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KELIN sincerely expresses gratitude to Aids Fonds, with whose support the training workshop on HIV, Human Rights and Disability was made possible. Special thanks to UDEK and NEPHAK for their contribution to the success of the workshop. UDEK collaborated with KELIN in convening the workshop whereas NEPHAK was instrumental in mobilizing participants. The resourcefulness of workshop session facilitators is highly appreciated. To the participants, for their insights, personal experiences freely shared and commitment to advancement of HIV-related human rights of persons living with disability, we salute you.
### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADR</td>
<td>Alternative Dispute Resolution</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
</tr>
<tr>
<td>CD4 Cells</td>
<td>Also called T-helper cells; a type of white blood cell that fights infection</td>
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<tr>
<td>COVAW</td>
<td>Coalition of Violence Against Women</td>
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<tr>
<td>DPO</td>
<td>Disabled People Organization</td>
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<tr>
<td>EPZ</td>
<td>Export Processing Zone</td>
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<tr>
<td>FKE</td>
<td>Federation of Kenya Employers</td>
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<tr>
<td>HAPCA</td>
<td>HIV &amp; AIDS Prevention and Control Act</td>
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<tr>
<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
</tr>
<tr>
<td>NACC</td>
<td>National AIDS Control Council</td>
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<tr>
<td>NALEAP</td>
<td>National Legal Empowerment and Awareness Programme</td>
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<tr>
<td>NCPD</td>
<td>National Council of Persons with Disabilities</td>
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<tr>
<td>NEPHAK</td>
<td>National Empowerment Network of People living with HIV &amp; AIDS in Kenya</td>
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<tr>
<td>OHCHR</td>
<td>Office of the High Commissioner on Human Rights</td>
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<tr>
<td>PLHIV</td>
<td>Person Living with HIV</td>
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<tr>
<td>PSV</td>
<td>Public Service Vehicle</td>
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<tr>
<td>PWD</td>
<td>Person with Disability</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>UDEK</td>
<td>United Disability Empowerment in Kenya</td>
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<tr>
<td>UNAIDS</td>
<td>United Nations Joint Programme on HIV &amp; AIDS</td>
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<td>WHO</td>
<td>World Health Organization</td>
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EXECUTIVE SUMMARY

More than three decades into the HIV epidemic, insignificant information is available in Kenya on the epidemic’s trend among persons living with disability. Yet vulnerabilities associated with disability portend risk factors for the spread of HIV. It is with this concern that KELIN, in collaboration with UDEK and support from Aids Fonds, convened a four-day residential training workshop on HIV, Human Rights and Disability in Kenya with the aim of advancing the rights guaranteed in the Constitution of Kenya’s Bill of Rights for persons living with disability.

The training workshop was delivered through structured presentations in PowerPoint and flipcharts, question and answer sessions, deliberation sessions and experience sharing. Sign language interpreters and braille material were availed to accommodate participants with hearing and visual disability.

The first session of the workshop highlighted the link between HIV and disability in Kenya. The lack of HIV statistics among PWDs in the country was an issue for concern. Without such statistics, participants noted that it becomes hard to plan and mainstream interventions for PWDs in HIV programmes. Risk factors that expose PWDs to HIV infection, including lack of access to HIV-related information and lack of access to disability-friendly health services were discussed. It was observed that persons living with disabilities of sight and hearing hardly get first-hand HIV-related information in accessible forms. Such PWDs often are compelled to rely on secondary information with all the risks of distortion. This is the case for the PWDs despite the gains that have been made in scaling up HIV information, support and care in the general populace.

Correlation between HIV and tuberculosis (TB) was established in the second session. The advent of HIV in Kenya witnessed a marked increase in TB cases. This is attributable to the fact that TB is an opportunistic infection. It takes advantage of immune-suppression caused by HIV to attack the body. TB was also related to disability as TB of the spine causes disability. Participants were sensitized on transmission, progression, management and prevention of HIV and TB infections.

The third session of the first day of the workshop highlighted constitutional provisions and their relevance to PWDs living with HIV. Participants were familiarized with the constitutional Bill of Rights, particularly Article 54 on disability rights. It is only with the understanding of their rights and the mandate of duty bearers that PWDs can demand enforcement. Hence, participants were also familiarized with Article 6 of the Constitution and the Fourth Schedule that spells out duties in the health sector between the national and county governments. In order to facilitate the participants’ understanding of the Constitution, time was taken to guide them on how to read it. The structure of the Constitution was explained and participants taken through provisions on disability and health rights.

It was easier to take participants through an overview of human rights on the second day of the workshop, having gone through the Bill of Rights the previous day. Discussions centered on the duty bearer – rights holder dichotomy. A glimpse through the principles of human rights enlightened participants on their entitlement to participation and inclusion in public affairs. It emerged that participants could protect the rights of PWDs living with HIV if they took seriously their duty as citizens to participate in public affairs.

An experience-sharing session that followed saw participants relate witnessed violations of human rights on the basis of HIV and disability. It was evident that PWDs living with HIV experience double stigma. This is because society has stereotyped PWDs as asexual and any connotation of sex among PWDs is frowned upon. Since Kenya’s HIV epidemic is largely transmitted sexually, participants discussed the need to destigmatize sex in order to effectively counter it. HIV-related human rights violations on the basis of disability that came across include:

1. Lack of access to HIV-related information for the deaf and visually impaired;
2. Breach of confidentiality of HIV test results for the visually impaired;
3. Sexual violence because PWDs are seen as easy targets by perpetrators who take advantage of their vulnerabilities;
4. Existing systems pose a barrier on access to justice for sexual violations as they do not factor in the special needs of PWDs e.g. police investigation procedures such as identification parades that do not factor visual disability;
5. Violations of dignity as PWDs are often ridiculed when seeking reproductive health services.
6. General presumption that Key Populations do not include PWDs.

The day concluded with a session on legal provisions in relation to HIV. Participants were taken through the HIV & AIDS Prevention and Control Act and challenged to apply gained knowledge to identify and solve HIV-related issues in the case of Midwa v Midwa. Varied views were expressed on HIV status as a ground for divorce. Discussions also revealed breach of the provisions of the HIV & AIDS Prevention and Control Act in HIV testing for PWDs without consent. This is propagated by the perception that PWDs are vulnerable and have limited understanding and thus have no capacity to give consent of their own. These discussions were carried on to day three of the workshop.

The third day of the workshop also featured discussions on HIV-related human rights in the workplace and sexual and gender-based violence. HIV was identified as a workplace issue because if not mainstreamed, it can result to declining profits and productivity, increased premiums for insurance cover, high
turnover of employees, absenteeism and declining morale. While recognizing the mainstreaming of HIV in the workplace, participants regretted that mainstreaming of disability has not been undertaken with the same tempo.

