Reaching MSM with HIV Prevention, Care and Treatment Services

Until fairly recently, the healthcare needs of men who have sex with men (MSM) have been under-researched and under-resourced in Kenya. This has continued to happen despite emerging evidence from both Kenya AIDS Indicator Survey (KAIS 2007) and the Kenya Modes of Transmission Study (KmoT 2008), confirming high rates of HIV among this most at risk or key population who together account for one-third of new HIV infections. Notwithstanding inclusion in the country’s third Kenya National AIDS Strategic Plan 2009/10 to 2012/13, services for MSM were not scaled up nationally. However, currently impressive strides have been made in key population programming since the inception of the key population programme at NASCOP.

And in a continued effort to improve health outcomes of MSM, Health Options for Young Men against AIDS (HOYMAS), with support from CDC/PEPFAR and technical assistance from the University of Manitoba through the Sex Workers Outreach Programme (SWOP), has established an MSM friendly clinic at its premises. HOYMAS has in the past received international recognition from WHO for its ‘Innovative Community Safe Spaces for Managing Care and Treatment of HIV and AIDS for MSW and MSM in Kenya’ and has been adopted as a ‘community-led best practice model’ for MSM/MSW.

According to Naomi Siele, a Clinical Officer at the clinic, since the clinic opened its doors on 13th April, 2015, there has been a big number of MSM accessing services with over 464 enrolled so far. Services being offered at the clinic are free and include: HIV/STI testing and TB screening; anti-retroviral treatment, treatment of common ailments, condom distribution and referral services. Other services include: adherence counselling, drug and alcohol addiction counseling, assisted disclosure and confidentiality, and nutrition services.

Ms Siele noted that the clinic has so far addressed the key health related issues that were identified in the 2013 consultative meetings with members of the MSM/MSW community that captured the community’s concerns relating to their sexual health, with an emphasis on HIV vulnerability.

Ms Siele said that the clinic is unique because it offers a one-stop shop where diagnosis, treatment and medicine is dispensed at one place and this addresses issues of stigma since an MSM will not have to visit the TB, ART and STI treatment rooms separately. The clinic was started to cater for the unique needs of MSM since we realised that they are comfortable with a men only clinic. Initially the SWOP clinics catered for both MSM and female

>> Continued on page 3
The tenth annual HIV prevention, care and treatment consultative forum took place from 3rd to 5th June 2015 in Nairobi. The theme of this year’s forum was accelerating HIV prevention, care and treatment: A comprehensive approach towards 90-90-90 targets. This means that by 2020, 90% of all people living with HIV will know their HIV status; 90% of all people diagnosed with HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression.

The chief guest Dr Nicholas Muraguri, the Director of Medical Services (DMS), said that the Ministry of Health through NACC and NASCOP have made tremendous progress in addressing HIV/AIDS and currently 750,000 people in Kenya are on anti-retroviral treatment.

Dr Muraguri while congratulating people living with HIV for their effort in fighting stigma and discrimination also noted that HIV related deaths have dropped substantially. “Stigma remains a big barrier, we need to make sure our health workers have the highest professional health standards,” he said.

The DMS observed that to realise the projected dream of 90-90-90, we need to be strategic in our work and ensure that we reach out to all. “This fight needs concerted effort of all players who do business unusual to ensure all Kenyans receive services,” he asserted.

The head of Directorate of Preventive and Promotive Services Dr Jackson Kioko, the said that the 90-90-90 target will remain a dream unless the country is committed and works as a team. “Strong partnership, collaboration, ownership and leadership is needed in order to move forward,” he stated.

PEPFAR representative to Kenya Ms Katherine Perry congratulated Kenya for making remarkable milestones in achieving an AIDS free generation. Ms Perry reiterated her government’s support to the Kenyan AIDS response and noted that Kenya is the largest beneficiary of the AIDS fund worldwide.

Ms Perry observed that though Kenya is focusing on science driven HIV care and treatment response, there is need to look towards an accelerated HIV response that will move the country to a 90-90-90 target. “The challenge for Kenya is to think of doing more as the HIV epidemic is not yet fully controlled,” she remarked adding that through the Kenya National AIDS Strategic Framework (KNASF), an HIV free generation is achievable.

