HIV Equity Tribunal, which is expected to open access to justice against stigma and discrimination; and
- Government in the process of adopting a national policy to raise domestic resources for HIV financing and to establish a trust fund (below).

A separate presentation and discussion was held on Sustainable Financing of the national HIV response and the initiative that Kenya has embarked on:

- External resources account to more than 80% of the total allocation for HIV and over 58% of the gap is generated by treatment and care. PEPFAR contributed about 90% of the total allocation for care and treatment in Kenya over the last 3-4 years and continues to do so;
- Establishment of the Trust Fund is expected to improve control of resources for HIV, improve efficiency and reduce wastage and block leakages, while creating a predictable and sustainable financial environment for the national response. Key domestic sources for the Trust Fund are expected to be generated from the national health insurance fund, levy from high potential commodities and services, etc.

The delegation congratulated the advances made in the national HIV response and welcomed the various commitments by the government such as the establishment of the HIV Equity Tribunal and the Trust Fund.

Questions from the delegation included:

- details of how the Trust Fund will be established, relationship with existing funding mechanisms such as the Global Fund;
- conflict between criminalisation of key populations and promoting access to HIV-related services including testing;
- identifying and prioritising challenges for Kenya to achieve zero by 2015; and
- the need to focus on training programmes for uniformed services to reduce criminalisation and gender-based violence.

Meeting with the Kenya UN Country Team

The delegation met with the UN Country Team in Kenya, an example of a well-functioning UN Joint Team on AIDS that delivers results adapting the UNAIDS Division of Labour (DoL) according to capacities and needs in the country. It was an opportunity for the delegation to discuss how the UN can deliver as One in a high-prevalence country with a restrictive legal environment and how UBRAF is translated into action through the work of UNAIDS and other UN partners on the ground.

Members of the UN Country Team present included: UNICEF, UNHCR, UNDP, ILO, UN Women, WFP, UNIDO, UNAIDS, UNFPA, WHO, UNON, UNODC and UNAIDS, as well as IOM.

The UN Country Team highlighted some of the collaborative efforts that have led to advances in Kenya's national HIV response as was mentioned in the delegation's meeting with government officials.

Additional issues discussed included:

- Effects of cross-border human trafficking on HIV;
- Kenyan government's commitment to pursue sustainable financing as a ground breaking initiative;
- Concerns over Kenya's refusal to register over 50,000 new Somali refugees and the lack of work permit for the registered refugees that could cause a crisis and affect the overpopulated refugee camps;
- Wellness centres being developed in Kenya, one Africa's biggest trucking nations. Kenya is the only link to the sea for most of its neighbouring countries which has serious implications on HIV transmission among the transport corridors;
- Due to high fuel prices and diminishing fire wood, young girls and women are forced to venture further away from their homes;
- Recognizing the accountability of Joint Team members and the effectiveness of UNCT recognition for staff contribution;
- Need to ensure that UBRAF is looking at delivering as one as the major operational modality of joint programmes;
- Need to extend the current success in the joint work to that of strengthening the health system from within; and
- Government of Kenya is not a recipient of free UNFPA condoms and the country has a 24% gap.

Meeting with Kibera Community Self Help Programme (KICOSHEP) and other civil society organisations including representatives from Networks of People living with HIV, community members including child-headed households and beneficiaries of PMTCT services

This visit highlighted the importance of the role that civil society organizations play in accelerating uptake, reducing stigma and providing support to those most affected by HIV – PLHIV, women, widows and Orphans and Vulnerable Children (OVC).

The PCB delegation was able to observe a community integrated approach in an urban informal settlement in the heart of the Kibera Slum. The programme covers HIV counseling, management of opportunistic infections, support to orphans and vulnerable children and nutritional support. The delegates were particularly impressed with the

service provision, especially male-involvement strategies to ensure success of PMTCT outreach efforts and community support to discordant couples.

