



MINISTRY OF HEALTH



# COUNTY FIRST LADIES' ADVOCACY FORUM ON HIV AND HEALTH, 2014

*"My County: My Response"*

Report

24th - 25th April, 2014  
Safari Park Hotel, Nairobi

**Editorial:** Dr. Echoka Elizabeth

**Design and Layout:** Tony Okuku

Participants Photo: County First Ladies' Advocacy Forum On Hiv And Health, 2014 "My County: My Response"





---

# Contents

|   |     |
|---|-----|
| ACKNOWLEDGEMENTS  | II  |
| ABBREVIATIONS AND ACRONYMS  | III |
| EXECUTIVE SUMMARY   | V   |
| INTRODUCTION  | VI  |
| <br>  |     |
| SESSION ONE:  | 1   |
| OFFICIAL OPENING OF THE COUNTY FIRST LADIES' ADVOCACY FORUM   | 1   |
| <br>  |     |
| SESSION TWO:  | 7   |
| RESPONSE, STRATEGIES AND TRENDS ON PMTCT  | 7   |
| HIV and AIDs in Kenya and the Multi Sectoral Response   | 7   |
| Maternal, Newborn and Child Health Trends in Kenya  | 8   |
| <br>  |     |
| SESSION THREE (A):  | 9   |
| DEVOLUTION AND RESOURCE MOBILISATION AND SUSTAINABLE FINANCING FOR HIV AND AND HEALTH AT COUNTY LEVEL | 9   |
| HIV and Health in the Context of Devolution   | 9   |
| Resource Mobilisation and Sustainable Financing for HIV and Health at County level                    | 10  |
| <br>  |     |
| SESSION THREE (B)   | 11  |
| EVIDENCE ON PMTCT AND VIOLATION OF REPRODUCTIVE HEALTH RIGHTS OF WOMEN LIVING WITH HIV                | 11  |
| Testimony and "Evidence" on PMTC  | 11  |
| Forced and Coerced Sterilization experiences of Women Living with HIV in Kenya                        | 13  |
| <br>  |     |
| STRATEGIC POSITIONING OF THE CFL IN PROMOTING AND ACCELERATING ACHIEVEMENT OF HIV AND HEALTH          | 14  |
| Strategic Engagement of the CFL in HIV and Health   | 14  |
| Setting the Scene for Group work – Case on HIV in a Kenyan Community                                  | 15  |
| Group Work: "My County, My Response": Roadmap for my County   | 15  |
| SUMMARY OF PRESENTATION   | 16  |
| <br>  |     |
| SESSION 5:  | 17  |
| CONSENSUS, RESOLUTIONS AND COMMITMENT   | 17  |
| Consensus by County First Ladies  | 17  |
| Forum Commitments   | 18  |
| Closing Remarks   | 18  |
| Appendix 1: Programme   | 19  |
| Appendix 2: Participants List   | 21  |

---

# ACKNOWLEDGEMENTS

The 2014 County First Ladies' Advocacy Forum on HIV and Health is an outcome of concerted efforts from many individuals, organisations and institutions that conceptualised, organised and supported the convening of this forum.

The National AIDS Control Council acknowledges all development partners who have relentlessly provide financial and technical support in the implementation of the HIV and AIDS response in Kenya. Special thanks to the partners who provided financial and non-financial contributions towards the advocacy forum. These include; UNAIDS, UNDP, UN-Women, UNFPA, PEPFAR, UNICEF and WHO. We also recognize the participation of the NACC Council members led by the Chair Prof. Mary Getui, Global Plan secretariat, EGPAF, NEPHAK, CRAWN Trust, MYW and NOPE. Our appreciation also goes to NASCOP, WOFAK, LVCT-Health and AHF for taking their time to display and exhibit the engagement of their organizations in the HIV and AIDS response.

NACC would like to recognise the CFL forum presenters for their high calibre presentations and all participants for their contribution to productive discussions towards engaging the CFL to facilitate their influence and position to advocate for HIV response in their respective Counties.

Finally, we would like to appreciate the CFL steering committee under the able leadership of Dr Sobbie Mulindi, the forum Chair and Dr Emmy Chesire, the forum coordinator and the various sub-committee members who include; Lilian Langat, Millicent Oluete, Eunice Odongi, Lucy Anisa, Ludfine Anyango, Kavutha Muthuvi, Geoffrey Okumu, Mercy Mwongeli, Ruth Masha, Jenny Braid and Sheila Masasabi. Special thanks to Dr Elizabeth Echoka for compiling the report.

To you all we say thank you.

John Kamigwi  
Ag. Director,

**NATIONAL AIDS CONTROL COUNCIL**

---

# ABBREVIATIONS AND ACRONYMS

|               |  |               |   |
|---------------|--|---------------|---|
| <b>AIDS</b>   | Acquired Immune Deficiency Syndrome                | <b>MP</b>     | Member of Parliament  |
| <b>ANC</b>    | Antenatal Care                                     | <b>MNCH</b>   | Maternal, Newborn and Child Health                              |
| <b>ARV</b>    | Anti Retro Viral                                   | <b>NACC</b>   | National AIDS Control Council                                   |
| <b>ART</b>    | Anti Retro Viral Therapy                           | <b>NASCOP</b> | National AIDS and STI Control Programme                         |
| <b>BCC</b>    | Behaviour Change Communication                     | <b>NEPHAK</b> | National Empowerment Network of People Living with HIV and AIDS |
| <b>CBO</b>    | Community Based Organisation                       | <b>NGO</b>    | Non Governmental Organization                                   |
| <b>CDF</b>    | Constituencies Development Fund                    | <b>PEP</b>    | Post Exposure Prophylaxis                                       |
| <b>CFL</b>    | County First Ladies                                | <b>PEPFAR</b> | Presidential Emergency Plan for AIDS Relief                     |
| <b>CHWS</b>   | Community Health Workers                           | <b>PrEP</b>   | Pre Exposure Prophylaxis  |
| <b>CHO</b>    | Community Health Organisation                      | <b>OVC</b>    | Orphaned and Vulnerable Children                                |
| <b>DISCOK</b> | Discordant Couples of Kenya                        | <b>PLHIV</b>  | People Living with HIV  |
| <b>EMTCT</b>  | Elimination of Mother to Child Transmission of HIV | <b>PMTCT</b>  | Prevention of Mother to Child Transmission                      |
| <b>FBO</b>    | Faith Based Organisation                           | <b>STI</b>    | Sexually Transmitted Infection                                  |
| <b>GBV</b>    | Gender Based Violence                              | <b>UN</b>     | United Nations  |
| <b>HIV</b>    | Human Immuno-deficiency Virus                      | <b>UNAIDS</b> | Joint United Nations Programme on HIV and AIDS                  |
| <b>HTC</b>    | HIV Testing and Counselling                        | <b>UNDP</b>   | United Nations Development Programme                            |
| <b>KAIS</b>   | Kenya AIDS Indicator Survey                        | <b>UNFPA</b>  | United Nations Population Fund                                  |
| <b>KAVI</b>   | Kenya AIDS Vaccine Initiative                      | <b>UNICEF</b> | United Nations Children's Fund                                  |
| <b>KDHS</b>   | Kenya Demographic and Health Survey                | <b>WHO</b>    | World Health Organization                                       |
| <b>KNASP</b>  | Kenya National HIV and AIDS Strategic Plan         |               |   |
| <b>LVCT</b>   | Liverpool Voluntary Counselling and Testing        |               |   |
| <b>MDGs</b>   | Millennium Development Goals                       |               |   |

---

# EXECUTIVE SUMMARY

The Ministry of Health held a successful County First Ladies' (CFL) Advocacy Forum on HIV and Health on 24<sup>th</sup> - 25<sup>th</sup> April at the Safari Park Hotel Nairobi, Kenya. The Forum was collaboratively organised by NACC, NASCOP, UN Joint Team on HIV and AIDS (UNAIDS, WHO, UNFPA, UNDP, UNICEF, UN WOMEN), EGPAF, and the USG. The 2014 CFLs' advocacy forum theme was *"My County, My Response"*. The forum was geared towards orienting the CFL on the HIV pandemic and national response, to leverage on their political position towards championing the HIV agenda in their respective counties.