Ms Perry while confirming the United States commitment to help Kenya improve on her health systems towards achieving an HIV free generation, commended HIV partners in Kenya for the good work they have done so far.

Dr Jantine Jacobi, UNAIDS Country Director, on her part commended Kenya for ensuring that interventions target the affected people. Commenting on the forum, she said that it was timely and topical. “This platform will help us realize how we will achieve the grand ambition,” she asserted. She noted that Kenya has been visionary in adopting the 90-90-90 targets, and it would only be logical that the activities of the Kenya AIDS Strategic Framework are structured around these so that the targets are achieved. Ms Jacobi however noted that it is difficult to secure optimal benefits on treatment if stigma and discrimination persists.

Dr Jacobi, who spoke on behalf of the United Nations family in Kenya, reiterated the UN’s commitment to support Kenya in becoming the third country in Africa to control its AIDS epidemic. “The UN will continue working in close collaboration with the Government, Religious and Academic institutions, Civil Society Organizations and the Private Sector to ensure Kenya achieves its aspirations of a nation free of AIDS,” she said.

Meanwhile, two video documentaries on Medically Assisted Therapy (MAT), a new treatment for drug users, were also launched. The documentaries, “Unchaining The Chained” and “A Second Chance” brings issues of drug abuse in perspective, telling the story through those affected by the drug menace, their struggles, their hopes and expectations, the introduction of MAT in Kenya and their hopes for a second chance that is brought about by the long awaited methadone.

The documentaries have been well received by the audiences with many agreeing that this form of presentation is ideal for conveying information about targeted interventions in an interesting and captivating way. Additionally, the documentaries have had a positive impact on programs and been a useful tool in advocacy with various stakeholders. Most importantly, the documentaries have given a chance to community members to tell their own stories and pass a message on how lives have changed.
sex workers but turn out among MSM was poor, she says. This was largely because bisexual MSM found it difficult to visit SWOP clinics for fear of being spotted by their female sexual partners.

According to the Executive Director or HOYMAS Mr John Mathenge, in order to increase the number of MSM accessing services at the clinic, community peer led model is used to mobilize clients to the clinic to access services. This include targeted outreach led support groups and peer support to MSM - activities which have been key to the clinics success. Mr Mathenge further revealed that HOYMAS periodically holds community meetings with MSM to disseminate information about the availability of MSM friendly clinics.

This friendly MSM clinic highlights the promise of targeted interventions tailored to meet the specific needs of MSM. Mr Mathenge confirmed that his organisation will continue striving to offer MSM the highest quality of health services.

As one client explained, the clinic has been very beneficial to the community. “Before we feared seeking health services because of stigma and discrimination. Now we are welcomed, comfortable and treated with respect, we don’t fear discussing our sexual activities with friendly clinicians.” He is happy that the clinic has made him know his HIV status and he is adhering to treatment and is now using condoms correctly and consistently. He urges other MSM to come to the clinic and get to know their status.

Meanwhile, HOYMAS also started a savings and credit company for its members and has recently bought a van to offer taxi services.

“Before we feared seeking health services because of stigma and discrimination. Now we are welcomed, comfortable and treated with respect, we don’t fear discussing our sexual activities with friendly clinicians.”
Given that HIV Testing and Counselling (HTC) is the entry point to care and treatment, NASCOP with support from UNFPA held a HIV testing campaign among Key Population of four counties in Kenya namely Migori, Laikipia, Kilifi and Kwale from June 15th to 24th 2015.

The aim of the campaign was to increase uptake of HTC service among key populations in those counties which have so far recorded low numbers of Key Populations (KP) among those who have been tested.

Mobilization of the KPs for testing was done through the peer educators at the hotspots. The peer educators were attached to various programs in the counties. Mobilization for the general population was done through mobile camps at local centres and by use of a public address system to encourage the public to come and get tested. The services offered included HIV Testing and Counselling, distribution of condoms, lubricants and referrals. The services run the whole day till late in the night.

