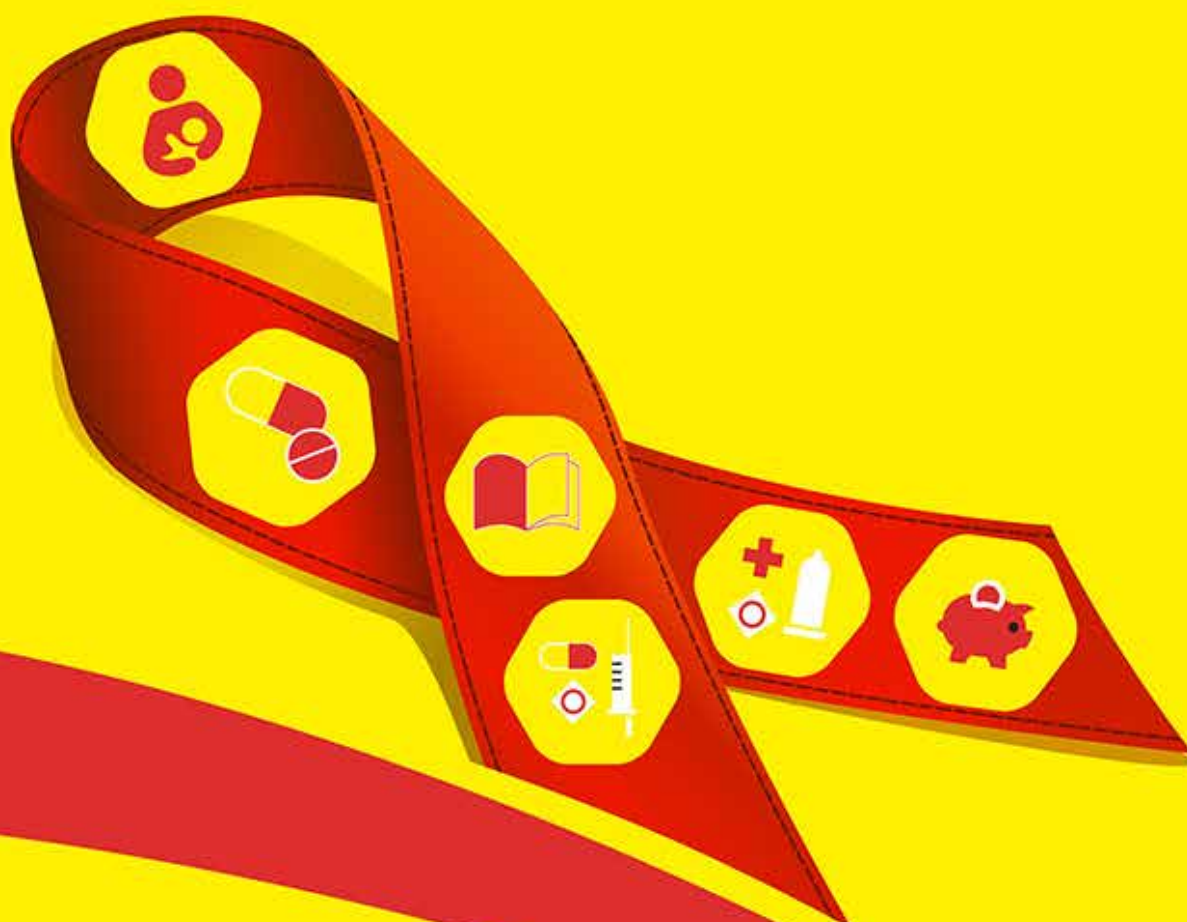




# KENYA HIV COUNTY PROFILES 2016





# 897,644

*The number of adults on treatment  
in Kenya in 2015.*

*There has been a rapid scale up of  
treatment as is evidenced by over  
1,000 treatment sites.*



# Table of Contents

Executive Summary.....	iii	Machakos County.....	108
Acknowledgements.....	iv	Makueni County.....	113
Preface.....	v	Mandera County.....	118
Background.....	1	Marsabit County.....	123
HIV and AIDS County Profiles.....	2	Meru County.....	128
Baringo County.....	3	Migori County.....	133
Bomet County.....	8	Mombasa County.....	138
Bungoma County.....	13	Murang'a County.....	143
Busia County.....	18	Nairobi County.....	148
Elgeyo Marakwet County.....	23	Nakuru County.....	153
Embu County.....	28	Nandi County.....	158
Garissa County.....	33	Narok County.....	163
Homa Bay County.....	38	Nyamira County.....	168
Isiolo County.....	43	Nyandarua County.....	173
Kajiado County.....	48	Nyeri County.....	178
Kakamega County.....	53	Samburu County.....	183
Kericho County.....	58	Siaya County.....	188
Kiambu County.....	63	Taita Taveta County.....	193
Kilifi County.....	68	Tana River County.....	198
Kirinyaga County.....	73	Tharaka Nithi County.....	203
Kisii County.....	78	Trans Nzoia County.....	208
Kisumu County.....	83	Turkana County.....	213
Kitui County.....	88	Uasin Gishu County.....	218
Kwale County.....	93	Vihiga County.....	223
Laikipia County.....	98	Wajir County.....	228
Lamu County.....	103	West Pokot County.....	233

# Preface

The Ministry of Health through the leadership of the National AIDS Control Council (NACC) and with support of various Implementing Partners, Development Partners and Government institutions has profiled the status of HIV epidemic in each county. The purpose is to effectively support County governments and further facilitate their planning, implementation and monitoring of the HIV response.

The 2016 County HIV Profiles present data generated from the 2015 HIV estimates, program level data, demographic data and population based survey data mainly from the KDHS 2014. In addition, OVC data from the Social Services department and key population program data is presented.

We take this opportunity to launch the second edition of the County HIV Profiles. This document and the data there in allows each county to develop tailored strategies, target their interventions to their needs and cost their HIV response in order to allocate required resources.

I would like to thank UN Joint Team for the technical support provided in preparing the 2015 county profiles, development and implementing partners, and representatives of various government institutions who have supported and actively participated in this process.



A handwritten signature in black ink, appearing to read 'Angelo'.

**ANGELINE SIPARO,  
CHAIRPERSON  
NATIONAL AIDS CONTROL COUNCIL**

# Acknowledgement

The National AIDS Control Council wishes to acknowledge the contributions of various Partners who provided technical support to develop the 2016 updated County HIV profile book.

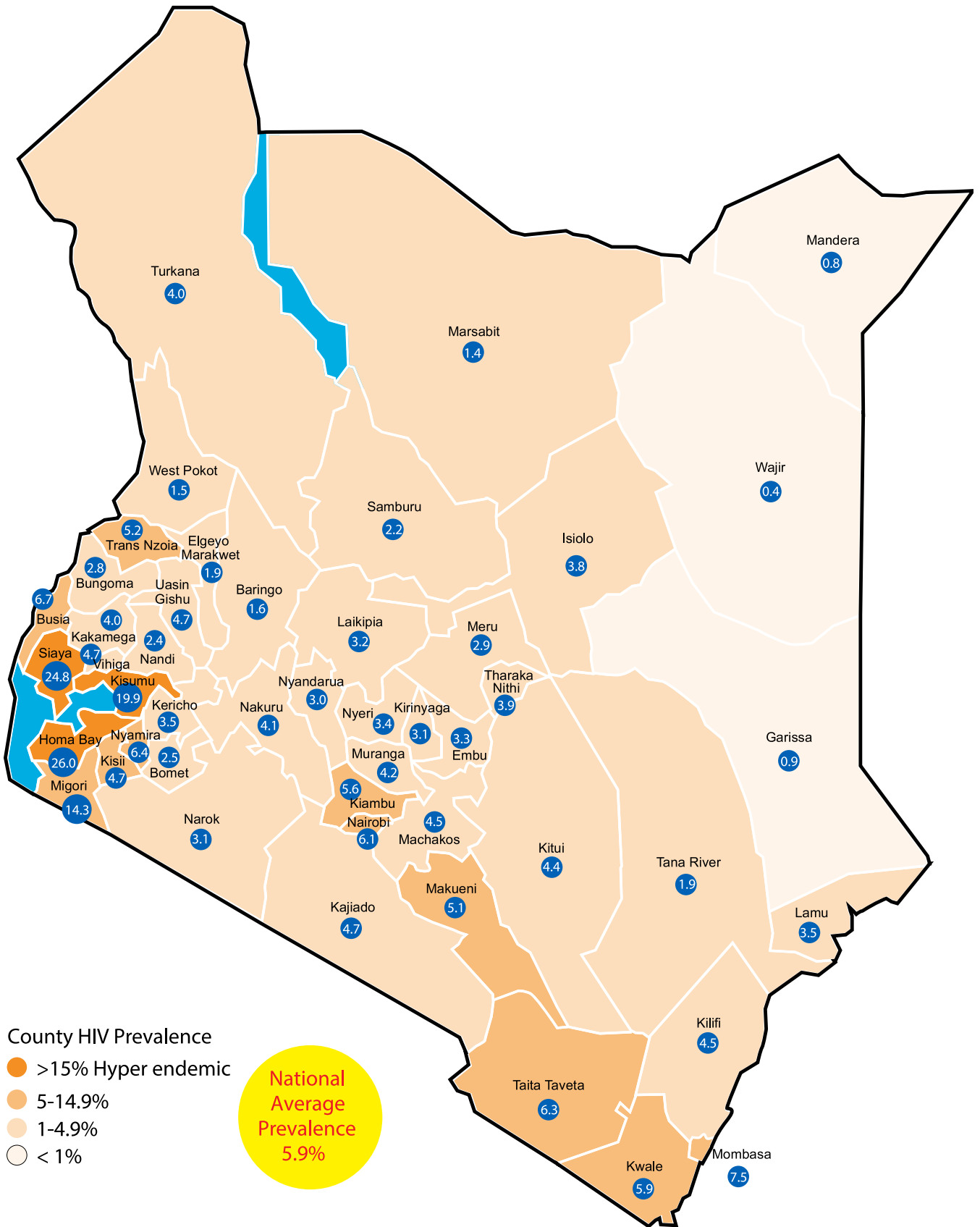
The contribution and great efforts of the taskforce members representing various implementing partners, development partners and government institutions who participated in this process are highly appreciated. Specific gratitude to Dr. Nduku Kilonzo, Joshua Gitonga, Kennedy Mutai, Fridah Muinde and Mercy Khasiani (NACC), Dr Martin Sirengo, Dr Joyce Wamicwe and Dr Jacob Odhiambo (NASCOP), Gurumurthy Rangaiyan and Ruth Masha (UNAIDS), Urlike Gilbert and wellington Mbithi (UNICEF), Brian Chirombo (WHO), Peter Young, Samuel Mwalili and Nicholas Kweyu (CDC) and Parinita Bhattacharjee (UoN/TSU).