The session on Sexual and Gender-based Violence, Legal Protection and relevant procedures was necessitated by the risk of sexual violence PWDs face due to their vulnerabilities. Already a marginalized group, the risk of perpetration of sexual offences against PWDs only compounds the problem of inadequate HIV interventions for PWDs. Comparisons were made to South Africa’s response to sexual offences and best practices benchmarked. Participants learnt procedures to be followed in case of sexual assault, including preservation of evidence and strategies to enhance access to justice for victims of sexual violence.

Having been empowered with information on HIV and disability rights, it was also deemed necessary to build the participants’ skills in self-representation, to enable them claim these rights. A representative of the National Legal Empowerment and Awareness Programme (NALEAP) facilitated the session.

The last day culminated in a discussion on the opportunities to advance HIV and disability rights. Representatives of key government institutions had been invited for this panel discussion. The National Gender and Equality Commission and the Commission on Administrative Justice advised participants on the mandate of their commissions in upholding human rights and urged them to report violations that fall within the Commissions’ mandates. A practitioner in the HIV and AIDS Equity Tribunal empowered the participants on the procedure of filing and litigating cases for violations relating to the provisions of the HIV and AIDS Prevention and Control Act.

Generally, the workshop provided a platform for participants to share experiences and challenges faced by PWDs living with HIV and to discuss the role of the law in addressing the challenges. It was also an avenue for discussing opportunities for advancement of rights of PWDs living with HIV. The participants acquired knowledge and skills in HIV, Human rights and Disability which they undertook to incorporate into their work for the purpose of sensitizing their peers on their rights, identifying and proactively seeking redress for human rights violations.

The participants recommended that:

1. KELIN and UDEK should partner to pilot a research on lack of specific HIV statistics and its impact on the rights of PWDs.
2. KELIN should consider undertaking strategic public interest litigation to address some HIV-related violations against the rights of PWDs.
3. KELIN to monitor and provide technical and financial support in order to fast track post training activities so as to strengthen the partnerships established.
4. KELIN should share this report with NACC to inform the ongoing development of the fourth Kenya National AIDS Strategic Plan.
5. Training on HIV, Human Rights and Disability should be scaled up to all 47 Counties to accelerate empowerment of PWDs on their rights and how to claim them.
BACKGROUND AND INTRODUCTION

At the June 2011 High Level Meeting on HIV and AIDS, in New York, which commemorated 30 years since the emergence of the global HIV epidemic, world leaders reiterated their commitment to achieving universal access to HIV prevention, treatment, care and support by 2015 and eliminating discrimination against people living with HIV. In the 2011 Political Declaration on HIV and AIDS adopted at the meeting, governments committed specifically to address laws, policies and practices that “adversely affect the successful, effective and equitable delivery of HIV services and to consider their review.”

Since the Declaration, a lot has been done in countering HIV & AIDS in the general populace globally and specifically in Kenya. There is however concern that HIV interventions for persons living with disability have lagged behind yet PWDs are at a higher risk of exposure to HIV. The risk is attributed to PWDs’ disproportionate levels of poverty and illiteracy, lack of access to HIV-related information, lack of disability friendly health services and the increased threat of sexual violence against them. Despite these risk factors, HIV & AIDS programmes targeting PWDs have not been scaled up to effectively address the link between HIV and disability.

According to a policy brief by UNAIDS, WHO and OHCHR titled Disability and HIV , the relationship between HIV and disability has not received due attention although persons with disabilities are found among all key populations at higher risk of exposure to HIV. Though the Constitution of Kenya 2010 and The Persons with Disability Act 2003 and the Convention on the Rights of Persons with Disabilities, among other legal instruments, stipulate the rights of PWDs to access information and the health services, implementation of HIV-related services for PWDs has been below par.

The Kenya National Survey of Persons with Disabilities estimates that 4.6% of Kenyans experience some form of disability, translating to about 1.9 million people. There is also a growing understanding that persons living with HIV or AIDS are at a risk of becoming disabled on a permanent or episodic basis from epidemiological causes. The link between HIV and disability is thus real and in need of urgent attention. It is against this backdrop that the training workshop on HIV, Human Rights and Disability is convened, with the expectation that participants will demand enforcement of HIV-related rights of PWDs, leading to a general reduction in new HIV infections among PWDs.

About Implementing Partners

KELIN is a human rights non-governmental organization working to protect and promote HIV-related human rights in Kenya. KELIN does this by providing legal services and litigation support, training professionals and communities on human rights, engaging in advocacy campaigns that promote awareness of human rights issues, conducting research and influencing policy that promotes evidence-based change.

United Disability Empowerment in Kenya (UDEK) is a non-profit, non-political organization whose main objective is to empower people with disabilities (PWDs) so that they can uplift their standard of living while at the same time participates in national development. National Empowerment Network of People living with HIV & AIDS in Kenya (NEPHAK) is a national network that unites PLHIV and those affected by TB and HIV&AIDS through post-test clubs support groups, community based organizations (CBOs), non-governmental organizations (NGOs) and networks.

KELIN worked closely with UDEK and NEPHAK to identify beneficiaries from member organizations of persons with disability to participate in this training.

Overview of Target Group

Even though the training targeted beneficiaries of various organizations working with persons living with disability (PWDs) in Nairobi County, KELIN received requests for consideration from several organizations working in other counties.

The workshop targeted 20 participants comprising:

- Persons with physical disability;
- Persons with visual disability;
- Persons with hearing and speech disability;
- Guardians of the intellectually disabled;
- A child of parents living with visual disability; and
- PWDs living with and affected by HIV and those working on HIV related issues.

Guides were provided for all participants who requested, especially those with visual disability. Sign language interpreters were available throughout the training duration and all training materials was provided in braille. All the participants were accommodated during the training period at the Kasarani Sports View Hotel.
Training Methodology

The participants received maximum opportunity for learning through a participatory learning process that included structured presentations, question and answer sessions, deliberation sessions and experience sharing. The presentations were made through PowerPoint and flipcharts. Sign language interpreters and braille material were availed to accommodate participants with hearing and visual disability. Each participant received a copy of the Constitution, HAPCA and Persons with Disability Act. A simplified version of the HAPCA was also availed. An abridged copy of the Children’s Act was also given to the participants.