NASCOP with support from UNFPA trained health care workers on integrated services for Key populations in 4 counties from 15th June to 3rd July 2015. A total of 101 health workers were trained from Homa bay, Laikipia, Kiambu and Kitui counties.

The aim of the training was to impart knowledge, skills and positive attitudes to health care workers on delivery of comprehensive integrated quality services to Key populations in health facilities.

“I have learnt a lot about key Populations and would like to promise that I intend to use the knowledge and skills acquired in this training to improve the quality of services I have been offering to sex workers. I would also like to request NASCOP to scale up these trainings to other counties with many sex workers," a Health Care Worker from Kiambu County said.

It is hoped that after the training, health care workers will offer high quality, stigma free health services to key populations in their respective health facilities.
NASCOP conducts second round national survey for key populations in Kenya

NASCOP with financial support from the Global Fund and technical support from University of Manitoba Technical Support Unit conducted a national polling booth survey in 12 Counties. The second round PBS was conducted countrywide in early 2015.

The PBS assessed condom and drug use behaviors and practices, HIV testing, HIV knowledge, violence among key population’s and care and treatment.

The sampling procedure used was probability sampling whereby participants were organised into small homogenous groups of 8-12 people.

Polling booth survey, is an anonymous and unlinked group-based interview approach which is administered to a random sample of female sex workers (FSW), men who have sex with men (MSM) and men who sell sex to other men (Male Sex Workers or MSW) and people who injecting drug (PWIDs) in a polling booth environment.

According to the Key Populations Programme Manager at NASCOP Ms Helgar Musyoki, the plan is to make the survey an annual feature to monitor programme outcomes. She revealed that an Integrated Bio-Behavioural Survey (IBBS), will be conducted soon. IBBS methodology uses an approach to track HIV prevalence and related factors among the Key Population at higher risk for HIV infections. It studies both behavioural and biological indicators for the populations under study.

The development of appropriate HIV prevention strategies and policies at a national or sub-national level is critical to ensure that the prevention response is appropriate to the local context. It also ensures that resources are allocated to interventions that will have the greatest efficiency and impact.
Key findings of the national polling booth survey round II for key populations

Key findings

**Female Sex Workers**

- Last condom use with paying clients continues to be high at 92 per cent compared to 88 per cent recorded in 2014.
- 27 percent of the FSWs had sex with a partner without using a condom because the partner did not want to use a condom; 20 percent of FSWs revealed that they did not use a condom because of influence of alcohol.
- The proportion of FSW who could not use a condom because a condom was not available when they wanted to use it dropped from 23 percent in 2014 to 19 percent in 2015.
- Cumulatively, 21 percent of FSWs reported to have engaged in sex without a condom because the client paid more money.
- 13 percent of FSW recorded to have engaged in anal sex in the last one month preceding the study. This was an increase from 8 percent which had been recorded in 2014.
- 6 percent of all FSWs have ever injected with heroin or narcotic drugs.
- During the three months preceding the study, 82 percent of FSWs had taken a HIV test. This was higher than those tested last year (72 percent).
- 25 percent of FSWs reported that they were HIV positive, 81 percent were enrolled to HIV care and treatment programs while only 7 percent of FSWs do not know their HIV status.
- 19 percent of FSWs reported to have been beaten or otherwise physically forced to have sexual intercourse six months preceding the study.
- 12 percent of FSWs have been screened for hepatitis B within the last 3 months preceding the study. However, only 9 percent recorded to have been vaccinated against Hepatitis B during the same period.
- 21 percent of the FSWs were experiencing symptoms of STI during the time of the study.
- The proportion of FSW visiting a DIC/ Project site/ Clinic in last 3 months rose from 53 percent in 2014 to 67 percent in 2015.
- Overall, 79 percent of the FSWs reported to have met a peer from an intervention site in last 3 months.