The 2014 County First Ladies' Advocacy Forum on HIV and Health specific objectives were to:

- i) To engage the CFL to leverage their influence and position to advocate for HIV response in their respective Counties.
- ii) To facilitate the CFL to promote social dialogue and transformation on challenges and obstacles to the HIV and AIDS pandemic in Kenya.
- iii) Support the CFL to develop action plans to catalyze the HIV response in the counties.

The two day forum was attended by 27 County First ladies and 113 delegates with representatives of County Governments, Senior Ministry of Health (MoH) officials, UN agencies and other development partners, Civil Society Organisations, representatives of PLHIV and researchers. The forum was officially opened by Prof Fred Segor, the Principal Secretary, Health on behalf of Hon. James Macharia, Cabinet Secretary, Health. The opening remarks underscored the need for shared responsibility and the need for CFL to emulate Kenya's First Lady's Beyond Zero initiative and champion prioritization and allocation of resources for HIV, maternal, newborn and child health in county health plans. The Ministry of Health pledged to provide technical support to CFL in their advocacy role.

The meeting came after the CFL committed to work closely with the First Lady of Kenya H.E Margaret Kenyatta to leverage their influence at the County level to champion the HIV response and promote maternal and child health as outlined in her Strategic framework. A key expectation from the forum was an increased understanding on the overall and critical role of CFL as champions and advocates of the HIV response in their counties with specific reference to women and children. Thus, the CFL had consensus in this regard:



---

*“We the CFL commit to work in partnership with the Office of the First lady and technical support from Ministry of Health and other donors to identify priorities for advocacy in HIV and health at the County level. We Commit to”:*

1. Champion advocacy for prioritization and allocation of resources for HIV and Health
  - Advocate for allocation of funds within the county budgets for the management and sustained functions of the mobile clinics to be provided by the Office of the First Lady
  - Lobby for the county preparation to receive the mobile clinic from Beyond Zero Campaign through awareness creation.
2. Engage and collaborate with the members of county assemblies, County Health Executives, partners and other County health leadership to accelerate access to HIV, MNCH services.
3. Promote ending new HIV infections among children and improve maternal health through advocacy for:
  - i) HIV testing for pregnant women and their partners and attendance of required ANC
  - ii) Promote health facility skilled birth delivery
  - iii) Exclusive breastfeeding of children for the first six months
  - iv) Full immunization of children
  - v) Reduced gender based violence
  - vi) Keeping girls in school

**Forum commitment and recommendations were:**

- i) The Office of the First lady to provide the CFL with details on delivery of the mobile clinics to allow for advocacy in preparation of County reception
- ii) The Ministry of health through NACC and NASCOP, Joint UN Team on HIV and AIDS and USG to provide technical support to the CFLs in developing and implementing their action plans towards addressing HIV and maternal and child health issues in their counties.
- iii) Ministry of Health to provide county specific HIV profiles and maternal and child health data to guide CFL advocacy efforts

---

# INTRODUCTION

Kenya has made significant progress in reducing HIV prevalence, with prevalence among adults aged 15 to 64 years decreasing nationally from 7.2 percent in 2007 to 5.6 percent in 2012. Despite the stabilizing prevalence, there is persistent feminization of the epidemic, meaning that women are more likely to be infected (8.4%) than men (5.4%). In addition, young women aged 15-24 are four times more likely to be HIV positive than men (4.5% versus 1.1%). In concurrence with this trend, the Kenya Demographic and Health Survey (KDHS) of 2008-09 indicate that 8.0 percent of women compared to 4.3 percent infected men. Among generalized epidemics worldwide, Kenya registers one of the highest disparities in HIV prevalence between females and males; and with a female-to-male prevalence ratio at 1.9 to 1, ranking fourth in the world on the number of women living with HIV and suffering from AIDS.

While sexual transmission is the primary driver of Kenya's epidemic, various social factors such as gender inequality, sexual violence and anti-HIV stigma increase HIV risk and vulnerability. Despite successful strides in HIV prevention, treatment and care; including the scale up of prevention of mother to child Transmission (PMTCT), it emerges that Kenya still falls short of achieving a 50 percent reduction in the number of new infections as set out in the Kenya National AIDS Strategic Plan (KNASP) III 2009/10-2012. The First Lady of Kenya, Margaret Kenyatta has taken up this challenge and given new impetus to the fight against HIV through her strategic framework on elimination of mother to child transmission of HIV and keeping mothers alive. Through the *"Beyond Zero"* Campaign, the First Lady has embarked on a mission to combat unacceptable and preventable maternal and child mortality through a program that brings HIV Prevention, prenatal and post natal medical treatment to disadvantaged populations of women and children in 47 counties of Kenya.

In efforts to take the Beyond Zero Campaign to the next level, the Ministry of Health in partnership with the UN Joint Team on AIDS, USG and other partners organised the County First Ladies' Advocacy Forum on HIV and Health. Rationale for engaging the CFL in the HIV prevention agenda in Kenya was informed by recognition of the critical role of the CFL in their respective counties and at the national level. Their personal commitment and engagement in championing an AIDS-free generation in their counties is indubitable. Their influence as CFL, as women and mothers, they can take bold, urgent and concrete actions to respond to the needs of women, girls and young people to pursue a common vision – "Zero new HIV infection, Zero AIDS-related death and Zero HIV related stigma and discrimination" in their respective counties.

---

## FORUM PROCEEDINGS

**DAY ONE:** Thursday 24<sup>th</sup> April, 2014

SESSION ONE:

### OFFICIAL OPENING OF THE COUNTY FIRST LADIES' ADVOCACY FORUM

Session Chair: Dr Sobbie Mulindi (NACC)

Introductions and objectives of the CFL Advocacy Forum

Dr. Sobbie Mulindi (NACC)

Opening Remarks

Nelson Otwoma (NEPHAK)

Eng. Ester Ruto (Chair CFL and First Lady Bomet County)

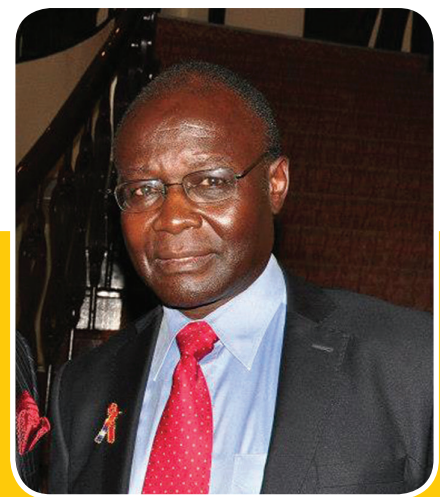
Siddharth Chatterjee (UNFPA Country Representative on behalf of the UN Resident Coordinator)

Marx Maxwell (USG) on behalf of Katherine Perry (PEPFAR)

Key note address and official opening

Prof. Fred Segor (Principal Secretary Health) on behalf of Hon. James Macharia, (Cabinet Secretary, Health)

Dr. Sobbie Mulindi in the introductory remarks noted that most studies informing the Global response have been carried out in Kenya. Thus there is need to reflect on the missing link that has contributed to the short fall in achieving a 50 percent reduction in the number of new infections as set out in the Kenya National AIDS Strategic Plan (KNASP) III 2009/10-2012. He noted that the figures on HIV are well known and documented and that the forum provided an opportunity to chat a new beginning in regard to engage county leadership in the HIV prevention. CFL are a key resource to push this agenda.