**DR. NDUKU KILONZO**  
**DIRECTOR,**  
**NATIONAL AIDS CONTROL COUNCIL**



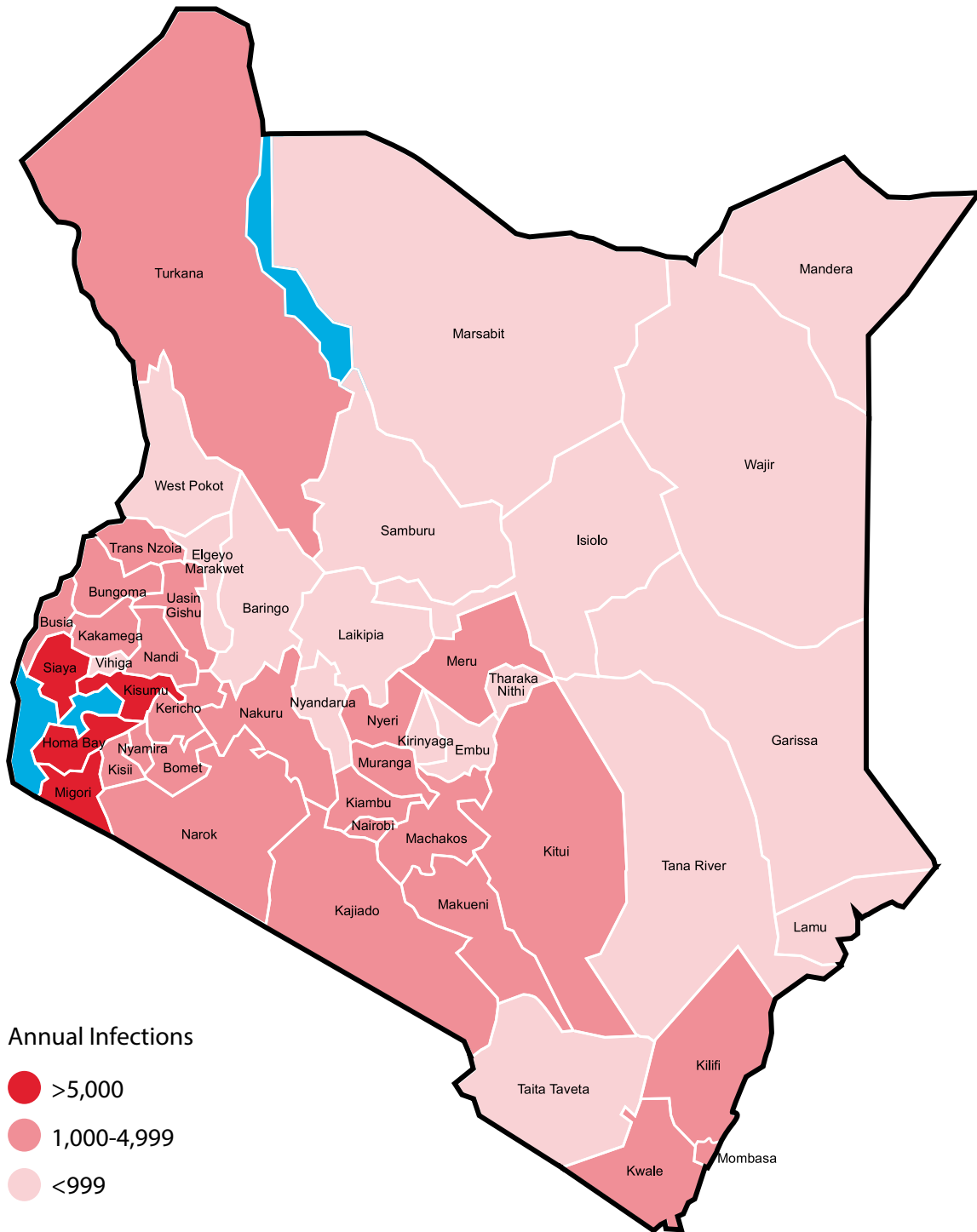
# ESTIMATED ADULTS (15+) HIV PREVALENCE BY COUNTY







# ESTIMATED NEW HIV INFECTIONS AMONG ADULTS (15+) BY COUNTY



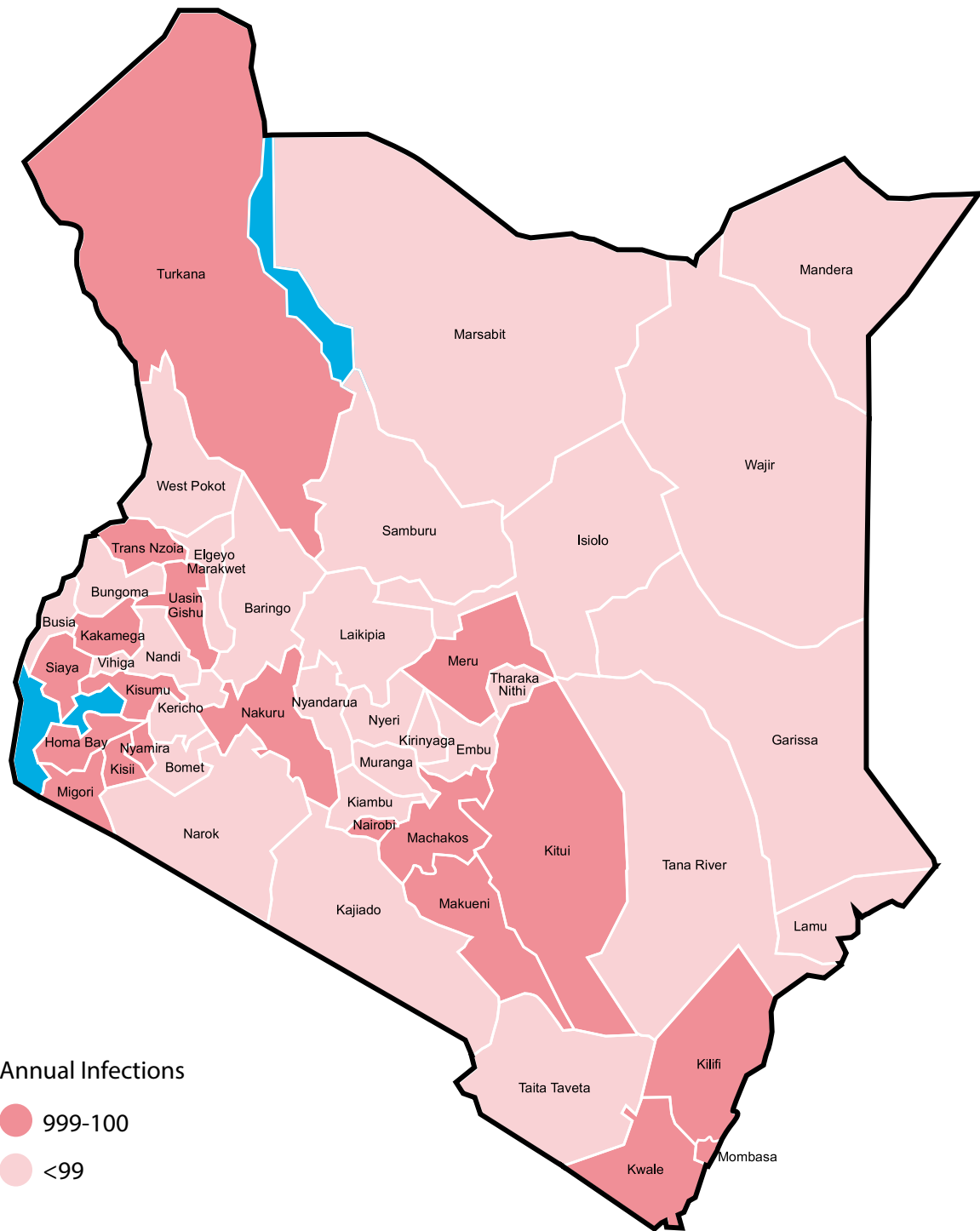
## Annual Infections

- >5,000
- 1,000-4,999
- <999

Counties	New HIV Infections	Counties	New HIV Infections	Counties	New HIV Infections	Counties	New HIV Infections	Counties	New HIV Infections
● Homa Bay	9,629.2	● Muranga	1,640.4	● Kericho	318.3	● West Pokot	93.1	● Bungoma	1,145.0
● Kisumu	8,790.2	● Uasin Gishu	520.2	● Makueni	1,570.9	● Embu	595.9	● Marsabit	151.9
● Siaya	7,700.3	● Bomet	216.6	● Meru	1,391.6	● Samburu	57.6	● Busia	1,466.9
● Migori	5,092.7	● Trans Nzoia	508.4	● Kitui	1,546.7	● Tharaka	486.3	● Lamu	103.6
● Kisii	2,071.9	● Narok	308.8	● Nyandarua	767.9	● Elgeyo Marakwet	85.1	● Tana River	124.7
● Nakuru	800.9	● Mombasa	2,426	● Kirinyaga	741.9	● Taita Taveta	526.6	● Vihiga	735.5
● Nairobi	4,719	● Kajiado	393.8	● Kilifi	1,413.0	● Kakamega	1,934.7	● Wajir	27.5
● Turkana	437.7	● Machakos	1,744.2	● Baringo	108.6	● Isiolo	193.4	● Kenya	71,034
● Kiambu	4,273.1	● Nyeri	1,123.6	● Laikipia	151.0	● Mandera	72.9		
● Nyamira	425.1	● Nandi	217.9	● Kwale	1,067.8	● Garissa	54.6		