**Men who have Sex with Men (MSM)**

- Half (50 per cent) of MSMs in the survey reported that they had been penetrated by the partner during last act of anal sex encounter .
- 60 per cent of MSM exchanged sex for money or goods with other men in the last one month.
- 68 per cent of MSMs have regular male partners.
- The proportion of MSM reporting using condoms at last anal sex increased from 77 per cent in 2014 to 80 per cent in 2015.
- The proportion of MSM reporting use of condom the last time they exchanged sex for money increased from 73 percent to 77 percent.
- Condom use with regular male partners increased to 76 percent from 68 per cent in 2014.
- 22 per cent of MSM reported not using a condom in last one month because the sexual partner did not want to wear.
- 26 per cent of MSM reported not using a condom in last one month because the either had been drinking alcohol.
- 18 per cent of MSM reported not using a condom in last one month because the partner paid more money.
- 94 per cent of respondents had ever taken an HIV test, a slight increase from 92% in 2014.
- In the previous three months preceding the survey, 79 per cent were tested in 2015 as per the guidelines compared to 74% in 2014.
- Results reveal that overall, 22 per cent of MSMs are living with HIV.
- 17 per cent of MSM reported to having been screened for Hepatitis B in the last 3 months with only 11 per cent receiving Hepatitis B vaccine.
- On average sexual violence was experienced by 12 per cent of all MSM in the survey, down from 17 per cent in 2014. There is high violence experienced by MSM in most cities by law enforcement perpetrators from 24% in 2014 to 25% in 2015.
- 10 per cent of MSM reported to have ever injected heroine or narcotic drugs.
- 13 per cent of the MSM reported experiencing STI symptoms at the time of the survey compared to 17 per cent that was recorded in 2014; 26 per cent of MSM reported to having been diagnosed with an STI and treated.
- 66 per cent of the MSM had visited a DIC/ Project site/ Clinic in the past three months preceding the survey compared to 64 per cent in 2014.
- The proportion of MSM reached by a Peer Educator at least once in the last 3 months with a prevention service stood at 70 per cent.
People Who Inject Drugs (PWIDs)

- 89 percent PWIDs used a new needle/syringe the last time they injected. Needle sharing at last injecting episode was at 16 percent.
- 30 percent of PWIDs did not use a new needle and syringes due to non-availability.
- 30 percent of PWIDs reported having undergone drug rehabilitation programmes which is over 50 percent drop from 2014 (63 percent).
- Barely half of PWIDs (42 percent) have experienced drug overdose in the preceding six months.
- 18 percent of PWIDs have had sex with a paying client in the preceding month. More women (38 percent) are receiving money in exchange for sex than men (17 percent).
- 72 percent of PWIDs used condoms when they had sex with a paying client or when they bought sex.
- Although 92 percent of PWIDs have ever had an HIV test, 77 percent had taken an HIV test in the preceding three months.
- 43 percent of PWIDs had experienced violence inflicted by law enforcement and non-law enforcement perpetrators in the preceding six months.
- 21 percent of PWIDs self-reported to be living with HIV with 56 percent currently on care and treatment.
- 9 percent of the PWIDs were experiencing STI symptoms at the time of the survey.
- 22 percent of PWIDs were screened for Hepatitis B three months preceding the survey, out of which 16 percent received vaccine.
- 74 percent of PWIDs have visited a DIC/project site/clinic in the preceding three months.

Programmatic implications

- Results from this baseline survey point to the need to strengthen condom distribution to FSWs to ensure inconsistencies due to unavailability are zeroed. There is also need to strengthen health education on consistent and correct use of condom in anal sex.
- In terms of testing and HIV care, there is need for programmes to ensure that all HIV infected KPs are linked to care and treatment as there seems to be a gap especially for PWIDs.
- It is imperative to increase STI screening to ensure early detection of STIs and subsequent treatment.
- Programmes need to focus on providing violence prevention and response programme for all FSW in the intervention. This programme has to be comprehensive and can be lead by sex workers.
- A big proportion (21%), have not been met by the PE educator or outreach worker for any service. There is need to focus the peer led systems to ensure 100% coverage of the KPs in the hotspots.
## Comparison between Round 1 and 2 of the survey