**Dr. Sobbie Mulindi, NACC**

---

## Opening Remarks

Nelson Otwoma highlighted what NEPHAK is advocating for the HIV prevention agenda in Kenya. He noted that scientific evidence shows that it is possible to achieve universal access in regard to HIV prevention in Kenya and that the new constitution has provisions on universal access. The first action towards universal access should entail identification and testing of individuals starting at the household level, community level, location, all the way to the National level. That it is possible to achieve “zero new infections, zero AIDs related deaths and zero discrimination” through combination prevention, with HTC, promotion of prevention commodities, voluntary medical male circumcision (VMMC) and fully embracing treatment as prevention. With treatment, death rates and new infections go down and PLHIV are able to contribute productively to the economy. He further noted that although Kenya had made some progress in fighting HIV and AIDs, much more needed to be done. He argued the CFL to undertake the following actions towards moving the HIV prevention agenda to the next level in their respective counties:

- (1) Promotion and respect of human rights for PLHIV and vulnerable communities. In light of the feminization of the epidemic, imperative to protect girls from early sex, early marriage and wife inheritance. CFL can promote this dialogue. He cited the Luo Nyanza region, where hostility to widows is pushing them to relocate and spread the infection. Thus, need to sensitise the county leadership to fight stigma.
- (2) Uniting other partners to fight stigma and discrimination and this can be achieved through meaningful engagement of PLHIV in the county Forums. He noted that stigma is still high in some counties, posing challenges in reaching out to PLHIV. NEPHAK has representation in all the 47 counties and is committed to collaborate with the CFL in amplifying the prevention agenda in their respective Counties.
- (3) CFL to lobby for increased direct allocation of funding for HIV and health at the county level.



*“New constitution has implications on universal access. In regard to HIV, universal access can only start at the household level, when families ensure that each one of the members know their HIV status. CFL need to promote this dialogue.”*

**Nelson Otwoma, NEPHAK**

---

Eng. Ester Ruto in her capacity as the chair of the CFL noted that HIV and health are strategic areas of concern in the county development issues. That the CFL forum comes at an opportune time when counties are beginning to take shape. She outlined the expectations of the CFL at the end of the two day meeting as follows:

- (i) to be in a position to influence and advocate for HIV response in their counties.
- (ii) Know how to promote social dialogue and transformation on challenges and obstacles to HIV prevention efforts.
- (iii) to support the efforts to promote couple HTC.
- (iv) Develop action plans to catalyse HIV response in their counties.
- (v) Increase understanding on their roles as advocates of HIV and maternal and child health in their counties.
- (vi) Involvement in improving maternal and child health in their counties.



*“Our presence as CFL in this forum is a true testimony of how we view issues around HIV and maternal and child health in our respective Counties. These issues touch our hearts as we are mothers too. Our presence is a commitment on willingness to contribute to the Country’s health agenda. We gladly join Kenya’s First Lady Margaret Kenyatta in amplifying the Beyond Zero campaign in our counties”.*

**Eng. Esther Ruto (CFL, Bomet)**

Opening remarks for UN were read by Siddharth Chatterjee, Representative of the UN Population Fund on behalf of Ms. Nardos Bekele-Thomas, the UN Resident Coordinator. Ms. Bekele-Thomas congratulated the CFLs for taking up a worthy cause and championing a unique agenda of addressing HIV and Health. She pointed out the example of the First Lady, Margaret Kenyatta’s “Beyond Zero” Campaign, which is driving the vision to accelerate progress in EMTCT, control the spread of HIV and promote MNCH. That Margaret Kenyatta had displayed an extraordinary initiative, passion and determination, particularly when she made history at the London Marathon on Sunday 13<sup>th</sup> April 2014. That the CFL personal commitment and engagement in championing an AIDS-free generation in their counties was

---

commendable and that their influence can be turned into bold and concrete initiatives at the county level and build a national momentum to access comprehensive, affordable and quality health services for all citizens. In the remarks, Ms. Bekele-Thomas further noted the need to deal with structural issues that underpin determinants of HIV and health. Women and girls must be at the heart of any future development policies and that girls can be protected from becoming infected with HIV by keeping them longer in schools. In addition, providing vulnerable families with cash transfers have been of great assistance. That the UN places a high premium on the role of leaders as champions to leverage AIDS and Health outcomes, and that the UN has been working with the Global Organizations of First Ladies to advance the critical HIV and health agenda. Her remarks concluded by sharing sentiments of Mr Michel Sidibé, the Executive Director of UNAIDS during the opening of the 33rd UNAIDS Programme Coordinating Board in Geneva:

*"We are moving from despair to hope, not only at political level but also at community level. It is easiest to imagine the possibility of ending AIDS when we look at our progress in HIV treatment. We can meet our goal of 15 million accessing HIV treatment by 2015, and when we do, we will avoid 1.4 million deaths, prevented 500,000 new HIV infections among children and protected 7 million children from becoming orphans. We must be courageous to link HIV prevention with sexual health rights and sexuality education by combating public hypocrisy on sexual matters and build AIDS competencies to systematically promote sexual and reproductive health rights."*



*"Your role as leaders, women and mothers of the counties place you in a unique position to utilize your passion, zeal and drive to make a difference on issues that will transform the life of every child, woman and man of this great nation.....The UN family stands firmly by you".*

**Siddharth Chatterjee on behalf of  
Nardos Bekele-Thomas  
(UN Resident Coordinator)**

---

Remarks by the United States Government (USG) were delivered by Marx Maxwell on behalf of Ms. Katherine Perry, the PEPFAR County Coordinator. He conveyed greetings from the United States Ambassador Robert Godec, and commended the organizing committee for putting together a forum that accorded the CFL a platform as champions for HIV and health in their respective counties. He asked participants to reflect on a quote from a speech by former Secretary Hilary Clinton in Oslo in June 2012 on the expanded definition of country ownership: *“To us, country ownership in health is the end state where a nation’s efforts are led, implemented, and eventually paid for by its government, communities, civil society, and private sector. To get there, a country’s political leaders must set priorities and develop national plans to accomplish them in concert with their citizens... and these plans must be carried out primarily by the country’s own institutions, and then these groups must be able to hold each other accountable.... So, while nations must ultimately be able to fund more of their own needs, country ownership is about far more than funding. It is principally about building capacity to set priorities, manage resources, develop plans and carry them out.”*

Ms. Perry noted in her speech that with PEPFAR assistance and close collaboration with GOK, Kenya has made tremendous progress in providing ART to HIV-infected individuals, providing prevention services to HIV-positive mothers so as to lower MTCT and providing VMMC services. Establishment of County Governments provides a stepping stone that will ensure that each individual, young or old, plays their part in keeping the gains made as highlighted in the County Profiles. In her remarks, she urged civil society, including faith-based organizations, to be active in working to make sure that programs meet the needs of communities affected by HIV, demand county leadership accountability to meet the needs of their populations as this will further the goal of a sustainable HIV response. She expressed optimism that working with the GOK with leadership from NACC, NASCOP and each County Government will strengthen the USG’s shared responsibility toward achieving an AIDS-free generation in each county.