Participant Expectations

The participants’ expectations of the workshop are summarized below:

- To acquire knowledge in issues of HIV and disability
- To learn how to address challenges faced by PWDs
- To share experiences and chat the way forward for championing the rights of PWDs living with HIV, especially children
- To interact with other persons living with disability
- To hear from legal experts how the law can address challenges faced by PWDs
- To gather information for dissemination
- To enhance knowledge and skills for use in community service
- To understand the mandate of KELIN and UDEK so as to work with both organizations closely in protecting the rights of PWDs living with HIV
- To forge collaborative strategies for the disability movement

WORKSHOP SESSIONS

HIV and Disability in Kenya

Presenter: Salome Kimata-UDEK

The session established the link between HIV and disability. Risk factors that predispose PWDs to HIV infection were discussed. Participants observed that society has stereotyped PWDs as asexual.

The facilitator narrated a case in point when she had accompanied a visually impaired woman to hospital and a health care worker remarked: “na huyu mama alitoa mimba wapi?”

The lack of disability friendly health services also underscored the link between HIV and disability. Health care providers have a tendency to share particulars of PWDs with the caregivers who accompany them to health facilities, occasioning an infringement of privacy. Limited access to medical information also makes it hard for them to make informed choices. HIV-related information is hardly available in braille and sign language. Where the information is available in braille, it is only useful to PWDs who have formal education in braille and sign language.
There was the concern that lack of access to education and hence employment opportunities have exposed many PWDs to cheap sex as a means of survival. Special needs education in Kenya is expensive and thus unaffordable to many families raising children with special needs. Besides, institutions offering special education are severely inadequate.

Another risk factor discussed was the threat of sexual violence that PWDs face due to their physical vulnerabilities. The threat is worsened by lack of access to justice. PWDs’ ability to report, provide sufficient supporting evidence and be accepted as credible witnesses against their perpetrators is reduced by police investigation procedures such as identification parades that do not factor visual disability.

The facilitator narrated a case in Nyeri where a visually impaired woman had been raped. When the woman reported her case to the police, she was asked if she could identify the perpetrator in an eyewitness identification parade.

Plenary

- Participants were concerned that public transport is unfriendly to PWDs, often hampering access to health facilities. It is not uncommon for PWDs to take hours at lay-bys without boarding public service vehicles (PSVs) due to disorganization and rush that characterize public transport. Public transport vehicles are not fitted with ramps to enable the physically impaired board without difficulty. Participants lamented about the insensitivity of PSV drivers and touts to the needs of PWDs. One visually impaired participant experienced the insensitivity while travelling to the training workshop. She narrated that the PSV took off before she had properly alighted, as a result of which she suffered bruises.

- Participants gave accounts of violations of dignity of expectant PWDs living with HIV. This has been witnessed in health facilities to the extent that such PWDs are sterilized without their written informed consent. They attributed the violations to stigma, perceptions that PWDs are asexual and notions that PWDs living with HIV are too vulnerable to have children. Ms. Salome Kimata of UDEK highlighted that her organization is undertaking a project to sensitize health care workers on the rights of expectant PWDs living with HIV starting with Kiambu, Meru and Tharaka Nithi counties.

- Limited access to education and employment opportunities by some PWDs living with HIV was identified as a challenge in complying with anti-retroviral therapy. Medicines cannot be taken on empty stomachs. Participants thus discussed the need to mainstream disability issues in HIV programmes and social protection measures in order to address this challenge.

Overview of HIV and TB in Kenya

Dr. Anne Mungai-Comprehensive Care Centre- Kenyatta National Hospital

This session was tailored to enhance participants’ knowledge on HIV and TB infections, transmission, progression, management and prevention. Dr. Anne Mungai first took participants through the historical background of the HIV virus and initial responses and challenges. Participants learnt that a research breakthrough in 1986 resulted in the drugs that are currently used for anti-retroviral therapy which were availed in Kenya in 1997 but were inaccessible due to high cost. She hailed as progressive the scaling up of HIV support to current free access to drugs.

Looking at HIV figures according to the sexes, participants were informed that women have a higher prevalence than men. The facilitator noted that it was unfortunate that there are no HIV statistics among PWDs in the country. The statistics also indicated that sexual transmission is the dominant mode of HIV transmission, accounting for 80 – 90% of transmissions. Progression of the HIV virus was explained through HIV and TB correlation. Participants learnt that the virus attacks CD4 cells of the immune system, resulting in weakened immunity thereby paving way for opportunistic infections which take advantage of weakened immunity to enter the body.

TB was also discussed as one of the opportunistic infections that contribute to the majority of HIV related deaths. TB transmission and risk factors were discussed. The facilitator emphasized that opportunistic infections are treatable and preventable, hence the need to make health facilities accessible for PWDs living with HIV.
Plenary

- Participants sought clarification on breast feeding by HIV positive mothers. The medical position on breast feeding was clarified. HIV positive mothers are advised either to exclusively breastfeed for six months or not to breastfeed at all in order to reduce the chances of exposing their babies to infection. Participants learnt that both methods are safe and effective as long as medical advice is strictly heeded.

- A myth heard by some participants that certain blood types are immune to HIV infection was dispelled. Such misinformation further stressed the need to avail PWDs HIV information in accessible forms.

- Some participants asked about Treatment as Prevention. They did not have comprehensive information despite having heard about it. The facilitator gave a detailed explanation of Treatment as Prevention and Option B+ as recent additional interventions aimed at reducing new HIV infections.

- Participants showed particular interest in mother-to-child transmission and the science that explains how HIV positive people can bear HIV negative children. After comprehensive discussions on this, participants agreed that disability friendly prenatal services could curb the risk of mother-to-child transmission among PWDs living with HIV.

Constitutional Provisions and their Relevance to the Rights of PWDs living with HIV

Commissioner Catherine Mumma - Commission on Implementation of the Constitution

This session was structured to inform participants of their Constitutional rights. Participants were urged to understand the constitutional Bill of Rights in terms of duty bearers and rights holders. The facilitator explained in details the Fourth Schedule of the Constitution which spells out duties of national and county governments to enable the participants clearly identify duty bearers at the national and county levels. She was categorical that knowing the duties that fall to each tier of government is important for claiming enforcement of rights. Participants learnt that the Constitution resonates with the principle of equity therefore envisaging inclusion of PWDs. Inclusion requires national planning with individual needs of different groups of Kenyan people in mind. Commissioner Mumma elaborated that Article 1 on the sovereignty of the people requires prioritizing services for the people of Kenya, including PWDs living with HIV. She pointed out Article 7 which obligates the State to promote development and use of Kenyan sign language and braille. She summed up the session’s objective by reference to Article 54 of the Constitution on rights of PWDs.