## ESTIMATED NEW HIV INFECTIONS AMONG CHILDREN (0-14) BY COUNTY



### Annual Infections

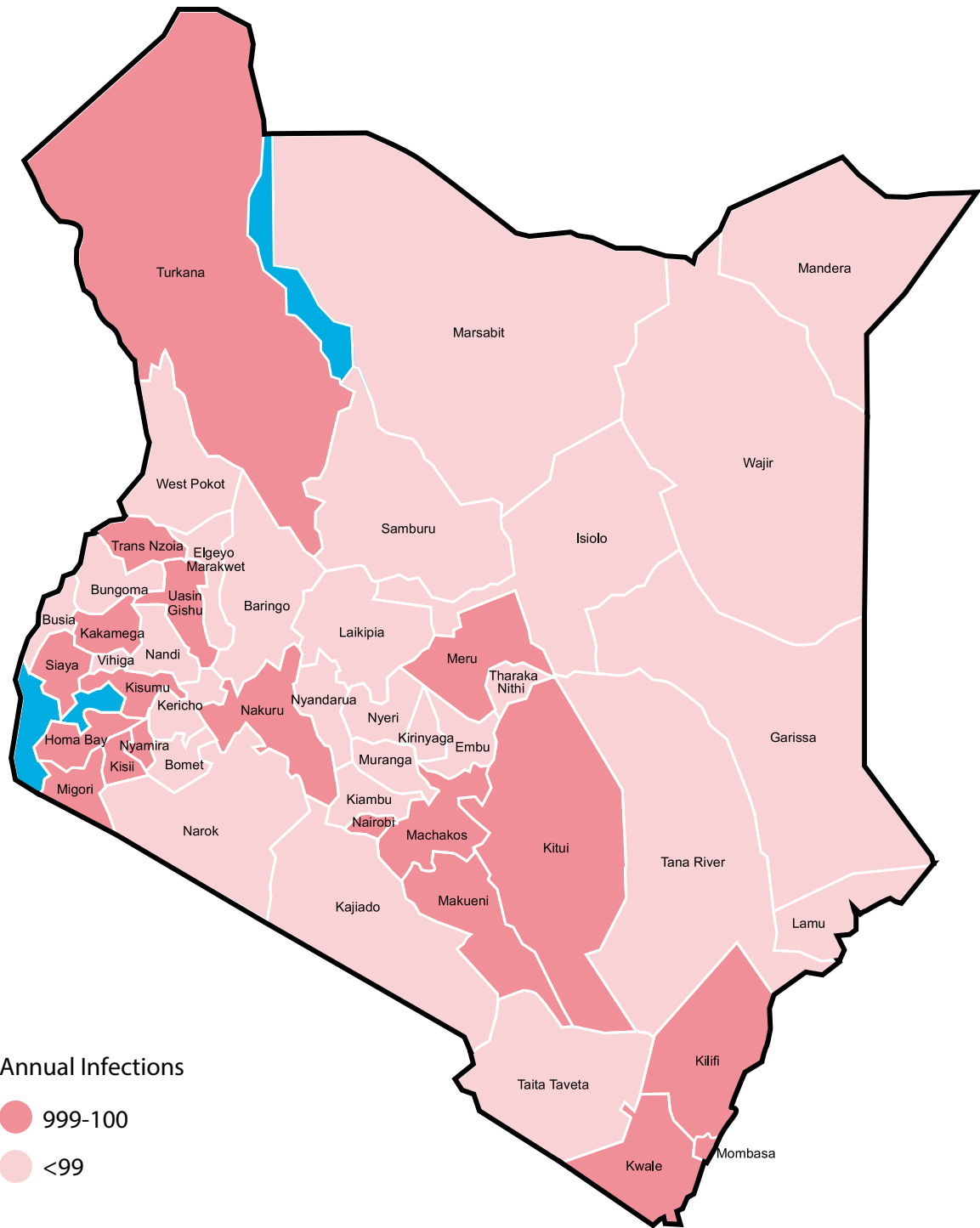
- 999-100
- <99

County	New Infections	County	New Infections	County	New Infections	County	New Infections	County	New Infections
● Homa Bay	996	● Turkana	90	● Kwale	140	● Taita Taveta	69	● Mandera	48
● Kisumu	909	● Kiambu	76	● Makueni	115	● Baringo	22	● Garissa	36
● Migori	527	● Bungoma	71	● Muranga	29	● Laikipia	31	● Isiolo	14
● Siaya	796	● Uasin Gishu	107	● Nandi	45	● Nyandarua	14	● Lamu	14
● Kisii	214	● Trans Nzoia	105	● Meru	102	● Embu	44	● Tana River	16
● Nyamira	153	● Bomet	45	● Kericho	66	● West Pokot	19	● Marsabit	11
● Nairobi	262	● Narok	64	● Busia	90	● Kirinyaga	13	● Wajir	18
● Nakuru	165	● Kilifi	186	● Kitui	113	● Samburu	12	Kenya	6,613
● Kakamega	119	● Machakos	128	● Nyeri	20	● Tharaka	36		
● Mombasa	319	● Kajiado	81	● Vihiga	45	● Elgeyo Marakwet	18		





## ESTIMATED NEW HIV INFECTIONS AMONG CHILDREN (0-14) BY COUNTY



County	New Infections	County	New Infections	County	New Infections	County	New Infections	County	New Infections
Homa Bay	996	Turkana	90	Kwale	140	Taita Taveta	69	Mandera	48
Kisumu	909	Kiambu	76	Makueni	115	Baringo	22	Garissa	36
Migori	527	Bungoma	71	Muranga	29	Laikipia	31	Isiolo	14
Siaya	796	Uasin Gishu	107	Nandi	45	Nyandarua	14	Lamu	14
Kisii	214	Trans Nzoia	105	Meru	102	Embu	44	Tana River	16
Nyamira	153	Bomet	45	Kericho	66	West Pokot	19	Marsabit	11
Nairobi	262	Narok	64	Rusia	90	Kirinyaga	13	Wajir	18

# 1 BACKGROUND

**K**enya is one of the four HIV 'high burden' countries in Africa – about 1.5 million people were living with HIV infection at the end of 2015.

Women in Kenya are more vulnerable to HIV infections compared to Kenyan men, with the national HIV prevalence at 7.0 per cent for women and 4.7 per cent for men as per the 2015 HIV Estimate report. The epidemic is geographically diverse, ranging from a high prevalence of 26 percent in Homa Bay County in Nyanza region to a low of approximately of 0.4 percent in Wajir County in North Eastern region.

The high burden of HIV and AIDS in Kenya accounts for an estimated 29 per cent of annual adult deaths, 20 per cent of maternal mortality, and 15 percent of deaths of children under the age of five. The epidemic has also negatively affected the country's economy by lowering per capital output

by 4.1 per cent. Kenya has an estimated 71,034 new HIV infections among adults and about 6,613 new infections among children annually. Stable and married couples are the most affected, as this group accounts for 44 per cent of the new adult infections.

Men who have sex with men, prisoners, sex workers and their clients, and injecting drug users contribute a third of all new infections in Kenya.

With growing evidence that they are key drivers of the national HIV epidemic- for instance, the high prevalence rates of 29.3 per cent among sex workers, 18.2 per cent among men who have sex with men, and 18.2 per cent among injecting drug users-the government has initiated targeted programme for these sub- populations.



**The high burden of HIV and AIDS in Kenya accounts for an estimated 29 per cent of annual adult deaths, 20 per cent of maternal mortality, and 15 percent of deaths of children under the age of five. The epidemic has also negatively affected the country's economy by lowering per capital output by 4.1 per cent. Kenya has an estimated 71,034 new HIV infections among adults and about 6,613 new infections among children annually. Stable and married couples are the most affected, as this group accounts for 44 per cent of the new adult infections.**



# 2

## HIV & AIDS COUNTY PROFILES

A photograph of a wooden sign attached to a tree trunk. The sign is made of two horizontal wooden planks and is secured with metal bolts. The text on the sign is in large, bold, black capital letters. The background shows a dirt ground and some green foliage in the distance.

**KNOW YOUR**

**HIV STATUS**

# BARINGO COUNTY

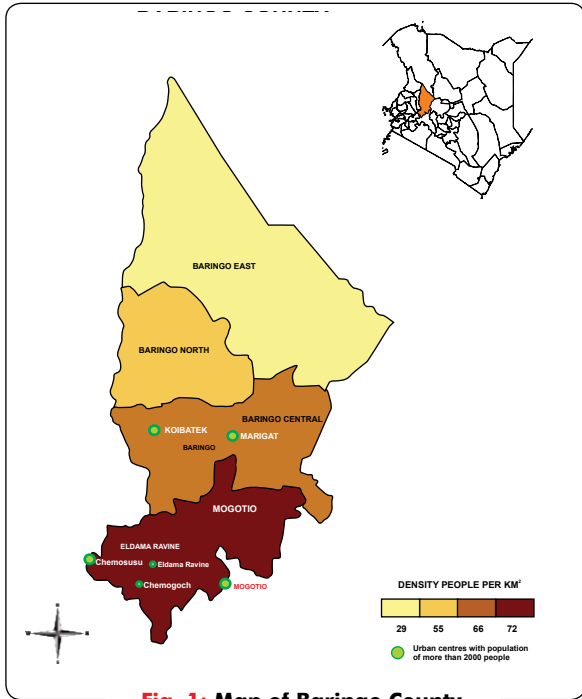
## Section 1: HIV Burden in Baringo County

**B**aringo County has a population of 679,256, comprising of 340,441 males (50%) and 338,815 females (50%). Children below 15 years constitute 46% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

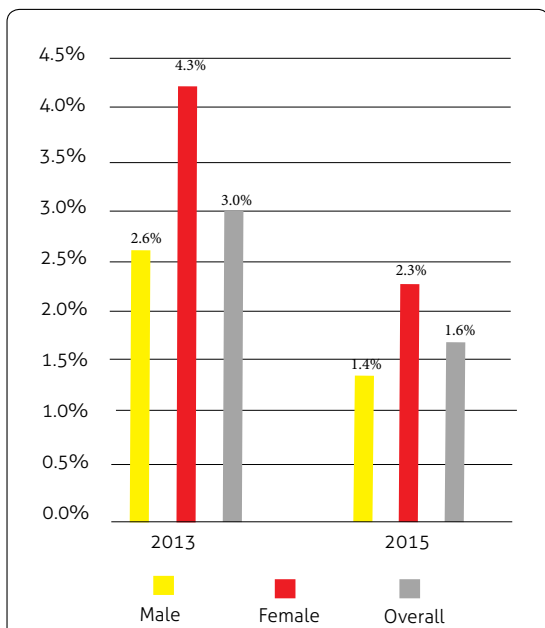
HIV prevalence in Baringo is lower than the national prevalence at 1.6% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (2.3%) than that of men (1.4%) indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Baringo County contributes to 0.4% of the total number of people living with HIV in Kenya, and is ranked the thirty seventh nationally. By the end of 2015, a total of 5,586 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

Approximately 27 children and 163 adults died of AIDS-related conditions in 2015. There was a decrease of 63% of HIV-related deaths among the children aged below 15 years and a decrease of 69% among adults aged 15 years and above since 2013 in the County. (Table 1)



**Fig. 1: Map of Baringo County**



**Fig. 2: Prevalence of HIV by gender in Baringo County**

Total Population

679,256

ART Coverage

90%

0.4%

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Baringo County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
-----------	-----------------------	-----------------------	----------	------------------------	---------------------------

**Morbidity**

No. of children living with HIV (0-14 yrs)	1,353	528	-61%	13	98,170
No. of adults living with HIV (≥15 yrs)	9,200	5,059	-45%	11	1,419,537
No. of youth living with HIV (15-24 yrs)		836		11	268,586
No. of adolescents living with HIV (10-19 yrs)		548		13	133,455
<b>Total number of people living with HIV*</b>	<b>10,553</b>	<b>5,586</b>	<b>-47%</b>	<b>11</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	73	27	-63%	13	5,004
Adult AIDS related deaths (≥15 yrs)	525	163	-69%	10	30,817
Youth AIDS related deaths (15-24 yrs)	19		11	3,853	
Adolescent AIDS related deaths (10-19 yrs)		17		13	2,793
<b>Total number of AIDS related deaths*</b>	<b>599</b>	<b>191</b>	<b>-68%</b>	<b>9</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Baringo County