*“Despite the advancements noted in the County Profiles, many questions still need to be addressed.. The PEPFAR Kenya team remains committed to working with GOK including County Governments and key stakeholder to ensure quality and sustainable programs that support PLHIV. I challenge all of us in this meeting to critically consider the questions I raised and the opportunities noted in my remarks and begin to map a way forward for a sustainable efficient and effective county-wide response to HIV and AIDs”.*

**Marx Maxwell on behalf of Katherine Perry (PEPFAR)**

---

Prof Getui noted that the forum takes cognizance of the fundamental and strategic role that the CFL play in influencing the environment within their respective counties as women leaders and professionals. She noted that CFL are uniquely positioned to influence and advocate for effective systems and structures that support and promote access to HIV, MNCH services alongside ensuring an enabling environment such as good governance and economic opportunities for women. She further noted that the forum was aptly themed *“My County: My Response”* because of unique challenges each county is facing in confronting HIV/AIDS. That it is imperative for the CFL to understand the HIV epidemic in their respective counties and tailor their response appropriately. The county HIV profiles are a key resource for the CFL in terms of providing guidance to steer the HIV agenda. The profiles point out the HIV hot spots, provide insights on drivers of infections and where each county is in terms of magnitude of the burden. She challenged the CFL on the need to identify which issues are not being adequately addressed and bring them forward in their HIV and health strategies. She echoed the sentiments that HIV prevention efforts must be part of the “shared ownership-shared responsibility”, which must be embedded in every aspect of Kenyan development and progress”. This would only bear fruits through broader effective engagements with various stakeholders, and tapping various capacities for a socially sustainable agenda. Prof Getui expressed optimism that the forum would be an informative and interactive spurring accelerated action towards “zero new infections, zero AIDS related deaths and zero discrimination” in counties. She thanked NACCs multi-sectoral stakeholders for their commitment and continued support to the national response to HIV and AIDS.



*“County First Ladies need to embrace the theme of the forum “My County; My Response”. While HIV prevention is everyone’s business, CFL can act as catalysts for shaping the course of the epidemic in their counties. We recognize that CFL cannot act in isolation... NACC will support in building and sustaining these networks to ensure effective mainstreaming of the HIV response at all level of governance”.*

**Prof Mary Getui, NACC**



---

## Key Note Address and Official Opening

The CFLs' Advocacy Forum on HIV and Health was officially opened by Prof Segor, PS Health, on behalf of Hon. James Macharia, the Cabinet Secretary. He noted that the MoH regards the CFL forum as one strategy of linking the county and national governments in advancing HIV prevention agenda and that the ministry fully supports the CFL forum. He further noted that the commitment of partners in coordinating and supporting the meeting was fully recognised and appreciated by MoH. He asserted that no child born of HIV positive mother should contract the virus in this time and age. That elimination of mother to child transmission (EMTCT) of HIV and keeping mothers alive (KMA) is a possibility and reality in Kenya. That HIV response is everyone's business and not just that of the health sector. He urged the other sectors' to support behavioural and structural interventions that create an enabling environment towards universal access as the health sector provides the technical leadership and biomedical interventions. He concluded by noting that with HIV prevention as everyone's business, there is need to promote local financing mechanisms and to leverage on community support systems.



*“MoH and its development partners will work with the counties to provide the necessary support to ensure HIV and Health targets are achieved... I am personally committed to strengthening the national response to HIV and Health, so please join me in this endeavor. I have no doubt that the lives of women, men and children shall be transformed through your involvement as CFL. Let us translate our pledges into action and results while holding each other accountable”.*

**Prof Fred Segor (PS, Health) on behalf of CS, Health.**

---

## SESSION TWO:

# RESPONSE, STRATEGIES AND TRENDS ON PMTCT

Session Chair: Dr Rose Wafula (NASCOP)

|                               |   |
|-------------------------------|---|
| John Kamigwi (NACC)           | HIV and AIDs in Kenya and the Multi Sectoral Response                   |
| Dr Martin Sirengo (NASCOP)    | Global Plan Countdown to Zero by 2015 and Kenyan eMTCT and KMA Strategy |
| Dr Kigen Bartilol (DRH - MoH) | Maternal, Newborn and Child Health Trends in Kenya                      |

## HIV and AIDS in Kenya and the Multi Sectoral Response

John Kamigwi outlined the multi-sectoral response to HIV and AIDS in Kenya. He highlighted the historical perspective of the HIV response, focussing on key milestones and challenges over the years. NACC was established in 1999 to coordinate the multi-sectoral response to HIV and AIDS, following its declaration as a national disaster in Kenya. Data on new infections in Kenya has shown a positive trend over the years. However, after the sharp decline in new infection, the key challenge remained how to address the current stagnation of new infections. He pointed out that the challenges NACC faced included financial sustainability, where over 80 percent of HIV funding is from development partners; strengthening legal institutional framework for multi-sectoral coordination; and procurement, clearance and distribution of HIV prevention commodities. He urged counties to reflect on sources of new infections and roll out prevention interventions to address them. He noted the critical need to promote awareness on HTC. Data on HTC among women was commendable, but there is need to have interventions to encourage men to embrace HIV testing.



*"Interventions for addressing HIV must be prioritized, included in the county health strategies and so that funds are allocated County budgets. CFL need to tap on the huge financial allocation for the Counties and be champions in advocating for the prioritization and allocation of adequate funding for HIV and health in their respective counties".*

**John Kamigwi,  
Ag. Director NACC**

---

## Global Plan Countdown to Zero by 2015 and the Kenya EMTCT and KMA Strategy



*Key action points for pregnant women and their families*

- *To attend all required ANC Clinics.*
- *To get tested for HIV during pregnancy.*
- *To deliver in a health facility*
- *To breast feed exclusively for the first six months.*
- *To plan their families.*
- *To commit to fight stigma and discrimination.*
- *To immunize all the children.*

**Dr Martin Sirengo, NASCOP**

Dr Martin Sirengo presented the EMTCT and KMA Strategic Framework (2012-2015) for Kenya, whose targets are to reduce HIV infection rates of children to less than 5 percent and reduce maternal deaths due to HIV by 50 percent. He noted that for every 16 children newly infected with HIV in Africa, 1 child was from Kenya. Thus, the critical need to identify where this child is and intervene. He pointed out some key action points for pregnant women and their families that CFL can include as strategies in their action plans in regard to EMTCT and KMA agenda. Dr Sirengo concluded by guaranteeing that NASCOP was willing to provide technical support in aggregating HIV data by smaller sub-areas to identify the real HIV hot spots and drivers of infections within the counties and that plans were in place to disseminate HIV profiles to be utilized at the county.

## Maternal, Newborn and Child Health Trends in Kenya



*“There is Need for County specific data on maternal mortality to adequately address the real burden of the magnitude, which varies between counties”.*

**Dr Kigen Bartilol (DRH, MoH)**

---

Dr. Kigen Bartilol presented the maternal, newborn and child mortality trends from 1990 to 2009, the MDG targets and progress. Kenya was not on track in achieving the MDG targets on MNCH. Reaching the poor remains critical as they record lower rates of child vaccination and skilled delivery. HIV and AIDs has been major contributing factor in lack of improvement in MDG 4 and 5. County specific data on maternal mortality was needed to address maternal and child health problems, which vary between counties.