Commissioner Mumma highlighted the role of PWDs in holding duty bearers accountable. She urged participants to audit all policies being made to ensure that they cater for rights of PWDs living with HIV. She concluded that it would be helpful if organizations of PWDs united and shared roles among themselves to monitor different sectors such as health, education and media, to ensure that issues of PWDs are not sidelined.

Plenary

- Concerns were raised that government’s implementation of universal free primary education hardly impacts children in need of special education. A participant with a child in secondary school for the blind intimated that special needs education is expensive and the children are sent away from school when their parents cannot raise the school fees.

- Commissioner Mumma noted that lack of adequate education facilities for PWDs is a violation of rights. That as a matter of fact the Convention on Rights of Persons with Disabilities ratified by Kenya provides for inclusive education where teachers are trained to teach a mixed class including students with special needs. This prodded participants to discuss the setting up of specific needs institutions versus main streaming by inclusion of PWDs in all schools. It was agreed that resource constraint would pose a big challenge for national mainstreaming.

- Participants felt that limited access to education triggers other violations of rights of PWDs. They expressed concern that affirmative action in political, economic and social spheres may be of little help if PWDs do not access education to gain qualifications needed to enable them take up available opportunities.

- A new angle of debate emerged when a participant pointed out that the rights of children of PWDs are often overlooked. Many children of parents living with disability and in some instances aggravated by HIV, he observed, drop out of school to become caregivers for their parents. This observation revealed the ripple effect of neglecting the rights of PWDs. Consideration for the extension of affirmative action benefits to this more vulnerable group was deemed necessary.
In conclusion participants opined that it is expensive to mainstream every body’s rights as envisaged by the Constitution but the State cannot simply fail to do so because it is expensive. This was expressed in response to recent calls for amendment of the Constitution in order to reduce public spending on recurrent expenditure. They reiterated their support for the devolution provisions and proposed other measures to address the existing wage bill without reversing the gains in the Constitution.

Overview of Human Rights

Ms. Melba Katindi-KELIN

This session consolidated participants’ understanding of their rights gained from the previous session on Constitutional Provisions and their relevance to PWDs living with HIV. Participants learnt key principles of human rights, HIV-related human rights and the obligations of the government in realization of the rights. Ms. Melba Katindi of KELIN informed participants that rights oblige the government to respect, protect and fulfill them.

The participants were excited to learn that human rights cannot be taken away, transferred but that they can only be legally restricted. They discussed the interdependence, indivisibility and interrelation of human rights, demystifying the perception that other rights were more important than others. Limitation of rights was discussed in the circumstances when enjoyment of one’s right results in infringement of another’s right. When participants complained about their inability to enforce human rights due to high court costs, the presenter referred them to Article 22 of the Constitution which empowers every person to institute court proceedings where rights have been denied, violated or threatened.

Before seeking enforcement of rights, participants were urged to understand the duty-bearer and rights holder dichotomy. Limited understanding of this dichotomy was evident when a participant narrated an incident where they had taken a school drop-out child to the police. Not knowing the police mandate, they complained when the police did nothing. This account taught participants the need to understand institutional mandate of duty bearers before demanding enforcement of rights from them. Participants came to realize that it is futile to demonstrate against violation of rights when in the first place they have not presented their grievance to the proper duty bearers.

The presenter guided participants on how to use the Constitution for reference on various human rights issues. The structure of the Constitution was explained and participants taken through human rights provisions that address disability and health rights. This was necessitated by the appreciation that knowledge of constitutional rights would be the basis for participants’ identification of human rights violations in issues relating to HIV and disability. Guiding participants with visual disability to read the Constitution in braille was initially challenging. However, when the participants understood how to use the Constitution, the realization that their rights are guaranteed challenged them to be proactively involved in claiming them.

Plenary

- There was a moment of self-consciousness when participants reflected that sometimes their rights are infringed as a result of their own laxity. Most participants who could have read the Constitution confessed that they had not read it to understand their rights so that they can claim enforcement.

- Attempts to heap blame on the government were countered by the participants’ own realization that they do not participate in public affairs even when the government solicits this participation. Participants resolved to take their civic duties more seriously. They brainstormed on strategies they could employ in making their voice heard in public affairs, including subscribing to social media platforms that inform on public participation in policy and law-making processes.

- There were complaints however that PWDs are treated discourteously when they attempt to get involved in public affairs. Even in the commercial sector where the customer is better treated, PWDs are short-changed. One participant living with disability witnessed discrimination in a bank when a thorough background check was done on him under the misconception that as a PWD he could not validly possess the cheque he had gone to deposit. Participants attributed such misconceptions to ignorance and resolved to create awareness in order to deter service providers from discriminating PWDs.

Experience Sharing: Human Rights Violations on the Basis of Disability&HIV

Presenter: Patrick Kang’ethe-KELIN

The objective of this session was to capture some of the human rights violations witnessed by participants on the basis of disability and HIV status. The session began with Angela; one of the participants at the training, sharing her personal testimony as a PWD living with HIV. Angela has beaten the odds to become a community health worker in a society that one of the participants at the training, sharing her personal testimony as a PWD living with HIV. Angela has beaten the odds to become a community health worker in a society that
clubs. The clubs often rejected the PWDs, prompting her to initiate advocacy strategies that have resulted to reduced stigma.

Angela’s testimony opened up the floor for experience sharing by other participants. A participant related an account of a child living with spina bifida whose rights were violated by a father and a brother that repeatedly defiled the child. Violation of the child continued unnoticed because the disability caused paralysis in the groin area. As the child felt no pain, she did not understand the nature of the heinous acts. The violations were only realized by the participant who was also the child’s teacher when the child innocently made inquiry about her father’s behavior. Participants stressed the role of child sex education in protecting rights of children with such disabilities.

Another participant shared that the visually impaired are prone to abuse of their HIV test results by caregivers. When they differ with their caregivers, they are manipulated to think that the interpretation of results the caregiver had given them was false.

Yet another participant shared that persons living with disability are often dismissed as beggars. The participant had raised her hand to make a contribution in a public forum by her county government. Instead of being allowed to speak, she was told that persons with disability will be attended to later; wrongly concluding that she had wanted to ask for assistance.

Challenges faced by PWDs were best put into perspective by a participant who has experienced life both as a person without disability and now a PWD, having acquired disability in adulthood. He recounted difficulties he now experiences in gaining access to disability unfriendly services he had once accessed without difficulty.

Common HIV-related human rights violations against PWDs that were shared by the participants are summarized in the table below.