Other issues discussed included:

- Community members working together to accelerate prevention efforts through mobilizing people to access counselling and testing services, adhere to treatment and refer community members to other support and care services;
- Stigma as a major obstacle against their efforts;
- Concerns over increasing cases of PLHIV developing cancer and whether there were studies being undertaken to understand the relationship between HIV and cancer, and advice civil society organizations could give their members;
- UNAIDS DXD noted that globally there are efforts to integrate HIV into broader health issues and as such it is hoped other diseases especially cancer would be addressed. She highlighted that the UNAIDS Executive Director had just launched the Red and Pink ribbon campaign to raise the profile of the issue of cervical cancer among HIV positive women; and
- Representatives of KICOSHEP mentioned the shortage of nutritional support due to the termination of WFP funding and UNAIDS DXD promised to find out what could be done to address the issue.

23 November 2011

Visit to Sauri, one of the two Millennium Village Project (MVP) sites in Kenya

The Millennium Village Project (MVP) partnership unites national governments, UNAIDS Cosponsors, the Earth Institute, MVP staff and the Millennium Village communities in shared efforts towards developing integrated community- and family-centred PMTCT models that are suitable for the villages. In turn, local governments are supported as they implement these expanded models across diverse contexts throughout sub-Saharan Africa, and within the framework of national PMTCT scale-up plans. Sauri is one of the two MVP sites in Kenya.

The visit to the MVP in Sauri (eleven rural villages) in the Nyanza Province (with the heaviest burden of HIV in Kenya with a prevalence rate of 13.9%) was a highlight of the field visit, providing the delegation with an opportunity not only to witness a successful integrated community- and family-centred PMTCT model in action, but also to interact with community health workers, peer mothers and male champions who are instrumental in ensuring the success of the programme.

Issues discussed during the visit included:

- Significant decrease seen in HIV prevalence among mothers;
- The majority of clients at the clinic are women and attracting male clients is an on-going challenge;
- Key role of trained community workers and innovative follow-up system utilising mobile phones;
- Highly successful work by psychosocial support groups, namely peer mothers and male champions and collaboration between the two groups, with the addition of support provided through paediatric groups; and
- Active male involvement as a key element in the success of the programmes.

Meeting with the Luo Council of Elders and the Kenya Ethical and Legal Issues Network

Each of the 42 tribes in Kenya have a "Council of Elders," informal structures that serve as gatekeepers of Kenyan cultural and traditional values and act as the main point of validation on key development issues. The Luo Council of Elders underwent a remarkable transformation from strongly opposing the introduction of male circumcision into their traditionally non-circumcising community in 2008 to embracing and spearheading a campaign, under the leadership of the Prime Minister, to promote voluntary medical male circumcision as an effective HIV prevention tool, eventually reaching 230,00 adult male members. Their story illustrates the leadership role that can be played by cultural and traditional leaders in improving the national HIV response.

The meeting with the Luo Council of Elders provided an opportunity for the PCB delegation to understand the key role that cultural and traditional leaders can play in changing attitudes, including with respect to male circumcision, disinherited widows and abandoned children. Two widows shared their personal stories with the delegation as to how they had been disinherited and ostracized following the death of their husbands until the Council stepped in to resolve the situation.

Other issues discussed included:

- When the community was losing 4 people every day due to AIDS-related illnesses leaving numerous orphans that older people needed to care for, the Elders took on the mission to change the behaviour of the younger generation;
- Laws and cultural practices that are often misinterpreted, including abuse against women committed in the name of 'culture and tradition';
- Payment of dowry that categorise women as 'property' who should not be entitled to own property herself;
- Despite clear laws of succession in place, often ignored by those with ulterior motives
- 'Chiefs' are employed by the government to maintain law and order, but are not necessarily based in the community, unlike the Elders;
- As a result of extensive efforts, the Council of Elders has reached close to equal representation of men and women (46%);
- The new Constitution will play a key role as it guarantees that every person (without any qualification) has the right to health; and
- Council members recognise that there is much work still to be done in addressing HIV-related stigma and discrimination.

24 November 2011

Meeting with Dr Nicholas Muraguri, Head of the National AIDS and STI Control Program (NASCOP)

The legal environment, which accelerates already existing self and societal stigma, is the main challenge NASCOP faces in delivering HIV prevention, treatment and care services to Most At Risk Populations (MARPs). This drives the communities underground, and offering them regular services is difficult. The government partners with other

organisations such as bar hostess association, rehabilitation centres for IDUs and sex workers outreach programmes to mobilise their members and clients towards accessing services.