### New HIV infections among adults and children

In 2015, Baringo County contributed to 0.3% and 0.2% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decrease of 34% in the number of new HIV infections among children aged below 15 years and a decrease of 85% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Baringo County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
-----------	-----------------------	-----------------------	----------	------------------------	---------------------------

Incidence rate	0.04%	0.03%	-25%	5	0.27%
Annual new HIV infections among children (0-14 yrs)	34	22	-34%	12	6,613
Annual new HIV infections among adults (≥15 yrs)	707	109	-85%	8	71,034
Annual new HIV infections among youth (15-24 yrs)		62		8	35,776
Annual new HIV infections among adolescents (10-19 yrs)		33		8	18,004
<b>Total annual new HIV infections</b>	<b>741</b>	<b>131</b>	<b>-82%</b>	<b>8</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 278 pregnant women living with HIV who were provided with PMTCT services out of a total need of 313 pregnant women yielding 89% PMTCT Coverage. There were 9.0% children who were infected with HIV in 2015, showing a 67% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

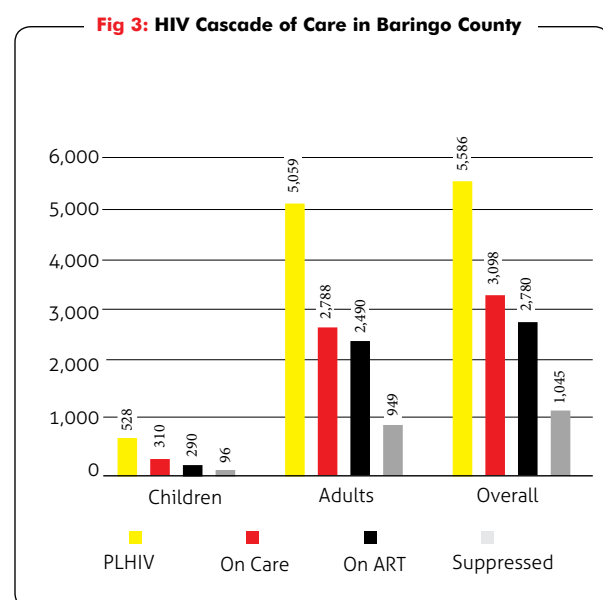
**Table 3: PMTCT Services in Baringo County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	540	313		79,475
Number Receiving PMTCT	160	278	+73%	59,214
PMTCT Coverage	31%	89%	+186%	75%
County Ranking of PMTCT Coverage	37	15		
MTCT Coverage*	27.3%	9.0%	-67%	8.3%

## Section 3: Expanding Access to Treatment in Baringo County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 310 children on care 290 (94%) are on ART and of this 96 (33%) are virally suppressed. Among the 2,788 adults on care, 2,490 (89%) are on ART and of this 949 (38%) are virally suppressed.

Overall Baringo County has an ART coverage of 90% and viral suppression of 38% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 11% and ART coverage increased by 8% in 2015 compared to 2013 in Baringo County. Similarly the number of children receiving ART decreased by 20%, while ART coverage increased by 71% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Baringo County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	5,450	4,604		1,245,106
Number receiving ART	2,406	2,668	+11%	826,097
ART Coverage	53%	58%	+8%	66%
County Ranking of ART Coverage*	33	27		
<b>Children</b>				
Need for ART	952	447		93,056
Number receiving ART	345	277	-20%	71,547
ART Coverage	36%	62%	+71%	77%
County Ranking of ART Coverage*	26	36		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Baringo County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 23% of women and 33% of men in Baringo County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 52% of women and 66% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).



### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Baringo County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 87% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 5% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Baringo County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	23%	38	15%
Percent of men who have never been tested for HIV	33%	28	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	52%	28	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	66%	22	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	87%	41	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	5%	41	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Baringo County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,235
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	2,235

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 mapping and estimation conducted did not include Baringo and currently there are no programmes reaching key populations in the county (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	-	-	133,675
MSM	-	-	13,019
PWID	-	-	18,327

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and three in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# BOMET COUNTY

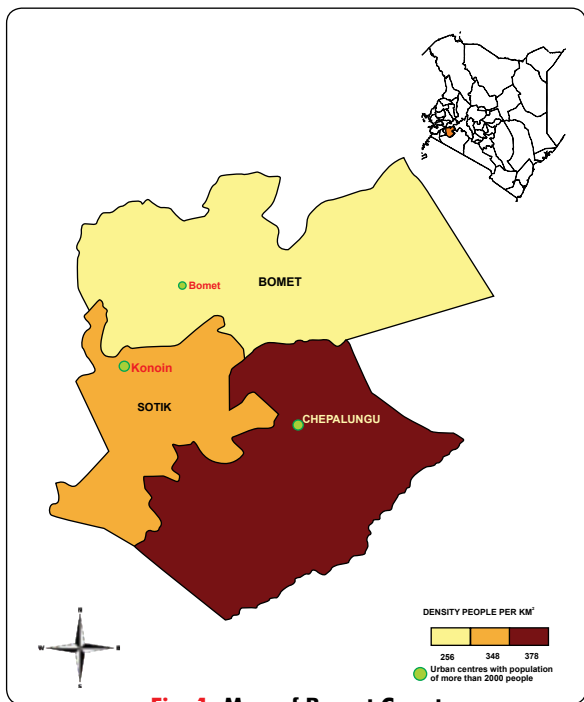
## Section 1: HIV Burden in Bomet County

**B**omet County has a population of 892,430, comprising of 443,948 males (50%) and 448,482 females (50%). Children below 15 years constitute 47% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

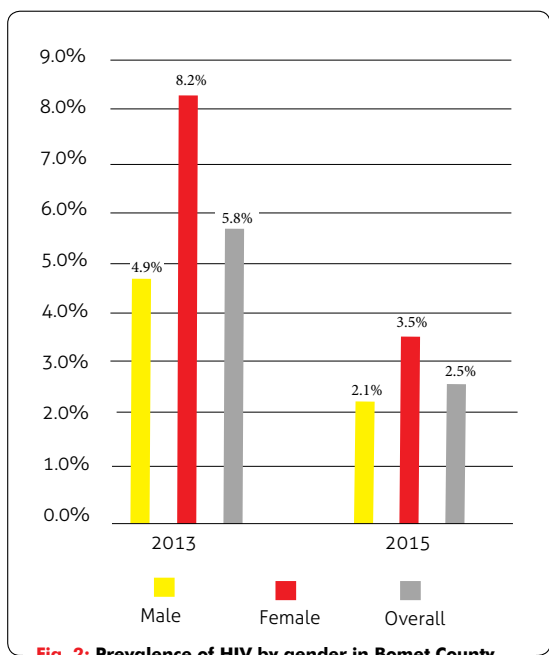
HIV prevalence in Bomet is lower than the national prevalence at 2.5% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (3.5%) than that of men (2.1%) indicating that women are more vulnerable to HIV infection than men in the County (Figure 2).

Bomet County contributed to 0.7% of the total number of people living with HIV in Kenya, and is ranked as the thirty third nationally. By the end of 2015, a total of 11,144 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

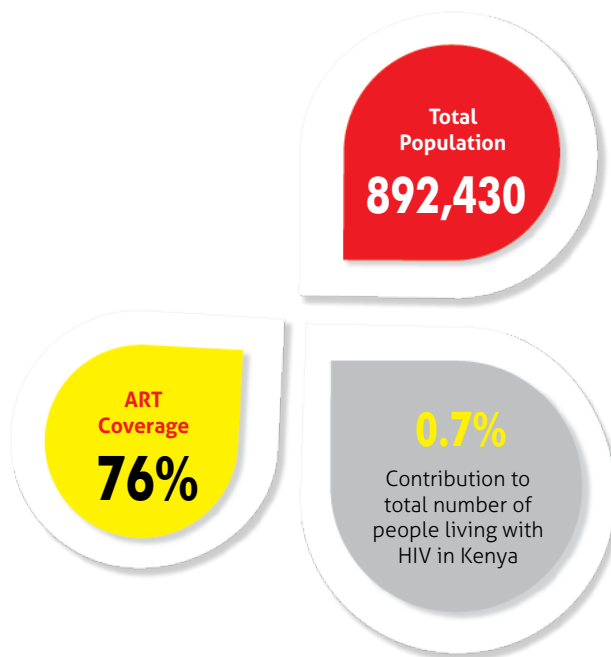
Approximately 55 children and 326 adults died of AIDS-related conditions in 2015 (Table 1). There was a decrease of 72% of HIV-related deaths among the children aged below 15 years and a decrease of 77% among adults aged 15 years and above since 2013 in the County. (Table 1).



**Fig. 1: Map of Bomet County**



**Fig. 2: Prevalence of HIV by gender in Bomet County**



**Table 1: HIV burden in Bomet County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
-----------	-----------------------------	-----------------------------	-------------	------------------------------	---------------------------------

**Morbidity**

No. of children living with HIV (0-14 yrs)	3,589	1,052	-71%	20	98,170
No. of adults living with HIV (≥15 yrs)	24,400	10,092	-59%	14	1,419,537
No. of youth living with HIV (15-24 yrs)		1,668		15	268,586
No. of adolescents living with HIV (10-19 yrs)		1,094		19	133,455
Total number of people living with HIV*	27,989	11,144	-60%	15	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	195	55	-72%	19	5,004
Adult AIDS related deaths (≥15 yrs)	1,393	326	-77%	18	30,817
Youth AIDS related deaths (15-24 yrs)		37		20	3,853
Adolescent AIDS related deaths (10-19 yrs)		34		20	2,793
Total number of AIDS related deaths*	1,588	380	-76%	18	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Bomet County

### New HIV infections among adults and children

In 2015, Bomet County contributed to 0.7% and 0.3% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decrease of 51% in the number of new HIV infections among children aged below 15 years and a decrease of 88% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Bomet County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.06%	0.04%	-33%	9	0.27%
Annual new HIV infections among children (0-14 yrs)	90	45	-51%	18	6,613
Annual new HIV infections among adults (≥15 yrs)	1,875	217	-88%	13	71,034
Annual new HIV infections among youth (15-24 yrs)		123		13	35,776
Annual new HIV infections among adolescents (10-19 yrs)		66		15	18,004
Total annual new HIV infections	1,965	261	-87%	13	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 534 pregnant women living with HIV who were provided with PMTCT services out of a total need of 624 pregnant women yielding 86% PMTCT Coverage. There were 10.2% children who were infected with HIV in 2015, showing a 60% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Bomet County**

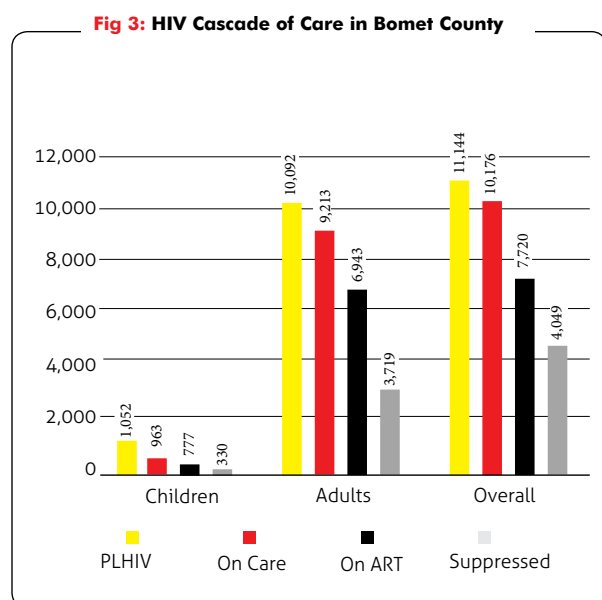
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,433	624		79,475
Number Receiving PMTCT	474	534	+13%	59,214
PMTCT Coverage	36%	86%	+135%	75%
County Ranking of PMTCT Coverage	34	19		
MTCT Coverage*	25.5%	10.2%	-60%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Bomet County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 963 children on care 777 (81%) are on ART and of this 330 (42%) are virally suppressed. Among the 9,213 adults on care, 6,943 (75%) are on ART and of this 3,719 (54%) are virally suppressed.