### SESSION THREE (A):

## DEVOLUTION, RESOURCE MOBILISATION AND SUSTAINABLE FINANCING FOR HIV AND HEALTH AT COUNTY LEVEL

Session Chair: Nelson Otwoma (NEPHAK)

Moses Ogola (MoPD)

HIV and Health in the Context of Devolution

Regina Ombam (NACC)

Resource mobilisation and Sustainable financing for HIV and Health at County level

### HIV and Health in the Context of Devolution

Moses Ogola from the Ministry of Planning and devolution (MoPD), highlighted the role of CFL in HIV prevention within the context of devolution. He noted that the 2010 Constitution of Kenya guarantees the following:

- *Article 26; Every person has the right to life*
- *Article 42; Every person has the right to a clean and healthy environment*
- *Article 43. (1) Every person has the right — (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care*
- *Article 53. (1) Every child has the right -- (c) to basic nutrition, shelter and health care*
- *Article 56. The State shall put in place affirmative action programmes designed to ensure that minorities and marginalised groups — (e) have reasonable access to water, health services and infrastructure.*

| 1 ACCELERATE PROGRAMS   | 2 INFLUENCE INVESTMENT   | 3 MOBILISE MEN  | 4 INVOLVE COMMUNITIES   | 5 PROVIDE LEADERSHIP  |
|---|--|---|---|---|
| Accelerated implementation of relevant policies and programs to increase access to HIV prevention, rare and treatment services maternal and child health interventions. | Advocacy for allocation of resources and strategic investment in high impact interventions to promote maternal and child health, HIV control, and strengthening of health systems to enhance service delivery. | Mobilisation of men as clients, partners and agents of change in promoting uptake of HIV, maternal and child health services at family and community level. | Mobilisation of communities to address barriers to accessing HIV, maternal and child health services. | Leadership coordination, accountability and recognition to accelerate the attainment of HIV, maternal and child health targets. |

He concluded by noting that each county was unique and requires unique responses. He shared what was imperative to make devolution for HIV and health a success in the counties, from which the CFL could borrow a leaf.

## Resource Mobilisation and Sustainable Financing for HIV and Health at County level

Regina Ombam presented on sustainable financing for HIV prevention at the County level and innovative ways the CFL can adopt to fund HIV and maternal health in the county. She noted that counties are faced with numerous health and social problems that need to be addressed within limited budgets, but there were numerous financial resources that can be leveraged on to address these issues. She challenged the CFL on the need to identify and collaborate with partners who can support interventions at the county. The first step requires identifying needs and gaps that need to be addressed, putting it in a plan and sharing with partners at the county. The CFL can engage the private partners to fund HIV interventions in addition to engaging with the Salaries and Remuneration Commission team to consider a kitty directly to the CFL, for addressing HIV and maternal health issues. Communities harbour many resources that CFL can leverage on, including NGOs who are willing to support HIV interventions at community level. The CFL can influence resource allocation for HIV and health by identifying community needs, sensitise and raise awareness on the need to address these issues with the key decision makers at the county. The CFL need to be



*“The Kenya First Lady, HE Margaret Kenyatta set a good example of an innovative way of raising funds to address maternal health and HIV in Kenya. The CFL need to emulate her, pick up a piece of what she has initiated in her Beyond Zero Campaign and run with it”.*

**Regina Ombam, NACC**

---

engage and collaborate with MCAs and county health executive in planning for and implementing HIV and maternal health interventions in the county, as a way of ensuring that they are prioritized and budgeted for. She pointed out that it was critical to engage the MCAs because they develop county work plans and approve budgets. There was need for CFL to demonstrate their potential, values and needs of the community by engaging the MCAs and County Health Executives.

## SESSION THREE (B)

# EVIDENCE ON PMTCT AND VIOLATION OF REPRODUCTIVE HEALTH RIGHTS OF WOMEN LIVING WITH HIV

Session Chair: Nelson Otwoma (NEPHAK)

Peter Magadi and Margaret Ogolla (Couple) and Baby “Evidence”

Teresia Njoki Otieno (WOFAK)

Dr Martin Sirengo (NASCOP)

Testimony and “Evidence” on PMTCT

Video “Robbed of Choice”: Forced and Coerced Sterilization experiences of Women Living with HIV in Kenya

Closing Remarks for day one

## Testimony and “Evidence” on PMTCT

Peter Magadi and Margaret Ogolla, a discordant couple gave an inspiring testimony on PMTCT and “evidence” from their healthy four months old baby “Evidence”. The Couple narrated their long journey from disclosure of their status, the challenges on how to disclose to family members, condom use and the journey of hope and joy of having a HIV negative and healthy baby.



*“On 6th January 2014, Margaret delivered a bouncing and healthy baby girl, the icing of the cake in our relationship. All these, we were able to do following advice from DISCOK and health care workers. It is true PMTCT works and should be embraced by Discordant / Concordant Couples who desire to have a child”.*

**Peter Magadi, on Evidence on PMTCT**

---

## Forced and Coerced Sterilization experiences of Women Living with HIV in Kenya

Teresia Njoki Otieno of WOFAK shared with participants the video *“Robbed of Choice”*. The video is a collaborative effort by the African Gender and Media Initiative in partnership with Women Fighting Aids in Kenya, Lean on Me and Grassroots Empowerment Trust. It showcases heart rendering experiences of women living with HIV who shared that they were either forced or coerced to accept permanent sterilization procedures in healthcare facilities in Kenya. According to the testimonies, women living with HIV had undergone non-consensual tubal ligation when they visited health facilities to give birth through caesarean section. Other women who had normal delivery were also later taken to the operating room to undergo the procedure. Reported circumstances under which the involuntary sterilization occurred ranged from tubal ligation done without a woman’s consent during an emergency caesarean section, sterilization as a condition for receiving free or reduced-price medical treatment or receiving food and medical aid for their children, especially milk and anti-retroviral medication. For some, spouse and/or parents gave consent for sterilization on behalf of the women. Some agreed to sterilization on the basis of misinformation by healthcare providers about their family planning (FP) choices or the risks of future pregnancies to their health and that of their baby and for some, sterilization was performed because of a woman’s disability and HIV status.



**Teresia Njoki Otieno, WOFAK**

The lesson from the testimony and video was that PMTCT is a reality in Kenya and supporting couples can yield positive results in regard to eMTCT and KMA. The plenary discussions reiterated that women living with HIV have a right to a FP method of their choice and right to be sexually active and bear children. Forced and coerced contraceptive sterilization violates numerous rights guaranteed under the Kenyan constitution. Many participants expressed sentiments that the government should act by putting in place appropriate measures to prevent and respond to violations of reproductive health rights of women living with HIV in Kenya.