<table>
<thead>
<tr>
<th>HUMAN RIGHT</th>
<th>VIOLATIONS</th>
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<tbody>
<tr>
<td>Access to information, public transport and all places</td>
<td>HIV-related information is not accessible in braille and sign language. Health facilities and public transport to the facilities do not offer disability friendly services to facilitate access by PWDs.</td>
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<tr>
<td>Privacy</td>
<td>PWDs depend on caregivers to take them to health facilities and sometimes to interpret for them HIV-related information such as HIV test results, occasioning infringement of privacy. Equally they depend on caregivers while taking drugs or making referring to medical records.</td>
</tr>
<tr>
<td>Access to justice</td>
<td>PWDs are stereotyped as persons with limited understanding. Their credibility to testify as witnesses for sexual offences perpetrated against them in private is often impugned.</td>
</tr>
<tr>
<td>Right to health</td>
<td>The lack of HIV-related services in disability friendly forms is a violation of the right to the highest attainable standard of health for PWDs.</td>
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<tr>
<td>Right to education</td>
<td>PWDs in need of special education have limited access to it. The number of institutions offering special education is inadequate and the school fees are prohibitive. Limited education results to illiteracy and lack of economic opportunities which are risk factors for exposure to HIV.</td>
</tr>
<tr>
<td>Right to Human Dignity</td>
<td>PWDs are stereotyped as asexual. They are thus ridiculed when seeking sexual reproductive health services.</td>
</tr>
<tr>
<td>Freedom and security of the person</td>
<td>Sexual violence is perpetrated against PWDs as they are seen as easy targets due to their physical vulnerabilities</td>
</tr>
<tr>
<td>Freedom from discrimination</td>
<td>There is no equal access to HIV-related services for PWDs. The one-size fits all approach discriminates PWDs.</td>
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WORKSHOP SESSIONS

Legal and Ethical Issues in HIV and Provisions of the HIV & AIDS Prevention and Control Act

Presenter: Ms. Melba Katindi-KELIN

This session began with reference to the case of Midwa v Midwa (2000) 2 EA 453. The participants’ take on the case was that it revealed several ethical dilemmas. They were thus able to appreciate the HIV&AIDS Prevention and Control Act from the point of view of the dilemmas. They learnt that the Act prohibits mandatory HIV testing for marriage, employment, admission to an educational institution, provision of health care, insurance and travel. Learning that even mandatory HIV testing for expectant mothers is illegal seemed to perplex participants as they recounted that the practice is rampant.

Participants were also taken through the provisions relating to informed consent to HIV testing as provided for by section 14 of the HIV & AIDS Prevention and Control (HAPCA). They complained that this section is not always heeded because HIV information is rarely availed in disability friendly forms. In some instances section 14 is breached because PWDs are misconstrued as incapable of understanding hence incapable of giving consent. Participants felt the need to sensitize the public that only PWDs with severe mental handicap and the simultaneously deaf and blind are incapable of giving consent.

Going through the provisions of the HAPCA was not without controversy. Section 24 on the duty of persons living with HIV to inform their sexual contacts of their status in advance was challenged. The vagueness of what is intended by “in advance” and “sexual contact” may mean that persons living with HIV have a duty to disclose their status to virtually any one they are sexually interested in, negating the rationale for confidentiality of HIV status.

Participants learned that section 24 of the HAPCA is objectionable because:
1. Its enforcement would disproportionately affect women (women tend to know their HIV status more than men because of prenatal testing).
2. It is a disincentive to HIV testing (if a person does not want the section to affect them, they will not test).
3. It aggravates stigma.

Midwa v Midwa (2000) 2 EA 453

The case involves divorce proceedings by a husband against a wife living with HIV on grounds of adultery and cruelty.

Adultery is alleged on the basis of the wife's HIV positive status and cruelty on the basis of her non-disclosure of the status to her husband.

The husband sought interlocutory orders to compel the wife to vacate their jointly-owned matrimonial home, claiming that she posed a health danger to him and their children. The court of first instance concurred but on appeal the wife was reinstated to the home.
Participants noted that it is futile to subject expectant mothers to mandatory HIV testing. Even if they are forced to test, they cannot be forced to take medication.

Concern was raised that section 18 (c) of the HAPCA which provides for medical practitioners to release HIV test results of a PWD incapable of comprehending the results to a guardian has been abused to breach confidentiality unnecessarily.

One participant opined that section 18 (c) of the HAPCA would be well balanced by inclusion of a clause equally providing for a PWD incapable of comprehending their own HIV test results to sanction the disclosure of the results to a guardian.

Section 24 of the HAPCA on the offence of deliberately placing another person at risk of HIV infection was the state of mind of a PLHIV placing another person at risk of HIV infection, hence making every PLHIV a potential criminal.

3.7 Human Rights in relation to HIV and Disability in the Workplace

**Presenter: Mr. William Wandera-Federation of Kenya Employers**

This session was informed by the multi-faceted nature of the HIV epidemic. The objective of the session was to help participants understand their rights in the workplace so as to be able to claim them. Mr. William Wandera from the Federation of Kenya Employers (FKE) facilitated the session. He identified HIV as a workplace issue because if not mainstreamed, it can result to declining profits and productivity, increased premiums for insurance cover, high turnover of employees, absenteeism and declining morale.

Participants learnt from the facilitator that the Federation of Kenya Employers advises and develops codes of conduct for employers who are its members. This includes advice on development of policies on issues of HIV and disability in the workplace. Participants were informed that workers of organizations with FKE membership are entitled to comprehensive HIV education in the workplace and a sexual harassment policy that protects everyone, including PWDs and PLHIV.

Participants were reminded that PWDs and PLHIV have the right to join and participate in trade unions that protect their rights in the workplace. Mr. Wandera concluded by encouraging participants to talk about HIV in the workplace so as to secure reasonable accommodation for PLHIV and to inform policy change, which PLHIV are entitled to.

**Plenary**

- Participants noted that it is futile to subject expectant mothers to mandatory HIV testing. Even if they are forced to test, they cannot be forced to take medication.
- Concern was raised that section 18 (c) of the HAPCA which provides for medical practitioners to release HIV test results of a PWD incapable of comprehending the results to a guardian has been abused to breach confidentiality unnecessarily.
- One participant opined that section 18 (c) of the HAPCA would be well balanced by inclusion of a clause equally providing for a PWD incapable of comprehending their own HIV test results to sanction the disclosure of the results to a guardian.
- Section 24 of the HAPCA on the offence of deliberately placing another person at risk of HIV infection was the state of mind of a PLHIV placing another person at risk of HIV infection, hence making every PLHIV a potential criminal.

**Plenary**

- Participants sought to know if there are organizations of PWDs with FKE membership.
- When participants learnt that someone from FKE sits on the board of the Association of the Physically Disabled, they raised concerns that the Association is not all inclusive of PWDs. They wished for FKE to engage more organizations of PWDs in order to protect rights of PWDs in the workplace.