### FSW

<table>
<thead>
<tr>
<th>Question</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom use at last sex with paying client by city *</td>
<td>87.6</td>
<td>91.9</td>
</tr>
<tr>
<td>An occasion in the past 1 month when had sex with any paying client without using condom</td>
<td>36.1</td>
<td>25.8</td>
</tr>
<tr>
<td>Could not use a condom when they wanted because it was not available *</td>
<td>23.1</td>
<td>18.9</td>
</tr>
<tr>
<td>Are you a person living with HIV? **</td>
<td>-</td>
<td>25</td>
</tr>
<tr>
<td>In the past 6 months ever arrested or beaten up by police, City Askaris, etc</td>
<td>43.8</td>
<td>47.7</td>
</tr>
<tr>
<td>In the last 3 months, were you diagnosed with sexually transmitted infections (STIs) **</td>
<td>-</td>
<td>24.5</td>
</tr>
<tr>
<td>Met by a peer educator in the past 3 months **</td>
<td>-</td>
<td>79.1</td>
</tr>
</tbody>
</table>

** p<0.001  * p<0.05

### MSM

<table>
<thead>
<tr>
<th>Question</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used condom at last anal sex</td>
<td>76.7</td>
<td>80.4</td>
</tr>
<tr>
<td>Used lubricant at last anal sex</td>
<td>79.0</td>
<td>80.6</td>
</tr>
<tr>
<td>The last time you had anal sex; were you penetrated/were you the receptive partner, 2015? **</td>
<td>-</td>
<td>50.0</td>
</tr>
<tr>
<td>Used condom last time when exchanged sex for money or goods with another man</td>
<td>72.6</td>
<td>77.0</td>
</tr>
<tr>
<td>Used condom at last sex with a regular non-paying male partner</td>
<td>69.6</td>
<td>76.1</td>
</tr>
<tr>
<td>Condom was not available</td>
<td>32.5</td>
<td>25.2</td>
</tr>
<tr>
<td>Living with HIV? **</td>
<td>-</td>
<td>21.6</td>
</tr>
<tr>
<td>Arrested or beaten up by police, City Askaris, rowdy groups, etc in the past 6 months*</td>
<td>24.0</td>
<td>25.3</td>
</tr>
<tr>
<td>In the last 3 months, were you met by a peer educator from the intervention? **</td>
<td>-</td>
<td>70.2</td>
</tr>
</tbody>
</table>

** p<0.001  * p<0.05

### PWID

<table>
<thead>
<tr>
<th>Question</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used a new needle and syringe when injected drugs last time *</td>
<td>87.8</td>
<td>89.5</td>
</tr>
<tr>
<td>Shared an injecting/needle with another person when injected drugs last time</td>
<td>17.1</td>
<td>15.8</td>
</tr>
<tr>
<td>had an occasion in the past 1 month when wanted to use a new needle, but did not use because it was not available at that time and place</td>
<td>36.4</td>
<td>30.1</td>
</tr>
<tr>
<td>Used condom at last sex when had sex with a paying client/or bought sex *</td>
<td>66.9</td>
<td>72.1</td>
</tr>
<tr>
<td>Living with HIV? **</td>
<td>-</td>
<td>21.0</td>
</tr>
<tr>
<td>Arrested or beaten up by police, City Askaris, rowdy groups, etc in the past 6 months when injecting drugs</td>
<td>57.4</td>
<td>43.4</td>
</tr>
<tr>
<td>In the last 3 months, were you met by a peer educator from the intervention?</td>
<td>-</td>
<td>84.9</td>
</tr>
<tr>
<td>Arrested or beaten up by police, City Askaris, rowdy groups, etc in the past 6 months</td>
<td>24.0</td>
<td>25.3</td>
</tr>
<tr>
<td>In the last 3 months, were you met by a peer educator from the intervention? **</td>
<td>-</td>
<td>70.2</td>
</tr>
</tbody>
</table>

** p<0.001  * p<0.05
Updates from NASCOP

Harm reduction partners meet to chart a way forward

On March 24th, 2015, NASCOP organized a meeting of all donors funding programs for people who inject drugs (PWIDs) in Kenya. The meeting was held in NASCOP and was attended by Kenya Red Cross, Mainline, MdM, UNODC, CDC and OSEIA.