Overall Bomet County has an ART coverage of 76% and viral suppression of 52% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 63%, and ART coverage increased by over 100% in 2015 compared to 2013 in Bomet County. Similarly the number of children receiving ART increased by 81%, and ART coverage increased by over 100% in 2015 compared to 2013. (Table 4)

**Table 4: ART Uptake in Bomet County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	14,455	9,185		1,245,106
Number receiving ART	4,511	7,353	+63%	826,097
ART Coverage	38%	80%	+112%	66%
County Ranking of ART Coverage*	41	7		
<b>Children</b>				
Need for ART	2,525	892		93,056
Number receiving ART	407	738	+81%	71,547
ART Coverage	16%	83%	+413%	77%
County Ranking of ART Coverage*	40	22		

\*in this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Bomet County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 14% of women and 32% of men in Bomet County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gap.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 61% of women and 54% of men had a comprehensive knowledge of HIV and AIDS (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Bomet County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5)

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 97% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS, 2014). The survey revealed that 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy. (KDHS, 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Bomet County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	14%	18	15%
Percent of men who have never been tested for HIV	32%	24	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	61%	17	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	54%	35	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	97%	22	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	20	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).



## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Bomet County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,735
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan ***	2,735

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. Though the 2012 mapping and estimation did not include Bomet, the county already has KP community estimates of FSW at 550. In the quarter April – June 2016, 896 FSWs were contacted by the programme. The quarterly HIV testing among FSW was low at 29% against the national targets of 80% in Bomet County. (Table 7)

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	550	29%	133,675
MSM	-	-	13,019
PWID	-	-	18,327

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is nearly lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and three in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# BUNGOMA COUNTY

## Section 1: HIV Burden in Bungoma County

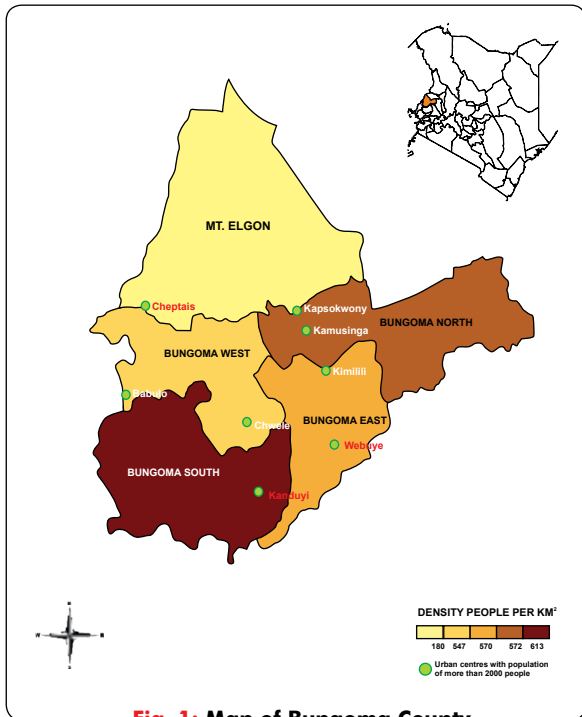


Fig. 1: Map of Bungoma County

Bungoma County has a population of 1,526,739, comprising of 751,772 males (49%) and 774,967 females (51%). Children below 15 years constitute 48% of the population, while youth aged 15-24 years constitute 20% of the population (2015 KNBS Population Projections).

HIV prevalence in Bungoma is lower than the national prevalence at 2.8% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (3.4%) than that of men (2.1%) indicating that Women are more vulnerable to HIV infection than men in the County (Figure 2).

Bungoma County contributed to 2.0% of the total number of people living with HIV in Kenya, and is ranked the fourteenth highest nationally. By the end of 2015 a total of 30,091 people were living with HIV in the County, with 14% being young people aged 15-24 years and 8% being children under the age of 15 years.

Approximately 105 children and 542 adults died of AIDS-related conditions in 2015. There was a decrease of 58% of HIV-related deaths among the children aged below 15 years and a decrease of 37% among adults aged 15 years and above since 2013 in the County. (Table 1).

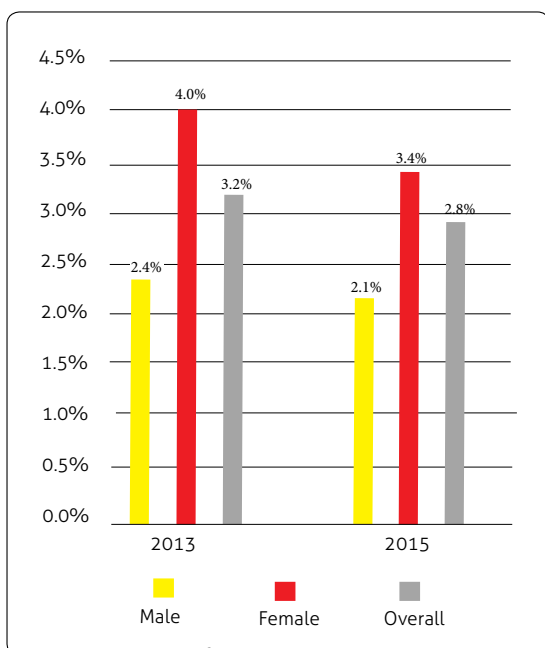


Fig. 2: Prevalence of HIV by gender in Bungoma County

Total Population

**1,526,739**

ART Coverage

**93%**

**2.6%**

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Bungoma County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	5,086	2,311	-55%	34	98,170
No. of adults living with HIV (≥15 yrs)	26,100	27,780	+6%	34	1,419,537
No. of youth living with HIV (15-24 yrs)		4,143		29	268,586
No. of adolescents living with HIV (10-19 yrs)		2,883		34	133,455
Total number of people living with HIV*	31,186	30,091	-4%	34	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	249	105	-58%	32	5,004
Adult AIDS related deaths (≥15 yrs)	864	542	-37%	26	30,817
Youth AIDS related deaths (15-24 yrs)		80		32	3,853
Adolescent AIDS related deaths (10-19 yrs)		85		38	2,793
Total number of AIDS related deaths*	1,112	647	-42%	27	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Bungoma County

### New HIV infections among adults and children

In 2015, Bungoma County contributed to 1.1% and 1.6% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 10% and 32% of all new HIV infections in the County respectively. Compared to 2013, Bungoma County recorded a decrease of 24% in the number of new HIV infections among children aged below 15 years and an increase of over 100% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Bungoma County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.16%	0.14%	-11%	21	0.27%
Annual new HIV infections among children (0-14 yrs)	93	71	-24%	25	6,613
Annual new HIV infections among adults (≥15 yrs)	83	1,145	+1283%	30	71,034
Annual new HIV infections among youth (15-24 yrs)		388		28	35,776
Annual new HIV infections among adolescents (10-19 yrs)		120		22	18,004
<b>Total annual new HIV infections</b>	<b>176</b>	<b>1,216</b>	<b>+590%</b>	<b>30</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 1,494 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,508 pregnant women yielding 99% PMTCT Coverage. There were 5.2% children who were infected with HIV in 2015, showing a 74% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Bungoma County**

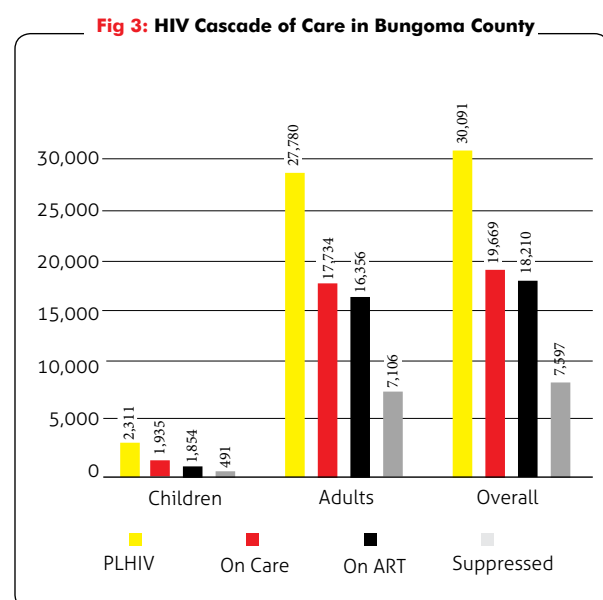
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,500	1,508		79,475
Number Receiving PMTCT	1,083	1,494	+38%	59,214
PMTCT Coverage	53%	99%	+87%	75%
County Ranking of PMTCT Coverage	20	4		
MTCT Coverage*	19.9%	5.2%	-74%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Bungoma County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 1,935 children on care 1,854 (96%) are on ART and of this 491 (26%) are virally suppressed. Among the 17,734 adults on care, 16,356 (92%) are on ART and of this 7,106 (43%) are virally suppressed.

Overall Bungoma County has an ART coverage of 93% and viral suppression of 42% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 2).