- A participant recounted that her right to reasonable accommodation as a PWD in the workplace was once threatened. She received sacking threats when her disability prevented her from realizing outputs at the same pace as colleagues without disability. It was only when her employer was threatened with a law suit that he obliged to give her reasonable accommodation. Her account underscored discrimination faced by PWDs in the workplace.

- Participants observed that access to psychosocial support in the workplace for PLHIV is often undermined by employers who are out to make profits.
- A participant who had worked in the Export Processing Zone (EPZ) complained that firms in the zone are notorious for violation of rights of PWDs and PLHIV in the workplace. He recalled that while in the zone he worked under very unsanitary conditions that could have been breeding ground for opportunistic infections for PLHIV. He asked what FKE can do about firms in the EPZ. The facilitator noted that unfortunately most firms in the EPZ are not FKE members and informed the participant that the Department of Labour and the Employment and Labour Relations Court would protect the rights of workers in such circumstances.

**Sexual and Gender-based Violence, Legal Protection and Relevant Procedures**

**Presenter: Christopher Waiyaki-Pro bono Lawyer-COVAW**

This session was necessitated by the risk of sexual violence PWDs face due to their vulnerabilities. Sexual violence is a major risk factor for exposure to HIV. The session was designed with the objective of informing participants on the legal procedures to be followed in case of a sexual assault. Participants also learnt from South Africa’s example strategies that can be employed to enhance access to justice for sexual violence victims. They were informed that the Sexual Offences Act of South Africa, just like Kenya’s, was enacted in response
to the disconnect of the law enforcement system in dealing with rampant occurrences of sexual crimes the country witnessed.

The disconnection between law and response to sexual violations against PWDs is even greater, considering the marginalization of PWDs and stereotypes that they cannot be possible targets. Participants deliberated that beyond the law, collaboration among the police, courts, communities and medical officers is needed to bring perpetrators to justice. South Africa, for example, has responded to the problem by an all-involving approach that prioritizes the needs of sexual violence victims. The result of the South African integrated approach has brought more offenders to justice while reducing trauma and rejection from the community for victims of sexual violence.

The facilitator described the procedure to be followed by victims of sexual violence in order to secure crucial evidence for police investigations. He also identified the need to dispel myths that PWDs are not sexually active and therefore not susceptible to rape as one way of enhancing effective response to sexual crimes committed against PWDs. Participants were also encouraged to ward off perpetrators using simple self-defence techniques such as walking in groups.

Plenary

- Participants discussed that even though visually impaired victims of sexual violence may not be able to identify their perpetrators by the sense of sight, other sensory functions such as smell or voice identification could be used in police investigations. Respect and dignity for PWDs requires the police to employ the alternative means of identification instead of dismissing the PWDs.

- Basic Skills in Self-representation

**Presenter: Mr. Joseph Gitonga- NALEAP**

This session was designed to facilitate enhanced access to justice. Having informed participants of their rights, the session aimed at empowering them to claim enforcement. Mr. Joseph Gitonga from NALEAP underscored the need for skills in self-representation by juxtaposing a population of approximately 40 million Kenyans against a population of 10,000 advocates licensed to practice law. This in effect means that there are not enough lawyers for everyone. Participants learnt from the facilitator that the Constitution empowers them to seek redress for violation of rights even when not represented by an advocate.

Participants were taken through the hierarchy of courts. Mr. Gitonga explained the kind of cases that can be filed at each level of courts in the hierarchy. He emphasized that filing cases on violation of human rights can only be made at the High Court. Participants also learnt about court etiquette to enable them present their cases with minimal difficulty. Court registry procedures were also explained.

Plenary

- Participants asked about court filing fees. They were informed that the Constitution provides for free of charge filing of cases on human rights violations. They were also informed about similar waiver of court fees in other civil cases through pauper applications.

- A participant asked about what to do in case of missing files. The role of the court administration system headed by the Chief Registrar of the Judiciary was elaborated and participants guided to make such complaints to the court administration.
Panel Discussion: Opportunities to Advance HIV and Disability Human Rights

**Moderator: Patrick Kangethe, KELIN**

After three days of intensive training, the workshop culminated a panel session to familiarize the participants with key government institutions mandated to protect human rights in relation to human rights and disability in Kenya. This session enhanced the participants’ understanding of the mandate and procedures of the various government institutions where PWDs can demand for their rights and report various violations.

The session began with participants interacting with Commissioner Simon Ndubai of the National Gender and Equality Commission, Ms. Sylvia Chellogoi from the Commission on Administrative Justice and Ms. Terry Rotich of AIDS Law Project; a practicing advocate in the HIV and AIDS Equity Tribunal. The facilitators explained the mandates of the three institutions in protecting and advancing HIV and disability human rights.

Commissioner Ndubai from the Commission on Gender and Equality informed participants that the commission has a mandate to ensure equality and non-discrimination. The commission also plays an advisory and monitoring role in compliance with treaties relevant to equality and non-discrimination. Participants learnt that target groups served by the commission include PWDs for the discriminations they face. The Commissioner urged participants to advance disability rights by reporting discriminatory practices against PWDs to the commission.

Ms. Sylvia Chellogoi from the Commission on Administrative Justice (Ombudsman) then took participants through her commission’s role in protecting HIV and disability rights. Establishment of the commission was necessitated by slow, substandard government services. The commission, also called the Ombudsman’s office, has mandate to address human rights issues with a bearing on good public administration. Participants learnt that the commission receives complaints from the public on delayed services, inefficiencies, abuse of power, manifest injustice; and oppressive conduct. Ms. Chellogoi urged participants to make complaints to the commission when PWDs and PLHIV identify related issues in the delivery of public services. Complaints are received by phone, mail or in person. Participant fears for safety were allayed when they learnt that the commission can protect the identity of the reporter and conduct investigations anonymously.

Ms. Terry Rotich, of AIDS Law Project and legal practitioner in the HIV & AIDS Equity Tribunal, concluded the session with a discussion on the mandate and processes at the tribunal. Participants were reminded of their rights under the HAPCA and informed that the tribunal protects those rights. She encouraged participants to advance HIV-related rights using the tribunal, elaborating that the tribunal hears cases in camera and privacy is encouraged. The participants agreed that the particular expertise and informality of this Tribunal make it a more appropriate forum to address HIV related issues than ordinary courts.

**Plenary**

- Concerns that HIV discrimination is usually very subtle and therefore difficult to prove were allayed by information that the tribunal is not obligated to follow strict rules of evidence.