---

DAY TWO: FRIDAY 25<sup>TH</sup> APRIL, 2014

**SESSION 4:**

## **STRATEGIC POSITIONING OF THE CFL IN PROMOTING AND ACCELERATING ACHIEVEMENT OF HIV AND HEALTH**

**Session Chair:** Ludfine Anyango (UNDP)

Lillian Langat (NACC)

Recap of Day One

Dr Nduku Kilonzo (LVCT Health)

***Strategic engagement of the CFL in HIV and Health***

Ruth Laibon-Masha (UNAIDS)

***Setting the Scene for group work – Case on HIV in a Kenyan Community***

Group work

***“My County, My Response”:* Roadmap for my County**

CFL

Presentation of Group work and Discussion

### **Strategic Engagement of the CFL in HIV and Health**

Dr. Nduku Kilonzo highlighted in summary the critical issues that need to be highlighted towards engaging the CFL in HIV and health. She noted that stigma and discrimination and the vulnerability of young girls to HIV had obvious implications in regards to transmission of HIV from mother to child. She urged the CFL to adequately inform themselves about the health and HIV epidemic in their respective counties, in regard to what the specific problems are, the drivers of HIV infections, whether mothers are able to access hospital delivery and whether children living with HIV are accessing treatment. She challenged the CFL to take on an agenda: to ensure universal HTC in their counties; to ensure budgets for HTC; to get every mother to deliver in a hospital; to ensure community health extension workers training; to ensure mothers are linked to facilities; to promote non-tolerance of GBV.



*Keeping girls in school yields better health outcomes in terms of less fertility rates, protective effect on HIV, STIs and ‘every added year of secondary school for a girl contributes to 0.4% growth in the economy annually’*

**Nduku Kilonzo, LVCT Health**



---

Dr Kilonzo reiterated what works in regard to prevention of HIV transmission; HIV pre-exposure prophylaxis, sexuality education for young women, preventing unintended pregnancy, (FP/contraception for all women/ girls of reproductive age), ART use (pregnancy & delivery), STI counseling, diagnosis and immediate treatment, and female condom use. She strongly noted that keeping girls in school as an intervention yielded far better outcomes. She concluded by encouraging the CFL to take up the lead in collaborating with the MCAs, the county health executives and other women leaders in pushing the agenda to prioritize, plan and allocate funds for HIV and maternal and child health.

*“HIV is an African Woman’s issue... As African women in a position of influence; it is within your power as CFL to act... We cannot draw political will, energy and financial resources for HIV that will impact on women’s life if we are not pro-active. Advocate for HIV and maternal health budget lines in the counties....There are numerous resources within your counties - utilize implementing partners and NGOs in the counties to set agendas, to support your activities. They are there to serve the county”*

**Nduku Kilonzo (LVCT Health)**

## Setting the Scene for group work – Case study on HIV in a Kenyan community

Ruth Masha (UNAIDS) set the scene for group work by sharing her work experience in Suba, Homa Bay County. Suba District has a HIV prevalence of 27%, one of the highest in Kenya. Three case studies were presented:

**Scenario 1:** Eunice, a 21 year old lady living in Chak Ochono village, Suba, Homa Bay County. She was orphaned at the age of 7 years. After the loss of her parents to HIV, she became the head of the household for her three younger siblings. She frequently received handouts from community member in addition to providing cheap labour in the neighbourhood to support her family. Eunice was lucky to receive a bursary form the Constituency development fund and joined a form one in a local day school. Her case is not unique as 3 out of 10 students in her school are orphaned.

**Scenario 2:** Almost half of the population in Suba is aged 18 and below. 2 out of every 5 adolescent work for their wellbeing/sustenance in Suba. Eunice has not been lucky. At the age of 16 she was defiled by a known person, who was reported to the area chief. He



**Ruth Masha, UNAIDS**

is yet to be arrested. Interestingly, the issue of sexual violence has not received political and technical attention despite the fact that one out of every 4 girls in her county report having been sexually abused.

**Scenario 3:** Edwin, a 52 year old fisherman is aware that his wife Eunice needs to attend antenatal clinic 40 kilometres away, but he has not raised enough money for her to travel. It is rumoured that Edwin has been living with HIV for many years but Eunice does not want to pester her husband about the HIV situation since none of her co-wives ever attended ANC and all delivered at home. Eunice knows that she will be asked to take HIV test, and if it turns positive, she fears that her husband may chase her away. This has happened to many other women in the village.

Following the scenarios presented, participants were divided into three groups, to discuss the case study. The guides for group work and group deliberations are summarised below.

## Group Work: “My County, My Response”:

### Roadmap for my County

| GROUP ONE   |  |
|---|--|
| <p><b>Guide for group work:</b> Keeping girls in school and providing sexual education in schools has been shown to reduce their vulnerability and prevent HIV infection. Studies have also confirmed that unconditional cash transfers for vulnerable girls have resulted in a reduction of new HIV infections.</p> <p>i) What can the CFLs do to identify girls like Eunice and keep them in School?</p> <p>ii) What initiatives and available resources can the CFLs leverage to increase coverage of cash transfers to OVCs</p> <p>iii) What support do the CFL require to create awareness on HIV for youth in school and out of school?</p> | <p>Summary of presentation</p> <ul style="list-style-type: none"> <li>• To identify girls like Eunice and keep them in school: Use existing data from CHWs, opinion leaders including ward and village; CHO, Education officers and health officers.</li> <li>• The initiatives and available resources can the CFL can leverage to increase coverage of cash transfers to OVCs: Use bursary support systems; women MPs in the area to work together with all other female leaders including female spouses of MPs; governor’s office; CDF funds</li> <li>• On support required to create awareness: use the ward administrators; DACC; district health officers; state office holders to gear up support; identification of partnerships, resources and advocacy agenda.</li> </ul> |

## GROUP TWO

**Guide for group work:** Sexual violence, early marriage (sex with older partners) and adolescents are associated with increased risk of HIV. There is evidence to show that economic empowerment for women and girls, with additional training, reduce their HIV vulnerability.

- i) What actions can County First Ladies take to address sexual violence, early marriage and teenage pregnancy, issues that increase vulnerability to HIV in their counties?
- ii) What can the County First Ladies do to economically empower girls like Eunice, people living with HIV in their counties, access special funds such as women's and youth trust funds?

Summary of presentation

- Involve leaders from all religions, ensure nutritional support and sensitize the community through advocacy forums
- Use community forums to highlight human rights violations, sexual abuse. Empower women and keep girls in school
- Form a CFL team to promote HIV awareness and health in the community
- Rescue centres for early marriages, and involve men in prevention activities
- Sensitize community on HCT, keeping girls in school and the importance of attending antenatal clinics and PMTCT
- School health programmes for adolescents on HIV and health. Provide safe houses for abused children. Recognize the best HIV initiatives with awards.

## GROUP THREE

**Guide for group work:** There is need to prevent pregnant women from acquiring HIV infection in the first place; encourage them to test for HIV; ensure they access informed family planning services; ensure they attend at least 4 ANC visits; for HIV positive pregnant women, ensure PMTCT; enable women to deliver a health facility; encourage women to exclusively breastfeed for the first six months, and address HIV related stigma and discrimination in the community

- i) What avenues are available to CFL to directly address these issues identified above?
- ii) What opportunities or actions will CFL take to collaborate with various stakeholders to promote and increase access to HTC, family planning, ANC, access to treatment and skilled birth delivery?
- iii) What strategy can CFL employ to advocate for resource allocation towards HIV, MNCH?
- iv) What support do CFL require from NACC, NASCOP and partners to report results, address challenges and follow up actions.