The broad objectives of the meeting was to discuss the program coordination issues around PWID program response and to ensure that all donors and partners are aligned to PWID national guidelines and SOPs.

NASCOP presented on the status of key population programs in Kenya, the progress made, opportunities and challenges. All the PWID partners then presented about their engagement with the PWID programs, funding mechanisms, list of partners, funding activities and areas of coordination with other donor funded programs.

The meeting ended with each donor and partner clear about the other donor programs and they promised to have a more coordinated response to the HIV epidemic among PWIDs in Kenya.

Experts meet to review STI guidelines

The national STI advisory group met in March this year to review guidelines for STI treatment in Kenya. This happened due to an increase in drug resistance to the existing medicines which necessitated the need to review the drug treatment guidelines. The meeting at the same time reviewed the local and international data on STI treatment.

Kenya has used syndromic approach in the management of sexually transmitted infection since 1990. The treatment guidelines for STI was validated once in 1995 and has remained in use without any review to date.

The medicines that have high level of drug resistance include Ciprofloxacin, Norfloxacin among other drugs for STI treatment. NASCOP is developing a document for clinicians to provide STI treatment through the syndromic approach and will also provide the necessary training and certification for the clinicians. This document will guide county health authorities and other agencies in developing plans for procuring more effective STI drugs.

Meanwhile, the Ministry of Health has embarked on an ambitious plan to strengthen and institutionalize a national program on drug resistance in the next two years. The core activities under this new initiative will include improved STI case reporting, monitoring of disease resistance strains of STI’s, periodic assessment of STI syndromes and assessment of STI prevalence among key populations, pregnant women, adolescents, MSM, and sex workers.

Outreach to KP partners

The NASCOP Outreach program continued supporting the programs to scale up KP activities with greater focus on strengthening quality improvement mechanisms through routine field visits carried out by the regional field officers and the national outreach team.

The program has since April this year carried out a total of 321 field visits to 64 KP programs in 28 counties. During the field visits, 72 programs have been trained on microplanning and on NASCOP KP data collection and reporting tools while 65 programs are currently using the tools.

The KP Outreach program has also played host to visitors from several countries willing to learn about KP programming in Kenya. The program has also played an instrumental role in the launch and rolling out of the National Medically Assisted Theraphy (MAT) program.

Memory Melon, Regional Field Coordinatory of Nyanza and Western regions observing role plays by community members during a dissemination training on using Interpersonal Communication Materials developed by NASCOP
Updates from NASCOP

Oral Self Testing Study commences in Kenya

It is believed that Oral HIV testing could address the fear of being tested in front of a healthcare provider thus increase uptake of HIV Testing and Counselling among female sex workers and enrolment to drop in centers.

A new study dubbed Key Population Implementation Science (KPIS) is being carried out on the Key Population Program in order to ascertain whether oral self-testing would increase the number of female sex workers tested for HIV.

The study aims to: assess user acceptability, competence and feasibility of oral HIV self-testing and its impact on enrollment of FSWs into participating DICEs; determine the optimum PE:FSW ratio that improves quarterly HTC uptake among HIV negative FSWs and FSWs with unknown HIV status; determine the optimum PE:FSW ratio that improves routine quarterly clinic visits among HIV positive FSWs and building the capacity of stakeholders in implementation science research and HIV programming.

The study which is supported by the President’s Emergency Plan for AIDS Relief (PEPFAR) will be carried out in seven counties namely Nairobi, Mombasa, Kilifi, Homabay, Siaya, Kisumu and Migori.

The study is expected to begin in October 2015 will run for 18 months.

National Technical Working Group meets

The first national Key Population Technical Working Group this year was held on 19th February in Nairobi. The meeting brought together over 48 KP partners from across the country.

The meeting discussed seven agenda items which were: updates from the program’s quarterly performance, KP data triangulation exercise, Medically Assisted Therapy program, Learning Site for sex works and Kenya Sex Workers Alliance, the new FHI program and upcoming activities namely Polling Booth Survey and Integrated Bio-Behavioural Surveillance.