The number of adults receiving ART increased by 60%, and ART coverage increased by 9% in 2015 compared to 2013 in Bungoma County. Similarly the number of children receiving ART increased by 56%, and ART coverage increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Bungoma County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	20,742	25,136		1,245,106
Number receiving ART	10,982	17,526	+60%	826,097
ART Coverage	64%	70%	+9%	66%
County Ranking of ART Coverage*	27	16		
<b>Children</b>				
Need for ART	3,578	1,942		93,056
Number receiving ART	1,140	1,778	+56%	71,547
ART Coverage	32%	92%	187%	77%
County Ranking of ART Coverage*	29	15		

\*in this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Bungoma County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 23% of women and 44% of men in Bungoma County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 64% of women and 67% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Bungoma County about 27% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5)

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 98% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 12% of women and 58% of men reported sexual debut before age 15 in the County (KDHS 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use. The survey revealed that 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The survey revealed that 25% of women and 44% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counseling, and Prevention Indicators in Bungoma County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	23%	40	15%
Percent of men who have never been tested for HIV	44%	42	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	64%	9	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	67%	17	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	27%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	98%	14	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	12%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	58%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	17	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	25%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	44%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Bungoma County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	5,130
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	5,130

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. Though Bungoma has estimates for FSW, MSM and PWID, currently there is no HIV programme among key populations (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	3,984	0%	133,675
MSM	211	-	13,019
PWID	237	-	18,327

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is lower than the national average, but still slightly higher than the target of less than 5%
- Less than three-quarters of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and four in ten adult men had not tested for HIV in the past twelve months.

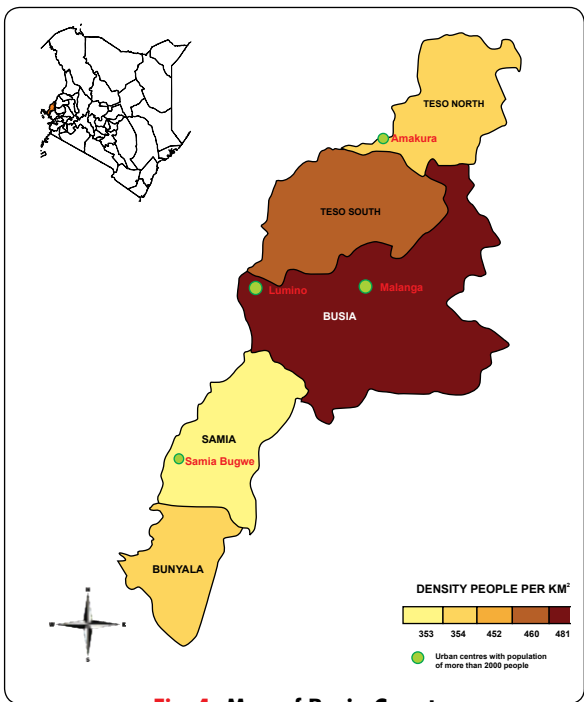
#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys



# BUSIA COUNTY

## Section 1: HIV Burden in Busia County



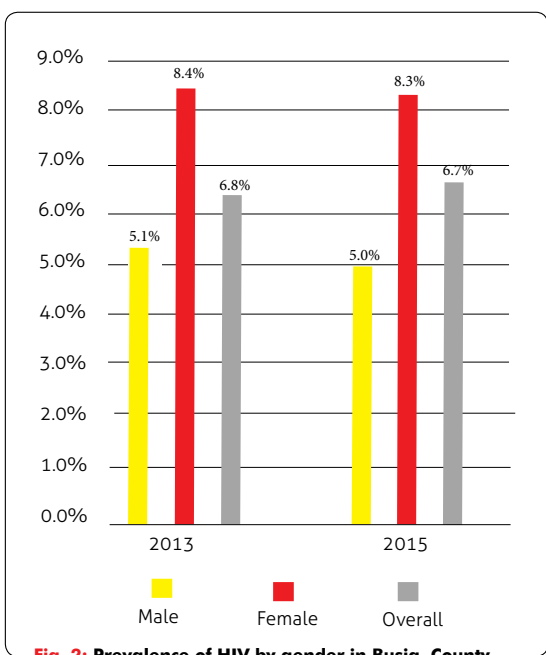
**Fig. 1: Map of Busia County**

**B**usia County has a population of 825,836 comprising of 398,648 males (48%) and 427,188 females (52%). Children below 15 years constitute 48% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

HIV prevalence in Busia is 1.1 times higher than the national prevalence at 6.7% (Kenya HIV Estimates 2015). The HIV prevalence among women in Busia is higher (8.3%) than that of men (5.0%) indicating that Women are more vulnerable to HIV infection than men in the county (Figure 2).

Busia County contributed to 2.5% of the total number of people living with HIV in Kenya, and is ranked the tenth highest nationally. By the end of 2015 a total of 38,549 people were living with HIV in the County, with 14% being young people aged 15-24 years and 8% being children under the age of 15 years.

Approximately 134 children and 695 adults died of AIDS-related conditions in 2015. There was a decrease of 12% of HIV-related deaths among the children aged below 15 years and an increase of 30% among adults aged 15 years and above since 2013 in the county. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Busia County**

Total Population

825,836

ART Coverage

92%

2.5%

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Busia County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	3,138	2,961	-6%	39	98,170
No. of adults living with HIV (≥15 yrs)	16,100	35,588	+121%	38	1,419,537
No. of youth living with HIV (15-24 yrs)		5,308		32	268,586
No. of adolescents living with HIV (10-19 yrs)		3,693		39	133,455
<b>Total number of people living with HIV*</b>	<b>19,238</b>	<b>38,549</b>		<b>38</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	153	134	-12%	38	5,004
Adult AIDS related deaths (≥15 yrs)	533	695	+30%	32	30,817
Youth AIDS related deaths (15-24 yrs)		102		39	3,853
Adolescent AIDS related deaths (10-19 yrs)		108		39	2,793
<b>Total number of AIDS related deaths*</b>	<b>686</b>	<b>829</b>	<b>+21%</b>	<b>34</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Busia County

### New HIV infections among adults and children

In 2015, Busia County contributed to 1.4% and 2.1% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 10% and 32% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of 57% in the number of new HIV infections among children aged below 15 years and an increase of over 100% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Busia County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.38%	0.34%	-10%	41	0.27%
Annual new HIV infections among children (0-14 yrs)	58	90	+57%	29	6,613
Annual new HIV infections among adults (≥15 yrs)	51	1,467	+2771%	33	71,034
Annual new HIV infections among youth (15-24 yrs)		497		31	35,776
Annual new HIV infections among adolescents (10-19 yrs)		154		27	18,004
<b>Total annual new HIV infections</b>	<b>109</b>	<b>1,557</b>	<b>+1333%</b>	<b>32</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 1,701 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,932 pregnant women yielding 88% PMTCT Coverage. There were 9.3% children who were infected with HIV in 2015, showing a 54% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Busia County**

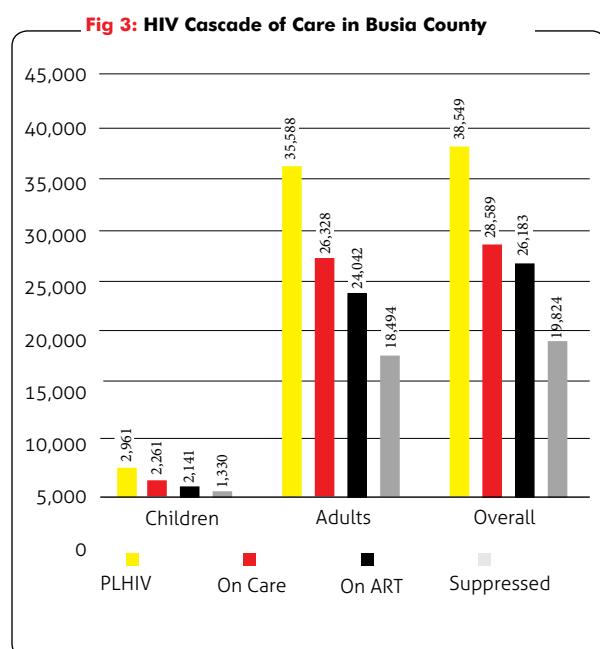
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	925	1,932		79,475
Number Receiving PMTCT	938	1,701	+81%	59,214
PMTCT Coverage	52%	88%	+70%	75%
County Ranking of PMTCT Coverage	23	17		
MTCT Coverage*	20.2%	9.3%	-54%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Busia County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 2,261 children on care 2,141 (95%) are on ART and of this 1,330 (62%) are virally suppressed. Among the 26,328 adults on care, 24,042 (91%) are on ART and of this 18,494 (77%) are virally suppressed.

Overall Busia County has an ART coverage of 92% and viral suppression of 76% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 33%, while ART coverage decreased by 56% in 2015 compared to 2013 in Busia County. Similarly, the number of children receiving ART increased by 24%, and ART coverage increased by 10% in 2015 compared to 2013 (Table 4).

**Table 4: ART Uptake in Busia County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	12,795	32,202		1,245,106
Number receiving ART	19,398	25,766	+33%	826,097
ART Coverage	183%	80%	-56%	66%
County Ranking of ART Coverage*	1	8		
<b>Children</b>				
Need for ART	2,207	2,488		93,056
Number receiving ART	1,657	2,047	+24%	71,547
ART Coverage	75%	82%	+10%	77%
County Ranking of ART Coverage*	1	23		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Busia County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 15% of women and 24% of men in Busia County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The Survey revealed that 53% of women and 74% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Busia County about 27% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 89% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 12% of women and 58% of men reported sexual debut before age 15 in the County (KDHS, 2014)

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS, 2014). The Survey revealed that none of the men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The Survey revealed that 25% of women and 44% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV). Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Busia County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	15%	24	15%
Percent of men who have never been tested for HIV	24%	12	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	53%	25	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	74%	9	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	27%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	89%	40	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	12%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	58%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	0%	6	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	25%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	44%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Busia Orphans and social welfare indicators in Busia County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	6,934
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	6,934

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has interventions with FSW and MSM. The quarterly (April – June 2016) HIV testing among FSW is low and MSM is moderate against the national targets of 80% in Busia County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	3,182	17%	133,675
MSM	145	45%	13,019
PWID	157	-	18,327



### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is nearly 1.1 times higher than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than three-quarters of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and two in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# ELGEYO MARAKWET COUNTY

## Section 1: HIV Burden in Elgeyo Marakwet County

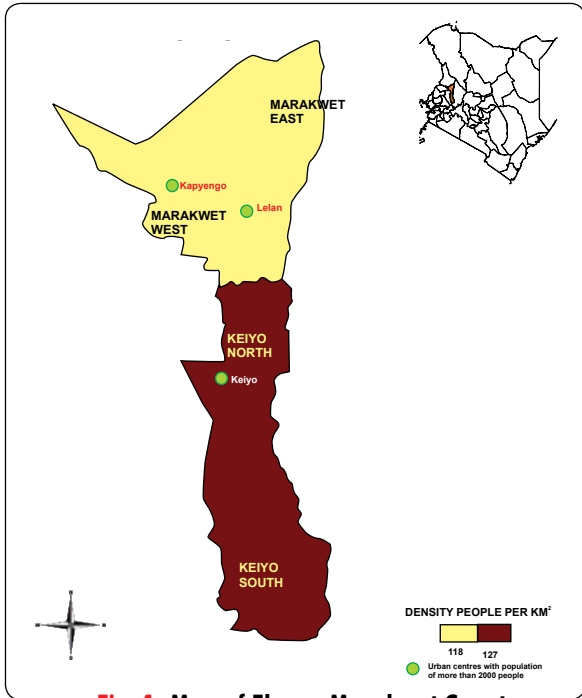


Fig. 1: Map of Elgeyo Marakwet County

Elgeyo Marakwet County has a population of 452,360, comprising of 224,369 males (50%) and 227,991 females (50%). Children below 15 years constitute 44% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

HIV prevalence in Elgeyo Marakwet is lower than the national prevalence at 1.9% (Kenya HIV Estimates 2015). The HIV prevalence among women in Elgeyo Marakwet is higher (2.8%) than that of men (1.7%) indicating that women are more vulnerable to HIV infection than men in the county (Figure 2).