This meeting provided an opportunity for the PCB delegation to learn how Kenya enables programming and service delivery to highly stigmatized, societal ostracized or criminalized populations of sex workers, men who have men with men and people who inject drugs.

The delegation was also impressed by the commitment of NASCOP to work closely with civil society representatives of various most at risk populations to improve access to HIV-related services and in tackling stigma and discrimination.

Other issues discussed included:

- Concrete data collected through the Kenya AIDS Indicator Survey (KAIS) and the Modes of HIV Transmission and Prevention Analysis Study (MOT) has allowed NASCOP to demonstrate the need to address MARPs despite the restrictive legal environment coupled with strong stigma and discrimination against such groups;
- Change has not come easily, but alliances were built over time with the media, civil society organizations and UN partners present in Kenya to address HIV-related services that pertain to MARPs;
- The President is personally committed to work in this area and the new Constitution provides a solid foundation for NASCOP's work;
- MARPs are central to the national HIV response and as such are imbedded in the revised National Strategic Plan;
- NASCOP has been involved in training the AIDS Control Units of the Police to raise awareness; and
- Changing the current restrictive legal environment will require a long-term approach;

Meeting with Most At Risk Populations (MARPs) civil society organizations, including Ishtar MSM, the Sex workers Alliance of Kenya, the Bar Hostess Association of Kenya and the Nairobi Outreach and Treatment Services Centre

The PCB delegation discussed the mutual responsibility model, which illustrates that the collaboration between MARPs and the government of Kenya is empowering the communities and is yielding results for the national HIV response.

Other issues discussed included:

- Civil society organizations representing MARPs are actively involved in the design as well as implementation of programme (e.g. through technical working groups) unlike their counterparts in other countries in the region;
- They have been strategic by focusing the dialogue on human rights related issues such as their right to health, right to access information and prevention and treatment services as any Kenyan citizen;
- There is a serious shortage of services for MARPs; and

- The Kenyan Government has engaged with MARPs including their participation in programming and service delivery, but many challenges remain.

Visit to Sex Workers Outreach Programme (SWOP)

The purpose of this visit was to witness the benefits of early response and service delivery to key populations in the national response. The PCB delegation was given a tour of the clinic and a presentation on the history and current work of the clinic before engaging in a conversation with staff members, peer educators and other beneficiaries of the programme. The PCB delegation was impressed by the work of the Sex Workers Outreach Programme including the wide range of services offered at the clinic and the work of the peer leaders in reaching out to their community members.

Other issues discussed included:

- A collaboration between the University of Manitoba and the University of Nairobi to study STIs among sex workers in the 1980's has evolved into the current Sex Workers Outreach Programme which consists of 8 drop-in/service delivery sites in Nairobi with plans to expand to all the identified 'hot spots' in the near future;
- In April 2005, the Sex Workers Outreach Programme started providing ARV and HIV basic care services with funding from PEPFAR as part of the standard package of care for sex workers involved in related studies;
- Some of the keys to success:
    - Offering not only HIV-related services, but a whole range;
    - Being located on the 4th floor, which allows people to enter discretely;
    - Coded follow-up text messages sent via mobile phones;
    - Grass-roots level advocacy efforts to slowly overcome initial skepticism and false rumours about the clinic;
- The Sex Workers Outreach Programme and its related studies have been cited as an example of ethical practice;
- Work with the transgender community has not been prominent in the work of the Sex Workers Outreach Programme although there is an transgender advocacy and education association in Kenya;
- Cancer is to become part of the routine screening process, but there are difficult issues around coverage of treatment costs that need to be addressed (e.g. PEPFAR funding does not apply to cancer treatment); and
- Stigma and discrimination are persistent including with the Police. Training is being provided, but there is a problem with high turn-over rate.