Summary of presentation

- Up to date county profiles are needed to identify specific hotspots and measure progress in the next year
- Engage men, women and religious groups to promote maternal and child health.
- Investigate ways to change the negative attitudes of healthcare workers, as this discourages health facility delivery and promotes traditional birth attendants
- Advocacy and awareness creation is needed to combat the attitude that "HIV is not affecting me"
- Resource mobilization is needed to finance initiatives
- Mentorship of individuals to reduce vulnerability
- Specific initiatives such as food banks to address barriers to ART uptake such as food insecurity
- Economic empowerment particularly for girls and women (Agri-banking, Table banking, Chamas)
- Initiatives to keep girls in school such as bursaries
- Identify and partner with existing development partners and utilize their networks. An inventory of local partners is needed and required with the support of NACC.

---

## SESSION 5:

# CONSENSUS, RESOLUTIONS AND COMMITMENT

Session Chair: Dr Emmy Chesire (NACC)

Summary of Resolutions and Way Forward

Closing Remarks

## Consensus by County First Ladies

Consensus by CFL was read out by Dr Emmy Chesire:

*"We the CFL commit to work in partnership with the Office of the First lady and technical support from Ministry of Health and other donors to identify priorities for advocacy in HIV and health at the County level. We Commit to".*

1. Champion advocacy for prioritization and allocation of resources for HIV and Health
  - a. Advocate for allocation of funds within the county budgets for the management and sustained functions of the mobile clinic provided by the Office of the First Lady .
  - b. Lobby for the county to prepare to receive the mobile clinics from the Beyond Zero Campaign.
2. Engage and collaborate with the members of county assemblies, county health executives, partners and other county health leadership to accelerate access to HIV, MNCH services
3. Promote ending new HIV infections among children and improve maternal health through advocacy for:
  - i) HIV testing for pregnant women and their partners and attendance of required ANC
  - ii) Promote health facility skilled birth delivery
  - iii) Exclusive breastfeeding of children for the first six months
  - iv) Full immunization of children
  - v) Reduced gender based violence
  - vi) Keep girls in school



**Dr. Emmy Chesire, NACC  
First Lady, Baringo County**

---

## Forum Commitments

1. The Office of the First lady to provide the CFL with details on delivery of the mobile clinics to allow for advocacy in preparation of county reception
2. The Ministry of Health through NACC and NASCOP, Joint UN Team on HIV and AIDS and USG to provide technical support to the CFL in developing and implementing their action plans towards addressing HIV and maternal and child health issues in their counties.
3. Ministry of Health to provide county specific HIV profiles and maternal and child health data to guide CFL advocacy efforts.

## Closing Remarks

Dr Josephine Mutua delivered the vote of thanks on behalf of the CFL. She noted that “the journey of a thousand miles begins with a first step”, and the CFL were grateful for the opportunity and honor to know that they can make a difference in respect to HIV and health in their counties. She acknowledged First Lady Margaret Kenyatta for leading the way for the CFL and for putting Kenya on the global map in regard to championing for maternal and child health.

Prof. Mary Getui thanked the participants, noting that active participation by the CFL was a show of solidarity in the HIV prevention agenda in the Kenya.

Dr. Sobbie Mulindi noted that the CFL inquisitiveness and positive energy to do something for their county was impressive. That the CFL should not shy away from seeking

support in regard to developing and implementing their plans since a number of key people had been sensitised in that regard. He further advised that since there are numerous issues to be addressed in regard to HIV and health, demands are many and expectations are high, there is need to for the CFL to focus on one or two issues in their plans, and execute them well. They should aspire to leave a legacy and be remembered for something they achieve during their term as CFL.

Dr Nicholas Muraguri, the Director of the Global Secretariat to Eliminate HIV among Children thanked the CFL for taking up the issue of HIV and health in their counties and reiterated that they have a big team of allies behind them that they can call on for help.

Eng. Esther Ruto made an assurance that the CFL were now in a position to articulate the issues touching on HIV and Health in their respective counties and affirmed the CFLs pledge to implement their commitments.



**Dr. Josephine Mutua**  
**First Lady, Machakos County**

## Appendix 1: Programme

**ADVOCACY FORUM WITH COUNTY FIRST LADIES ON HIV AND HEALTH**  
**"My County: My Response"**  
**Safari Park Hotel, Nairobi, 24 - 25 April, 2014**

| THURSDAY, APRIL 24, 2014                           |   |   |
|--|---|---|
| TIME   | ITEM  | FACILITATOR   |
| 8:30 – 9:00am                                      | Registration  | NACC team   |
| <b>Session Moderator: Dr. Sobbie Mulindi, NACC</b> |   |   |
| 9:00 – 9:30am                                      | Introductions and objectives  | Dr. Sobbie Mulindi, NACC  |
| 9:30 – 10:30am                                     | Opening remarks   | Nelson Otwoma, NEPHAK<br>Eng. Esther Ruto, Chair – CFL<br>UN - Resident Coordinator<br>USG Representative<br>Prof Mary Getui, Chair, NACC |
|  | Keynote Address and Official opening                                    | CS/ PS- Ministry of Health  |
| <b>10:30 – 11:00am</b>                             | <b>Health Break</b>   |   |
| <b>Session Moderator: Dr. Rose Wafula, NASCOP</b>  |   |   |
| 11:00 – 11:30am                                    | HIV and AIDS Epidemic in Kenya-Multi-sectoral Response to HIV           | John Kamigwi, NACC  |
| 11:30 – 12:00pm                                    | Global Plan Countdown to Zero by 2015 and Kenyan eMTCT and KMA Strategy | Dr. Martin Sirengo<br>NASCOP  |
| 12:00 – 12:20pm                                    | Testimonial to PMTCT Access - Couple                                    | Peter Magadi and Margaret Agolla  |
| 12:20 – 1:00pm                                     | Newborn, Maternal and Child Health: Kenya Perspective                   | Dr. Kigen, MOH-DRH  |
| <b>1:00 - 2:00pm</b>                               | <b>Lunch Break</b>  |   |
| <b>Session Moderator: Nelson Otwoma, NEPHAK</b>    |   |   |
| 2:30 – 3:00pm                                      | HIV and Health in the context of Devolution                             | Moses Ogola, MOPD   |
| 3:00 - 3:30pm                                      | Resource Mobilization & Sustainable Financing                           | Regina Ombam, NACC  |
| 3:30 - 4:00pm                                      | Video: "Robbed of Choice"   | Teresia Njoki Otieno  |
| 4:00 – 4:30pm                                      | Plenary session   | Jeniffer Wambua, NACC   |
| 4:30pm   | Closing remarks for the day   | Dr. Martin Sirengo, NASCOP  |

**FRIDAY , APRIL 25, 2014**

| <b>TIME</b>  | <b>ITEM</b>   | <b>FACILITATOR</b>            |
|--|---|-------------------------------|
| 8:30 – 9:00am  | Registration  | NACC team                     |
| <b>Session 3 : Strategic position of CFL in promoting accountability and accelerating achievement of HIV and Health targets</b><br><b>Session Moderator: Ludfine Anyango, UNDP</b> |   |                               |
| 9:00 – 9:15am  | Recap of Day One  | Lilian Langat, NACC           |
| 9:15 – 9:30am  | Role of the County First Ladies in HIV and Health   | Dr. Nduku Kilonzo, LVCT       |
| 9:30 – 9:45am  | Plenary   |                               |
| 9:45 – 10:00am   | Setting the scene for Group work– Case study on HIV in a local community                                | Ruth Laibon – Masha, UNAIDS   |
| <b>10:00 – 10:30am</b>   | <b>Health Break</b>   |                               |
| 10:15 – 11:15 am   | Group Work (Regional groupings)<br><b>“My County, My Response”</b> : Roadmap for my County, 2014 – 2015 | Ruth Laibon – Masha<br>UNAIDS |
| 11:15 – 11:45 am   | Presentation of Group work and discussion   |                               |
| <b>Session 4 : Consensus building on Resolutions and Commitments in Health and HIV</b><br><b>Session Moderator: Dr. Emmy Chesire, NACC</b>   |   |                               |
| 11:45:- 12:30pm  | Consensus building on Resolutions and Commitment  | Dr. Emmy Chesire, NACC        |
| 12:40 – 12:50pm  | Vote of Thanks  | Dr. Josephine Mutua           |
| 12:50-1:00pm   | Closing remarks   | Dr. Sobbie Mulindi, NACC      |
| 1:00 - 2:00pm  | <b>Lunch and departure</b>  | NACC Secretariat              |