Elgeyo Marakwet County contributed to 0.3% of the total number of people living with HIV in Kenya, and is ranked the thirty ninth nationally. By the end of 2015 a total of 4,381 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

Approximately 21 children and 128 adults died of AIDS-related conditions in 2015. There was a decrease of 48% of HIV-related deaths among the children aged below 15 years and a decrease of 57% among adults aged 15 years and above since 2013 in the county (Table 1).

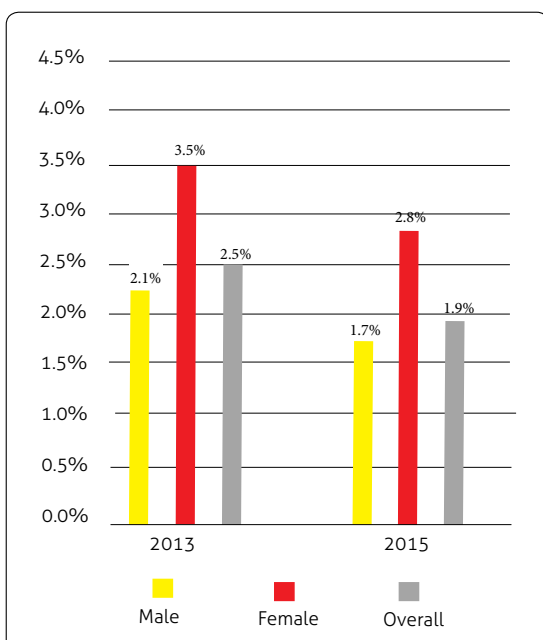
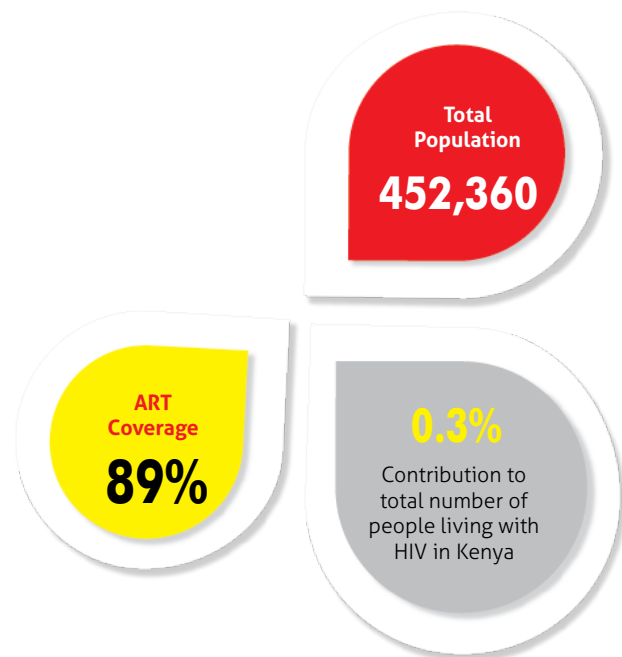


Fig. 2: Prevalence of HIV by gender in Elgeyo Marakwet County





**Table 1: HIV burden in Elgeyo Marakwet County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	765	414	-46%	8	98,170
No. of adults living with HIV (≥15 yrs)	5,200	3,968	-24%	9	1,419,537
No. of youth living with HIV (15-24 yrs)		656		8	268,586
No. of adolescents living with HIV (10-19 yrs)		430		8	133,455
<b>Total number of people living with HIV*</b>	<b>5,965</b>	<b>4,381</b>	<b>-27%</b>	<b>9</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	42	21	-48%	10	5,004
Adult AIDS related deaths (≥15 yrs)	297	128	-57%	7	30,817
Youth AIDS related deaths (15-24 yrs)		15		7	3,853
Adolescent AIDS related deaths (10-19 yrs)		13		9	2,793
<b>Total number of AIDS related deaths*</b>	<b>338</b>	<b>150</b>	<b>-56%</b>	<b>7</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Elgeyo Marakwet County

### New HIV infections among adults and children

In 2015, Elgeyo Marakwet County contributed to 0.3% and 0.1% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a decrease of 9% in the number of new HIV infections among children aged below 15 years and a substantive decrease of 79% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Elgeyo Marakwet County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
Incidence rate	0.04%	0.03%	-28%	6	0.27%
Annual new HIV infections among children (0-14 yrs)	19	18	-9%	8	6,613
Annual new HIV infections among adults (≥15 yrs)	400	85	-79%	5	71,034
Annual new HIV infections among youth (15-24 yrs)		48		5	35,776
Annual new HIV infections among adolescents (10-19 yrs)		26		5	18,004
<b>Total annual new HIV infections</b>	<b>419</b>	<b>103</b>	<b>-75%</b>	<b>4</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. All the 245 pregnant women living with HIV and in need of PMTCT in Elgeyo Marakwet were provided with PMTCT services yielding 100% PMTCT Coverage. There were 4.9% children who were infected with HIV in 2015, showing a substantive decrease of 83% from 2013 which is a marked improvement in reducing mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Elgeyo Marakwet County**

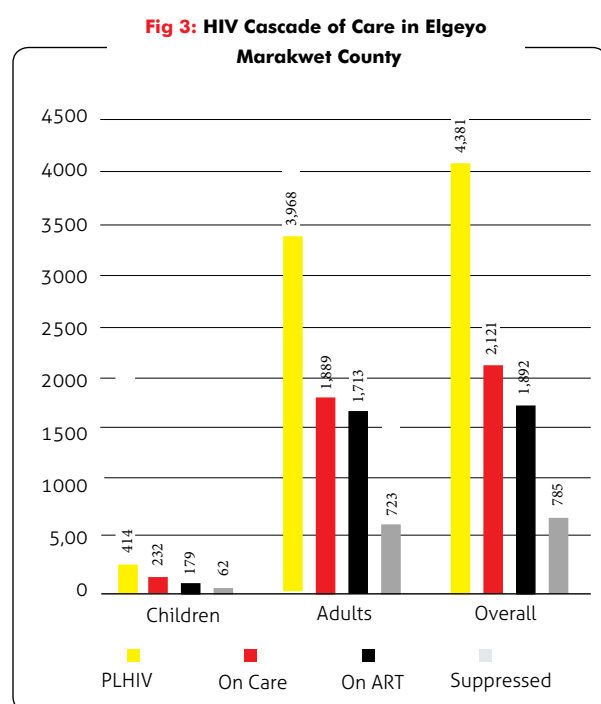
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	305	245		79,475
Number Receiving PMTCT	124	245	+98%	59,214
PMTCT Coverage	28%	100%	+259%	75%
County Ranking of PMTCT Coverage	40	1		
MTCT Coverage*	28.4%	4.9%	-83%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Elgeyo Marakwet County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 232 children on care 179 (77%) are on ART and of this 62 (35%) are virally suppressed. Among the 1,889 adults on care, 1,713 (91%) are on ART and of this 723 (42%) are virally suppressed.

Overall Elgeyo Marakwet County has an ART coverage of 89% and viral suppression of 41% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 88% and ART coverage increased by 32% in 2015 compared to 2013 in Elgeyo Marakwet County. Similarly the number of children receiving ART increased by 96%, and ART coverage increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Elgeyo Marakwet County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	3,081	3,611		1,245,106
Number receiving ART	978	1,836	+88%	826,097
ART Coverage	38%	51%	+32%	66%
County Ranking of ART Coverage*	39	33		
<b>Children</b>				
Need for ART	538	351		93,056
Number receiving ART	89	174	96%	71,547
ART Coverage	17%	50%	200%	77%
County Ranking of ART Coverage*	39	37		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV Elgeyo Marakwet County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 19% of women and 37% of men in Elgeyo Marakwet County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The Survey revealed that 65% of women and 81% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Elgeyo Marakwet County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 91% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS, 2014). The survey revealed that 6% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counseling, and Prevention Indicators in Elgeyo Marakwet County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	19%	35	15%
Percent of men who have never been tested for HIV	37%	35	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	65%	6	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	81%	6	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	91%	39	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	6%	43	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Elgeyo Marakwet County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	1,846
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	1,846

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 mapping and estimation conducted did not include Elgeyo Marakwet and currently there are no programmes reaching key populations in the county (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	-	-	133,675
MSM	-	-	13,019
PWID	-	-	18,327

### Key Facts and Priorities

#### KEY FACTS

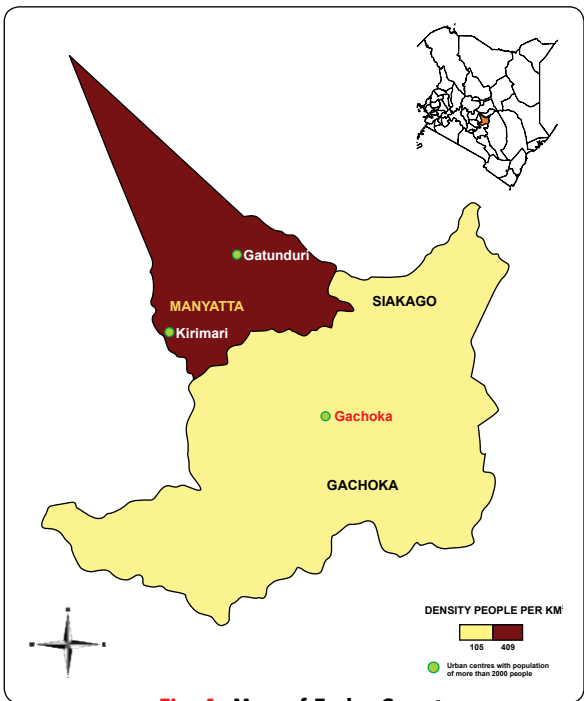
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is lower than the national average, and slightly lower than the target of less than 5%
- Less than two-thirds of women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and four in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# EMBU COUNTY

## Section 1: HIV Burden in Embu County



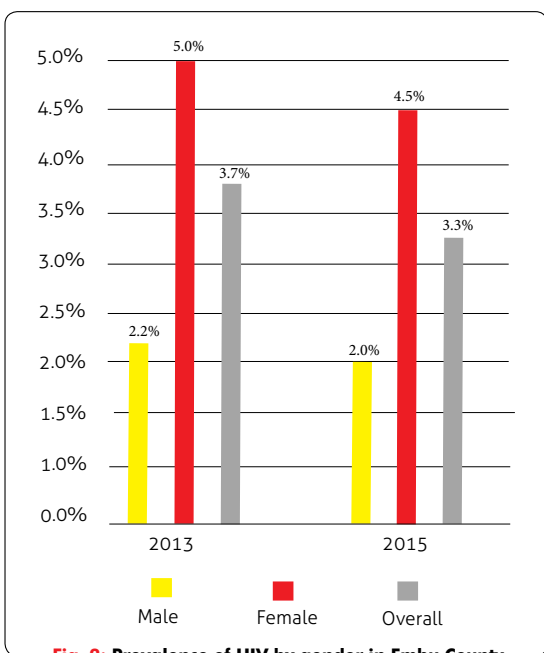
**Fig. 1: Map of Embu County**

Embu County has a population of 554,081 comprising of 275,869 males (50%) and 278,212 females (50%). Children below 15 years constitute 38% of the population, while youth aged 15-24 years constitute 19% of the population (2015 KNBS Population Projections).