Meeting with UN Country Team (UNCT) Somalia

Members of the UN Country Team present included: UN Resident Coordinator, Deputy Special Representative of the SG, UNICEF, WHO, UNDP, UNDSS, UNHCR, UNOCHA, UNPOS, RCO and UNAIDS.

The interaction with the UN Country Team for Somalia gave the PCB delegation a glimpse into the highly complex geopolitical context in which the team is working. The delegation discussed the potential for a more integrated Joint Team response using HIV

as an entry point and working with civil society, with significant opportunities to strengthen the humanitarian and development nexus for Somalia.

Participation in the convention of Faith-Based Leaders on HIV prevention

Following their meeting with senior members of NACC, the PCB delegation was invited to address a convention of 150 religious leaders representing major faith-based communities who were meeting in Nairobi over 2 days to discuss HIV prevention.

Representatives of the religious leaders shared excerpts of the draft Communique that included the following messages:

- Recognise that religious leaders had framed HIV as a sexual and moral issue, taking high prevalence as signs of unfaithful or promiscuous behavior;
- Recognise factors that undermined efforts against HIV - SSDIM: stigma, shame, denial, inaction and mis-action;
- Recommend a paradigm shift to frame HIV as a socio-economic, medical issue that requires a comprehensive, integrated and stigma-free approach; and
- Religious leaders to lead prayers policies, programmes and plans that are consistent with the new approach.

In their interventions, the PCB Chair representative and UNAIDS DXD emphasised the importance of the role of the religious leaders in promoting evidence and rights based non-stigmatising approaches. In response to the statements contained in the draft Communique, they commended religious leaders for acknowledging that the response by the faith-based community in addressing HIV-related stigma and discrimination could be strengthened and for reconfirming their commitment to play a key role in advancing the national response to HIV.

Meeting with the HIV Equity Tribunal

The team met with members of the recently established HIV Tribunal to hear cases of discrimination against people living with or affected by HIV. The tribunal can make an order for the payment of damages as a result of discrimination or direct specific steps are taken to stop the discriminatory practice. It is the first HIV-specific tribunal in the region.

It has established its procedures and is ready to hear its first case but still requires additional budgetary support to begin its work and to be able to operate outside Nairobi. It consists of 7 members appointed by the Attorney General with at least two women, medical practitioners and representatives of people living with HIV.

Key issues discussed:

- The need for confidentiality: Populations need to feel safe to come to the Tribunal.
- The issue on payment of fees for the Tribunal: Cognizant that any fees would be a hindrance to seeking justice, the Tribunal is considering partnering with civil society and universities for pro-bono legal services, research and outreach/referral services.

- The need to maintain the independence of the Tribunal from any institution: The Tribunal is currently housed by the NACC but they will move to its own premises as soon as they receive funds from the government.
- The need to establish a communication strategy for the citizens to understand the work of the Tribunal: This appears to be an important agenda because some of the cases they have received to date were not strictly legal matters but issues that might require administration intervention and counselling.
- The need to review the institutional arrangements: The 7 members alone will not be able to carry out the work effectively and need support from clerks/paralegals to classify the matters and assist the claimants to draft required documents, as well as support from counsellors to offer psychosocial support to the claimants.

The delegation was impressed by this historic initiative and the commitment of each member of the Tribunal to address issues of discrimination against people living with or affected by HIV in a restrictive legal environment.

Programme Coordinating Board Field Visit
22 – 24 November 2011
Programme

Day 1: Tuesday 22 November 2011 –

Focus on Kenya Know your Epidemic, Know your response, Urban Integrated Community Programs