---

## Appendix 2: Participants List

1. DR. JOSEPHINE MUTUA, MACHAKOS CFL
2. MARY SOGO, NYANDARUA CFL
3. GUMATO UKUR, MARSABIT CFL
4. JUDITH OJAMOONG, BUSIA CFL
5. LUCY LEMONKULAL, SAMBURU CFL
6. HOPE MRUTTU, TAITA TAVETA CFL
7. OLIVIA RANGUMA, KISUMU CFL
8. ROSE KHAEMBA, TRANSZOIA CFL
9. GRACE WAKAHORA, LAIKIPIA CFL
10. PHILOMENA KABOGO, KIAMBU CFL
11. MARGARET NDERITU, NYERI CFL
12. ENG. ESTER RUTO, BOMET CFL
13. PRISCILLA OPARANYA, KAKAMEGA CFL
14. SARAH TUNAI, NAROK CFL
15. NAOMI NYANGARAMA, NYAMIRA CFL
16. NAOMI MUEKE, NAIROBI DEPUTY CFL
17. NAZI KIVUTHA, KIBWEZI CFL
18. DR. EMMY CHESIRE, BARINGO CFL
19. EDITHI MALOMBE, KITUI CFL
20. ROSILA AWITI, HOMA BAY CFL
21. ROSELLA RASANGA, SIAYA CFL
22. LUCY MBAE, THARAKA NITHI CFL
23. EUNICE NDATHI, KIRINYAGA CFL
24. LUCIA KINUTHIA, NAKURU CFL
25. DR. NICHOLAS MURAGURI, GLOBAL SECRETARIAT
26. PROF. FRED SEGOR, MOH
27. PROF. MARY GETUI, NACC
28. JOHN KAMIGWI, NACC
29. DR. SOBBIE MULINDI, NACC
30. REGINA OMBAM, NACC
31. ELLY OCHIENG, NACC
32. MILLICENT OLUTEYO, NACC
33. JOHN OSOO, NACC
34. EVANCE OCHIENG, NACC
35. LILIAN LANGAT, NACC
36. AGNES MUTURI, NACC
37. PHILLIP APIYO, NACC
38. VINCENT BORONGO, NACC
39. JENIFFER WAMBUA, NACC
40. LILIAN ONGWAE, NACC
41. LYDIA GATHOGO, NACC
42. CYPHRENE WASIKE, NACC
43. MARY NYAKITI, NACC
44. DR. MARTIN SIRENGO, NASCOP
45. DR. ROSE WAFULA, NASCOP
46. KOROS KEMBOI, NASCOP
47. ANN NJOKI, NASCOP
48. BETTY CHEPKWONY, NASCOP
50. LUDFINE ANYANGO, UNDP
51. JENNY BAIRD, UNAIDS
52. RUTH MASHA, UNAIDS
53. MERCY MWONGELI, UNAIDS
54. ESTHER GATHIRI, UNAIDS
55. DR NDUKU KILONZO, LVCT HEALTH
56. ANNRITA IKAHU, LVCT HEALTH
57. ANNROSE KIBUTHA, LVCT HEALTH
58. JAMES NZOLA, LVCT HEALTH
59. INVOLATA NJORGE, LVCT HEALTH
60. MOSES OGOLA, MoPD
61. DR. KIGEN, MoH-DRH
62. TERESIA MWIKALI, EGPAF
63. ELIZABETH ECHOKA, KEMRI
64. RUKIA SUBOW, MYWO/ NACC
65. KAVUTHA MUTUVI, UN WOMEN
66. KARIN FEUS, UN WOMEN
67. NJOKI KARUOYA, UNFPA COUNTRY REPRESENTATIVE
68. DR. GEOFFEY OKUMU, UNFPA
69. SIDDHARTH CHATTERJEE, UNFPA
70. JOHN GITAH, UNFPA
71. KANYANKORE RUDASINGWA, UNICEF
72. MARXWELL MARX, PEPFAR
73. ROSELINE MUTEMI, UNICEF
74. NANDE PUTTA, UNICEF
75. BRIAN PAZVAKAVAMBWA, WHO
76. FAITH NDUNGU, AHF-KENYA
77. MARGARET KABUE, KANCO



- 
78. TERESIA NJOKI OTIENO, WOFAK
  79. ROSE EDITHI ATIENO, WOFAK
  80. LINDA KEITANY, DISKOK
  81. GEORGE OSORO, DISCOK
  82. NELSON OTWOMA, NEPHAK
  83. FLORENCE ANOMI, NEPHAK
  84. DAISY AMDANY, CRAWN TRUST
  85. JOB AKUNO, NOPE
  86. MARY MUIA, NOPE
  87. COLLINS MUNGAVU, VIHIGA
  88. BRENDA MATEKWA, KAKAMEGA
  89. FRANCIS MUGAMBI, NAIROBI
  90. JOSEPH MBUGUA, NAIROBI
  91. WILIAM NASILAI, MACHAKOS
  92. MAMBO LEVY PAUL, NAIROBI
  93. VICTOR TANUI, HOMA BAY
  94. JAMES WANGO, NAIROBI
  95. SIMON KISINGU, MAKUENI
  96. MIKE MWANIKI, NAIROBI
  97. DUNCAN MBUYO, NAIROBI
  98. CHARLES KARIUKI, NAIROBI
  99. PHOEBI OKALL, NAIROBI
  100. KEVIN OYANDO, NAIROBI
  101. ELIJAH MWANGI, NYERI
  102. JOSEPH NGENO, BOMET
  103. BERNAT KIPLANGAT, BARINGO
  104. RUKIA MOHAMMED, WAJIR
  105. JAMES KAMAU, KIAMBU
  106. EVALINE IKWII, VIHIGA
  107. DOROTHY KIMINYA, NAIROBI
  108. PAULINE PRECIOUS, NAIROBI
  109. MWANGI ELAINE, NAIROBI
  110. EDWARD KORIR, NAIROBI
  111. MARGARET AGOLLA, NAIROBI
  112. PETER MAGADI, NAIROBI
  113. DOROTHY ANYANGO, WOFAK
  114. COSMAS MUTUKU, MEDIAMAX
  115. SAMUEL KYALO, FM 2 STUDIOS
  116. CATHRINE MUTUA, FM 2 STUDIOS
  117. FREDDY NEZZER, FM 2 STUDIOS
  118. NGANGA WAIRIMU, FM 2 STUDIOS
  119. JOHN MBUGUA, QFM
  120. STANLEY MWANGI, KBC
  121. TORI KIOKO, CAPITAL FM





KENYA  
VISION 2030