- Participants were also encouraged to resort to alternative dispute resolution (ADR) before resolving to make complaints to the tribunal. One participant shared a story of a visually impaired PLHIV who used ADR to stop discrimination. Work colleagues of the visually impaired PLHIV had marked the cup she used for tea so that they could easily avoid it. When she discovered, she would take tea that day. She sat her colleagues down for a talk and they stopped the stigma.

- A participant complained that she had tried to raise concerns of PWDs with her government employer. They referred her to the Gender and Equality Commission instead. Commissioner Ndubai reiterated that employers have a duty to mainstream disability issues in the workplace. He was aware that the National Council for Persons with Disabilities (NCPD) had sent circulars to all government ministries to establish Disability Committees that would be charged with mainstreaming disability issues in the workplace.

- There was concern that the NCPD board of trustees has not been constituted or over a year thus limiting PWDs’ access to opportunities envisaged by the National Development Fund for Persons with Disabilities.
WAY FORWARD AND ACTION PLANS

Participants developed action plans to chart the way forward for advancement of rights of PWDs living with HIV in Kenya. They established strategies to address the lack of HIV statistics among PWDs and need for sensitization of PWDs in all 47 counties on their HIV-related human rights, among others. Appendix 1 of this report is the attached action plans.

CHALLENGES

1. Guiding participants with visual disability on how to read the Constitution in braille was a challenge to facilitators who had no prior experience with braille material.

2. Panel discussion sessions to address the various challenges facing PWDs could have benefitted from the input of more stakeholders whose tight schedules could not allow them to attend the session.

3. The workshop was constrained for time to allow all participant discussions on the various issues that arose.

RECOMMENDATIONS

1. KELIN and UDEK should partner to pilot a research on lack of specific HIV statistics and its impact on the rights of PWDs.

2. KELIN should consider undertaking strategic public interest litigation to address some HIV-related violations against the rights of PWDs.

3. KELIN to monitor and provide technical and financial support in order to fast track post training activities so as to strengthen the partnerships established.

4. KELIN should share this report with NACC to inform the ongoing development of the fourth Kenya National AIDS Strategic Plan.

5. Training on HIV, Human Rights and Disability should be scaled up to all 47 Counties to accelerate empowerment of PWDs on their rights and how to claim them.
Concluding remarks were made by Ms. Njeri Kimuri on behalf of the acting director of the National AIDS Control Council (NACC). She thanked organizers of the workshop, facilitators and participants for the fruitful gathering. She called on stakeholders to collaborate to realize full enjoyment of HIV-related rights and encouraged participants to implement the action plans in order to contribute to enhanced protection of rights of PWDs living with HIV. Ms. Kimuri promised to present the workshop report to NACC director for consideration in development of the fourth Kenya National AIDS Strategic Plan.

<table>
<thead>
<tr>
<th>No.</th>
<th>Issue</th>
<th>Intervention</th>
<th>Key Partners</th>
</tr>
</thead>
</table>
| 1.  | There is need for more aggressive efforts to sensitize PWDs in all 47 counties on their HIV-related human rights | Aggressive, proactive coordinated and focused awareness to sensitize PWDS on their constitutional and legal rights with regard to HIV | • Disabled Persons Organizations (DPOs)  
• PWDs  
• Government of Kenya  
• Like Minded Civil Society Organizations |
| 2.  | Lack of proper statistics on persons with disability living with HIV (statistics should capture various disabilities) | To carry out a census to provide data on persons with disability living with HIV | • Caregivers of PWDs  
• PWDs  
• DPOs  
• Development Partners |
| 3.  | PWDs face violation of dignity when they seek HIV information, services and interventions. | Develop HIV guidelines for PWDs seeking HIV information, services and interventions to guide health care workers to limit abuse of human rights and encourage uptake of HIV related services | • Health Service Providers  
• DPOs  
• PWDs  
• National AIDS Control Council  
• Ombudsman |
| 4.  | There has been general ignorance and disregard of the needs of children of PWDs most of whom have limited opportunities. | Lobby for affirmative action for children of PWDs e.g. establishment of a specific fund to empower them to access education & economic opportunities. Develop specific empowerment initiatives targeting to empower children of PWDs. | • Arms of the Government i.e. Executive, Judiciary and Legislature  
• National Council for Persons with Disabilities  
• DPOs |
| 5.  | Lack of safe and effective access to transport services – for easier access to health services | Need to immediately train service providers in the transport sector to facilitate safe and effective use of their services for PWDs | • Ministry of Transport and Communications  
• NCPD  
• DPOs |
TRAINING ON HIV, HUMAN RIGHTS AND DISABILITY
24th to 28th March 2014

Objectives

- Enhance the participants’ understanding on HIV, human Rights and the law.
- To share experiences and challenges faced by Persons with disabilities living with HIV and the role of the law in addressing the challenges.
- Discuss opportunities for advancement of rights for person with disability living with HIV.

<table>
<thead>
<tr>
<th>WORKSHOP Monday, 24th March 2014</th>
<th>KELIN and UDEK</th>
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<tbody>
<tr>
<td>5.00 – 6.30 PM</td>
<td>Arrival and Check in Registration</td>
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<td>KELIN and UDEK</td>
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<tr>
<th>WORKSHOP Day 1 Tuesday, 25th March 2014</th>
<th>PROPOSED FACILITATOR</th>
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<tbody>
<tr>
<td>TIME</td>
<td>SESSION</td>
</tr>
<tr>
<td>8.30 - 9.00 AM</td>
<td>Preliminaries</td>
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<td>Pre-evaluations, expectations and climate setting</td>
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<tr>
<td>9.30 – 9.45 AM</td>
<td>Opening Remarks</td>
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<td></td>
<td>• The National AIDS and STIs Control Programme (NASCOP)</td>
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# APPENDIX 2: PROGRAMME