<table>
<tr><td>Time</td><td>Venue</td><td>Meeting</td></tr>
<tr><td>8:00 am -8:30 am</td><td>Serena Hotel</td><td>Welcome by UNAIDS Country Coordinator</td></tr>
<tr><td>8:30 am - 9:00 am</td><td colspan="2">Commute to Comcraft House</td></tr>
<tr><td>9:00 am – 9:30 am</td><td>Comcraft House</td><td>Meeting with Minister of State for Special Programmes</td></tr>
<tr><td>9:30 am – 10:00 am</td><td colspan="2">Commute to NACC</td></tr>
<tr><td rowspan="5">10:00 am – 12:00 pm</td><td colspan="2">Meetings at National AIDS Control Council with Director National AIDS Control – hosted by NACC Board Chair Prof Mary Getui and NACC Director Prof. Alloys S.S. Orago</td></tr>
<tr><td>10:00am – 10:30</td><td>Overview of the HIV Epidemic and Response in Kenya</td></tr>
<tr><td>10:30 am – 11:00 am</td><td>Question and Answer Session on HIV Epidemic and National Response</td></tr>
<tr><td>11:00 – 11:30</td><td>Overview of Sustainable Financing</td></tr>
<tr><td>11:30 – 12:00</td><td>Question and Answer Session on sustainable financing</td></tr>
<tr><td>12:00 pm - 12:30 pm</td><td colspan="2">Commute to Lord Erroll</td></tr>
<tr><td>12:30 pm -2:00 pm</td><td>Lord Erroll</td><td>Lunch with UNCT Kenya</td></tr>
<tr><td>2:00 – 3:00 pm</td><td colspan="2">Commute to Kibera</td></tr>
<tr><td>3:00 pm – 6:00 pm</td><td>Kibera Community Self Help Programme (KICOSHEP)</td><td>Meeting with representatives of Network of People Living with HIV, community members including child-headed households and beneficiaries of PMTCT services to discuss Community based HIV responses</td></tr>
</table>

Day 2: Wednesday 23 November 2011

Focus on Kenya Hyper-Endemic HIV Situation and Integrated HIV/MDG Community Response in the rural areas

Time	Venue	Meeting
6:00 am	Departure from Hotel for the Airport	
6:30 am	Arrive at Airport	
7:30 am	Depart for Kisumu on JO 751	
8.15 am	Arrival in Kisumu	
8:30 – 10:00 am	Drive to Sauri from Kisumu Field Visit to Millennium Village Project (MVP)	
10:00 - 12.00p.m	Gongo Health Centre	Overview of Sauri MVP programme and HIV Epidemic in Nyanza Jessica Masira- Team leader Sauri • Meet with PMTCT Peer Mothers. • Role of Community Health Workers in integrated programmes • Discussion with Male Champions of PMTCT
12:00 – 12:20 pm	20 minutes drive to Home Visit	
12:20 -1:45 pm		Home visit to Grandmother headed household
1.45 - 3.15 pm	Drive back to Kisumu –	
3.30 pm – 5:00 pm	Imperial hotel	Meeting with Luo Council of Elders to discuss their role in community advocacy to accelerate HIV Prevention
5:00 - 5:30pm	Commute to Kisumu Airport	
5:30 pm	Arrival at Kisumu Airport	
6:30 pm	Depart Kisumu for Nairobi on KQ 659	
7:15 pm	Arrival in Nairobi and commute to hotel	

Day 3: Thursday 24 November

Focus on Response in Key Populations MSM, SW and IDU
Meeting with Somalia UN Country Team (who are based in Nairobi)

Time	Venue	Meeting
8:00 am – 9:00 am	Serena Hotel	Breakfast meeting- Overview of National HIV Programme for Key Populations Dr. Muraguri – Head National AIDS and STI Control Program (NASCOP), Ministry of Health
9:00 am – 10:00 am	Serena Hotel	Meeting with civil society representatives of Key Populations (MSM, SW, IDU)
10:00 - 10:30 am	Commute to Sex Workers Outreach Programme (SWOP)	
10:30 am- 12:00 pm	SWOP, City Centre	Meeting with SWOP Programme Director and SWOP Clients
12:00 – 12:45 pm	Commute to Zen Garden Restaurant	
12:45pm – 2:30 pm	Zen Garden	Lunch with UNCT Somalia
2:45 pm – 3:30 pm	Participation in the convention of faith-based leaders on HIV prevention	
4:00 pm – 5:00	NACC	Meet with members of HIV Equity Tribunal
5:30 pm	Departure from Serena Hotel	
5:45	Arrive at the Intercontinental Hotel	
6:00 pm – 8:00 pm	Intercontinental Hotel	Ministry of State for Special Programmes and UN Resident Coordinator Reception