An overall improvement in the uptake of services across the programs was evident. The programs however only addressed half of the violence cases reported which necessitated the setting up of a team to spearhead advocacy issues and come up with a work plan on the same.

KESWA was commended for their efforts in KP programming and tasked to continue documenting the success stories among the Key Population. The TWG at the same time noted that capacity building and empowerment was lacking in all the counties especially in far flung areas where access to most services is still a challenge.

Mathari Teaching and Refferal Hospital reported progress in MAT client induction and retention of up to 85%. The KP program has planned to scale up MAT services to Mombasa County and launch the MAT clinic in Malindi in June 2015. The FHI team elaborated on the Cross-Border Health Integrated Partnership Project (CB-HIPP), a five year project aimed to improve health outcomes among mobile populations and vulnerable communities residing along Eastern, Central, and Southern African transport corridors and cross-border sites. The project will provide sexual and reproductive health interventions to key and vulnerable populations.

NASCOP elaborated on future plans which included scale up of quality assurance and control at programme level, producing monitoring and evaluation tools to improve documentation and reporting and support supervision.

The members of the KP TWG led by and NASCOP and NACC in February 2015 volunteered to be part of the taskforce to guide the process of KP advocacy. The members of the working group include development partners, civil society organizations, implementing partners and KP networks.

The team has so far made great strides in advocating for KP issues. The notable achievements include: sensitization of key populations’ networks on county level advocacy to address barriers to access health services; development and pretesting of a sensitization guide to promote use of human rights based approach to facilitate access to services for key populations; and capacity building of KP stakeholders and networks.

A KP advocacy resource harmonization meeting was held in June which developed an inventory of existing resources targeting structural issues; identified sensitization and advocacy training and resource gaps; and adopted plans to roll out standardization of advocacy/sensitization re-sources targeting structural issues.

A notable achievement in reporting was a resolution that KP program monitoring reports capture indicators of structural interventions. KP advocacy taskforce also developed a strategy to enhance prioritization of KP interventions.

In addition, two media trainings were done in June for KP community spokespersons through KESWA for sex workers in Nairobi and PWID harm reduction network in Mombasa.

Homabay County also developed a County KP TWG plan which is being rolled out.
Mylan youth group who are living with HIV pose for a picture with the Director of Medical Services, and UNAIDS Country HIV Director, PEPFAR Representative to Kenya among others

KP Programme Manager Ms Helgar Musyoki takes the First Lady Mrs Margaret Kenyatta through the NASCOP exhibition stand during the beyond zero clinic handover in Taita Taveta

Mr James Kamau Coordinator Kenya Treatment Access Movement (KETAM) asking a question at the Care and Treatment forum

Field Coordinators of the Technical Support Unit at NASCOP preparing materials to be use in the polling booth survey

KP Programme Manager Ms Helgar Musyoki making a presentation at the KP track during the Maisha Conference organised by NACC

NASCOP team paid a courtesy call to the County AIDS and STI Coordinator (CASCO) of Kilifi Country during a rapid HIV testing campaign in the county
Narok Governor Samuel Tunai waves to the crowd the key to the mobile clinic. First Lady Margaret Kenyatta officially cuts the ribbon in Narok County to declare the mobile clinic officially launched.

5 year old Lornah Lenemiriah welcomes First Lady Margaret Kenyatta to Marshal Stadium during the launch of the 3rd Beyond Zero mobile clinic in Samburu County. First Lady Margaret Kenyatta drives the mobile clinic in Samburu County.

A full view of the ‘Beyond Zero Mobile Clinic’

Female drug users at a polling booth survey at MEWA in Mombasa. Dr Kiima, Director of Mental Health Services chairing a crucial meeting for partners implementing the Medically Assisted Therapy (MAT) program.

John Anthony, Head of the Technical Support Unit (TSU) explains to partners how to conduct a polling booth survey. Japheth Nyambane, Technical Advisor at NASCOP making a presentation to the police on harm reduction and MAT program.

Members of the public queue for VCT services in Isibania border town during a rapid HIV testing campaign. Key Populations Programme Manager Ms Helgar Musyoki, making a presentation during the national polling booth survey training.
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