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Presenter</th>
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</thead>
<tbody>
<tr>
<td>9.45 – 10.30 AM</td>
<td>HIV and disability in Kenya (Relevant statistics for PWDs to HIV and understanding the risk factors for PWDs)</td>
<td>Salome Kimatas UDEK</td>
</tr>
<tr>
<td>10.30 – 11.00 AM</td>
<td>Tea Break</td>
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<tr>
<td>11.00- 12.15 PM</td>
<td>Overview of HIV and TB</td>
<td>Dr. Anne Mungai CCC – KNH</td>
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<tr>
<td>12.15 - 1.00 PM</td>
<td>Plenary discussion</td>
<td>Belice Odamna</td>
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<tr>
<td>1.00 – 2.00 PM</td>
<td>Lunch Break</td>
<td></td>
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<tr>
<td>2.00 – 3.30 PM</td>
<td>Constitutional provisions and relevance to the rights of persons with disability living with HIV</td>
<td>Commissioner Catherine Mumma</td>
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<tr>
<td>3.30 – 4.00 PM</td>
<td>Plenary</td>
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<tr>
<td>4.00 – 4.30 PM</td>
<td>Tea &amp; Departure</td>
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### WORKSHOP Day 2 Wednesday, 26th March 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Presenter</th>
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<tbody>
<tr>
<td>8.30 – 9.00 AM</td>
<td>Recap</td>
<td>Patrick Kangethe</td>
</tr>
<tr>
<td>9.00 – 10.15 AM</td>
<td>Overview of Human Rights (Introduction to basic human rights concepts and the provisions of the UN Convention on the Rights of Persons with Disability)</td>
<td>Melba Katindi KELIN</td>
</tr>
<tr>
<td>10.15 – 10.30 AM</td>
<td>Plenary</td>
<td></td>
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<tr>
<td>10.30 - 11.00 AM</td>
<td>Tea Break</td>
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<tr>
<td>11.00 – 12.30 PM</td>
<td>Experience sharing human rights violations on the basis of disability and HIV</td>
<td>Patrick Kang’ethe KELIN</td>
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<tr>
<td></td>
<td>Testimonials</td>
<td>Angela Nzilani - Action Foundation Nzilani, Kibera</td>
</tr>
<tr>
<td></td>
<td>Group Work</td>
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<tr>
<td></td>
<td>1. What are the most common human rights violations experienced by PWDs, causes and possible solutions</td>
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<td></td>
<td>2. What factors increase the vulnerability of PWDs to HIV and what can be done to address this</td>
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<tr>
<td>12.30 -1.00 PM</td>
<td>Presentations and Plenary</td>
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<tr>
<td>1.00 - 2.00 PM</td>
<td>Lunch Break</td>
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<tr>
<td>2.00 - 3.15 PM</td>
<td>Legal and Ethical Issues in HIV and the legal provisions addressing them</td>
<td>Melba Katindi KELIN</td>
</tr>
<tr>
<td>3.15-4.00 PM</td>
<td>Plenary</td>
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# APPENDIX 2: PROGRAMME

## WORKSHOP Day 3 Thursday, 27th March 2014

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<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Speaker(s)</th>
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<tbody>
<tr>
<td>8.30 – 8.45 AM</td>
<td>Recap</td>
<td>Patrick Kangethe</td>
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<tr>
<td>10.00-10.30 AM</td>
<td>Plenary</td>
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<tr>
<td><strong>10.30 -11.00AM</strong></td>
<td><strong>Tea Break</strong></td>
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<tr>
<td>11.00 – 12.30 PM</td>
<td>Discussion on related human rights:</td>
<td>William Wandera Federation of Kenya Employers (FKE) and Christopher Waiyaki Probono Lawyer COVAW</td>
</tr>
<tr>
<td></td>
<td>1. Rights in relation to HIV in the workplace</td>
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<td>2. Rights in relation Disability in the work place</td>
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<td>3. Children’s rights in relation to HIV and Disability</td>
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<td></td>
<td>4. Sexual and Gender based violence (Understanding what comprises SGBV, Legal Protection and Relevant Procedures)</td>
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<tr>
<td>12.30 – 1.00 PM</td>
<td>Plenary</td>
<td>Patrick Kang’ethe</td>
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<tr>
<td><strong>1.00 – 2.00 PM</strong></td>
<td><strong>Lunch Break</strong></td>
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<tr>
<td>2.00 – 3.00 PM</td>
<td>Skills building session:</td>
<td>Joseph Gitonga NALEAP</td>
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<td>Basic skills in Self Representation</td>
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<tr>
<td>3.30 – 4.00 PM</td>
<td>Plenary</td>
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<tr>
<td><strong>4.00 – 4.30 PM</strong></td>
<td><strong>Tea &amp; Departure</strong></td>
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## WORKSHOP Day 4 Friday, 28th March 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Speaker(s)</th>
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<tbody>
<tr>
<td>8.30 - 8.45 AM</td>
<td>Recap</td>
<td>Patrick Kangethe</td>
</tr>
<tr>
<td>8.45 – 9.45 AM</td>
<td>Panel Discussion Session: Opportunities to advance human rights – Representatives of Government agencies responsible for disability and human rights issues</td>
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<tr>
<td></td>
<td>Commission on the Implementation of the Constitution</td>
<td>Melba Katindi KELIN</td>
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<td>Kenya National Council for persons with disability</td>
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<td></td>
<td>Commission on Administrative Justice (Ombudsman)</td>
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<td>Gender and Equality Commission</td>
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<td>Equity (HIV) Tribunal</td>
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<td>Police complaints commission</td>
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<tr>
<td>9.45 – 10.30 AM</td>
<td>Question and Answer session</td>
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APPENDIX 2: PROGRAMME

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<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>10.30 – 11.00 AM</td>
<td>Tea Break</td>
<td></td>
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<tr>
<td>11.00 – 12.30 PM</td>
<td>Way Forward and Action Plan</td>
<td>Salome Kimatas</td>
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<td></td>
<td></td>
<td>UDEK</td>
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<tr>
<td>12.30 – 1.00 PM</td>
<td>Closing Remarks and Certification</td>
<td>Melba Katindi</td>
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<td></td>
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<td>KELIN</td>
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<tr>
<td>1.00 – 2.00 PM</td>
<td>Lunch &amp; Departure</td>
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APPENDIX 3: PARTICIPANT LIST

Participants Name

1. Jacinta S.-DEDI
2. Lucy Mueni-DEDI
3. Richard Maina
4. Nicholas Ouma-APDK
5. Jack Owiti
6. Christine Mathi KNAD
7. Rhoda Musau ANDY
8. Ruth Mutunga DEK
9. Sylvester Mathenge KIAH
10. Edgar Mukoya-Kenya Union of the Blind
11. Richard Chacha-Nation Media Group
12. Derrick Shimoli- Kenya Union of the Blind
13. Moses Nteere-UDEK
14. Haabel Ouma-KNAD
15. Judith Atieno-UDEK
16. Tabson Andanje-UDEK
17. Terry Rotich-Aids Law Project
18. Hilda Ojiambo-Rappoteur
19. Rukia Abdul-KIAH
20. Helen Akhonya-APDK
21. Divia Awuor-DEK
22. Peter Mwayonga-Kenya Union of the Blind
23. Angela Nzilani-ANDY
24. Teresa Wambui-KUB
25. David Muturi-Consultant
26. Patrick Kangethe-KELIN
27. Tracy Nyenze-KELIN
28. Melba Katindi-KELIN