**The 3rd National HIV Prevention Summit: 17th-18th Sept. 2013**

NATIONAL AIDS CONTROL COUNCIL

**Theme:** “HIV Prevention: Every one’s Business”.

OFFICE OF THE PRIME MINISTER

MINISTRY OF STATE FOR PUBLIC SERVICE

Global Fund Reaching Vulnerable Communities

and Most-at-risk Population

HIV prevalence rate in

Kenya today stands at

5.6% from a high of 14%

in the 1990’s at the peak

of the epidemic. This is

no mean achievement

by any standards. It took

a resolve by the country

on realizing that the

scourge had reached a

disaster crescent and

hence posed a developmental

challenge to realize

this achievement.

It is this National resolve

that has enabled the

country to stabilize the

epidemic at the current

level. HIV is no longer a

death sentence as individuals

living with the virus

can leave normal and fulfilling

lives.

Both short and long-term programmatic interventions have been

put in place to counter the pandemic with encouraging results.

Today children are being born HIV free by infected mothers while

keeping the mothers alive. HIV Tribunal, one of its kind in the

world is in place to address grievances arising as a result of individuals

HIV status. This has helped a lot in addressing issues

related to stigma and discrimination.

Kenya is among the regional leaders in the HIV and AIDS Programming

taking bold steps to initiate interventions that have

been proven to not only be effective but also efficient thereby

making it a ground for learning lessons by its peers in the region.

In collaboration with regional and global partners, Kenya has conducted

cutting-edge HIV research that has led to ground breaking

biomedical prevention findings. Kenya scientists led trials that

established the efficacy of voluntary male medical circumcision,

pre-exposure prophylaxis and treatment as prevention.

The AIDS response in Kenya is multi-sectoral based, coordinated

by the National AIDS Control Council and implemented through

periodic strategic plans. The KNASP III is just coming to an end

and the KNASP IV will be in place by July 2014. As the process

of developing the same is in top gear, the Prevention Revolution

Roadmap that has formed part of this Summit will heavily inform

the development of the next Kenya National AIDS Strategic Plan

four.

The summit provides an opportunity to reflect back on where we

are coming from to inform the intended re-orientation of our interventions.

We finally have a chance to sample the programme

interventions that have worked to improve and re-engineer and

those that haven’t produced results to be discarded. We believe

the summit will culminate into a clear roadmap that will lead the

country to the Vision of an HIV Free Society.

**National resolve**

**stabilizes epidemic**

**Message from the NACC Director**

**Prof. Alloys S. S. Orago**

The Kenya Red Cross Society was appointed

the Principal Recipient (PR) for the Round 10

Global Fund HIV grant for the non state actors

by the Kenya Country Coordinating Mechanism.

In December 2011, KRCS signed a contract with

the Global Fund. The Kenya Red Cross takes this role

as a great privilege and an opportunity to enhance

access to much needed services by the communities.

The Kenya Red Cross is committed to provision of the

most efficient, reliable and trusted services anytime

and whenever required.

The Global fund Round 10 HIV grant priority areas of

focus are based on the Kenya National AIDS Strategic

Plan (KNASP III) 2009/10 – 2012/13. The KRCS grant

focuses on expanding community care and support

for the chronically ill, expanding services for the prevention

of mother to child transmission (PMTCT), increasing

access to HIV testing and counseling (HTC)

and targeted interventions for Most-at-risk Population

(MARPs). The program is focusing these services to 26

counties with high HIV burden in the country, accounting

for 71% of HIV burden in Kenya.

**Program Achievements**

Selection and onsite capacity assessment of

sub recipients and subsequently signed Contracts

with **49** Sub recipients/implementers to

support the implementation of the program

activities.

Trained and engaged **2,279** CHWs using the

national curriculum for training CHWS on

home and community based care in Kenya.

The program has sustained the cohort of

**35,422** People Living with HIV with care and

support services at their homes to ensure

treatment retention, adherence to regimen

and community support.

Provided targeted user-friendly services to

Most-at-risk Populations by reaching **6,289**

Sex Workers and **1,573** Men Who Have Sex

with Men with HIV prevention services as

well as **529** people who inject drugs with HIV

prevention services including sterile needle

and syringe.

Referred and confirmed health facility delivery

of **7,147** pregnant women from the 26

high counties to support increased access to

PMTCT services.

**Services Provided Under the Program**

**Community Care and Support to People Living**

**with HIV (PLHIV):** Community Health Workers

(CHWs) facilitates linkage from facility-level

service provision to community care. The

trained CHWs make home visits to PLHIV in

accordance with the basic care package for

the prevention of opportunistic infection.

The program supports the CHWs to improve

the level of health care in the communities

resulting in improved uptake of HIV services at

the community level.

**Community Referral of Pregnant Mothers**

**for Skilled Delivery Care at Health Facilities:**

In expanding PMTCT services, the CHWs

reach out to women in their communities

and refers/escort them to the health facilities

for Ante-Natal Care and skilled delivery. To

promote heightened involvement of men in

PMTCT, special sessions are conducted for

male involvement in PMTCT. There has been

an increase in the clientele to the linked health

facilities for ANC visits, deliveries and tracing

of HIV positive mothers for PMTCT services

resulting is improved access and demand for

PMTCT services.

**Provision of User-friendly Services for Most**

**at Risk Populations:** The program is supporting

landmark interventions that target MARPs. To

date, the program has established 2 Drop in

Centres for People Who Inject Drugs in Nairobi

and Malindi and 5 integrated Wellness Centres

for Sex Workers and MSM in Nairobi, Malindi,

Nakuru, Kisii and Kisumu. Using innovative

approaches, the centres have expanded access

to health services for the MARPs based on the

national guidelines and standards.

**About The Global Fund**

The Global Fund to Fight AIDS, Tuberculosis and

Malaria (GF) was established in 2002 as a mechanism

for financing the response to the three diseases

in developing countries. As a Partnership

between governments, Civil Society, the private

sector and affected communities, the Global Fund

represents an innovative approach to international

health financing. The Global fund invests the world’s

money to save lives on the principles of ownership,

accountability and results. For a number of years

now, Kenya has been a beneficiary of funds from

the Global Fund. In 2010, the country was once

again awarded a Global Fund Round 10 grant for

Malaria and HIV & AIDS interventions for 5 years.

MINISTRY OF HEALTH