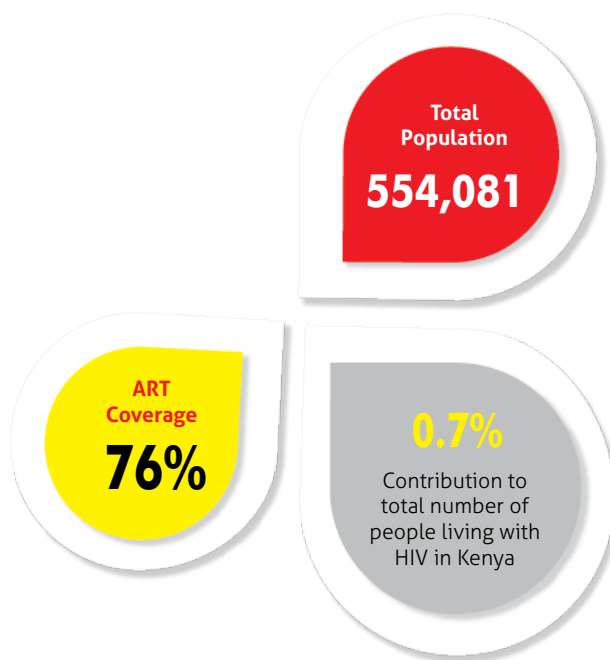
HIV prevalence in Embu is lower than the national prevalence at 3.3% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (4.5%) than that of men (2.0%) indicating that women are more vulnerable to HIV infection than men in the county. (Figure 2).

Embu County contributed to 0.7% of the total number of people living with HIV in Kenya, and is ranked the thirty fourth nationally. By the end of 2015 a total of 11,141 people were living with HIV in the County, with 20% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 30 children and 273 adults died of AIDS-related conditions in 2015. There was a decrease of 53% of HIV-related deaths among the children aged below 15 years and a decrease of 16% among adults aged 15 years and above since 2013 in the county. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Embu County**



**Table 1: HIV burden in Embu County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
<b>Morbidity</b>					
No. of children living with HIV (0-14 yrs)	1,465	711	-51%	16	98,170
No. of adults living with HIV (≥15 yrs)	9,600	10,430	+9%	16	1,419,537
No. of youth living with HIV (15-24 yrs)		2,215		20	268,586
No. of adolescents living with HIV (10-19 yrs)		1,087		18	133,455
<b>Total number of people living with HIV*</b>	<b>11,065</b>	<b>11,141</b>	<b>+1%</b>	<b>14</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	63	30	-53%	15	5,004
Adult AIDS related deaths (≥15 yrs)	326	273	-16%	16	30,817
Youth AIDS related deaths (15-24 yrs)		30		17	3,853
Adolescent AIDS related deaths (10-19 yrs)		20		15	2,793
<b>Total number of AIDS related deaths*</b>	<b>389</b>	<b>302</b>	<b>-22%</b>	<b>16</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Embu County

### New HIV infections among adults and children

In 2015, Embu County contributed to 0.7% and 0.8% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 26% and 49% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of 55% in the number of new HIV infections among children aged below 15 years and an increase of 15% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Embu County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
Incidence rate	0.21%	0.17%	-18%	24	0.27%
Annual new HIV infections among children (0-14 yrs)	28	44	+55%	17	6,613
Annual new HIV infections among adults (≥15 yrs)	518	596	+15%	23	71,034
Annual new HIV infections among youth (15-24 yrs)		315		26	35,776
Annual new HIV infections among adolescents (10-19 yrs)		167		30	18,004
<b>Total annual new HIV infections</b>	<b>546</b>	<b>640</b>	<b>+17%</b>	<b>23</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 418 pregnant women living with HIV who were provided with PMTCT services out of a total need of 487 pregnant women yielding 86% PMTCT Coverage. There were 10.1% children who were infected with HIV in 2015, showing a 41% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Embu County**

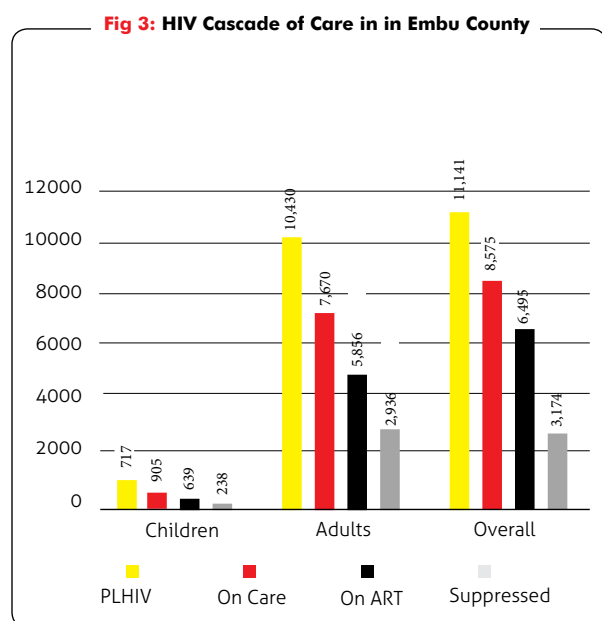
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	446	487		79,475
Number Receiving PMTCT	371	418	+13%	59,214
PMTCT Coverage	61%	86%	+41%	75%
County Ranking of PMTCT Coverage	14	18		
MTCT Coverage*	17.2%	10.1%	-41%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Embu County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 905 children on care 639 (71%) are on ART and of this 238(37%) are virally suppressed. Among 7,670 adults on care 5,856 (76%) are on ART and of this, 2,936 (50%) are virally suppressed.

Overall Embu County has an ART coverage of 76% and viral suppression of 49% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 22%, while ART coverage declined by 27% in 2015 compared to 2013 in Embu County. Similarly the number of children receiving ART increased by 19%, and ART coverage increase by 80% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Embu County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	6,586	9,224		1,245,106
Number receiving ART	5,132	6,275	+22%	826,097
ART Coverage	93%	68%	-27%	66%
County Ranking of ART Coverage*	12	18		
<b>Children</b>				
Need for ART	1,046	691		93,056
Number receiving ART	513	611	+19%	71,547
ART Coverage	49%	88%	+80%	77%
County Ranking of ART Coverage*	17	18		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Embu County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 16% of women and 36% of men in Embu County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 51% of women and 46% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).



### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Embu County about 42% of women and 50% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 97% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 11% of women and 58% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS, 2014). The survey revealed that 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV and AIDS can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The survey revealed that 19% of women and 35% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Embu County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	16%	28	15%
Percent of men who have never been tested for HIV	36%	34	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	51%	29	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	46%	41	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	42%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	50%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	97%	24	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	11%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	58%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	26	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	19%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	35%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Embu County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	3,478
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	3,478

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 28% and MSM at 17% against the national targets of 80% in Embu County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	1,032	28%	133,675
MSM	29	17%	13,019
PWID	117	-	18,327

### Key Facts and Priorities

#### KEY FACTS

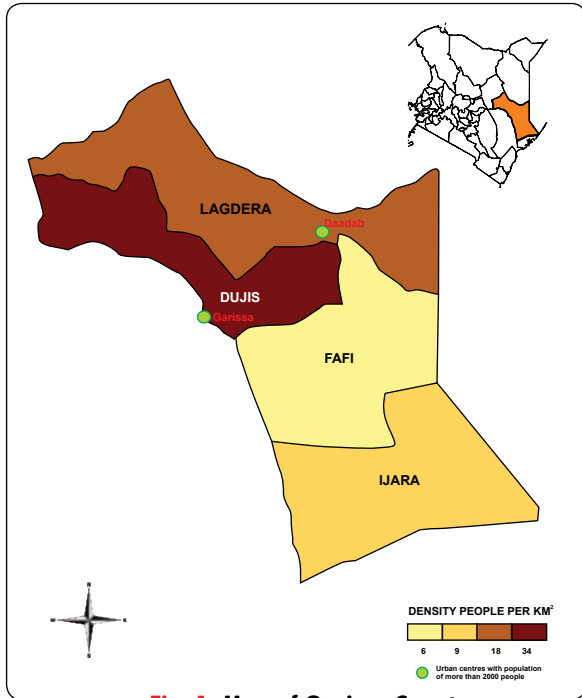
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than half of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and four in ten adult men had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# GARISSA COUNTY

## Section 1: HIV Burden in Garissa County



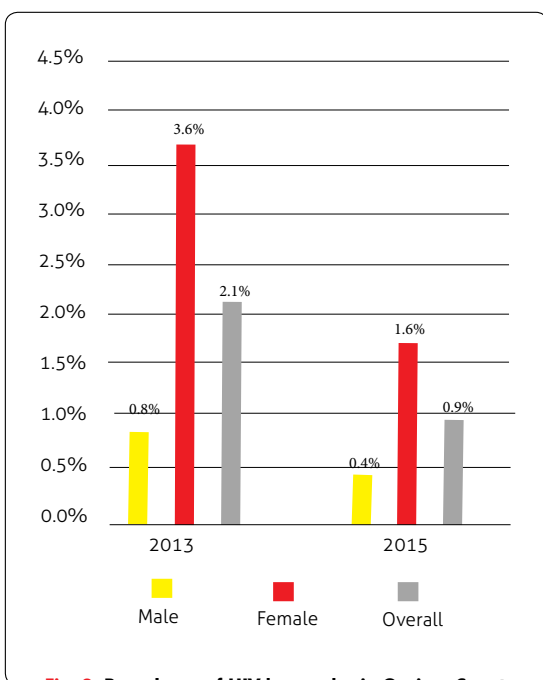
**Fig. 1: Map of Garissa County**

**G**arissa County has a population of 423,931 comprising of 217,459 males (51%) and 206,472 females (49%). Children below 15 years constitute 39% of the population, while youth aged 15-24 years constitute 23% of the population (2015 KNBS Population Projections).

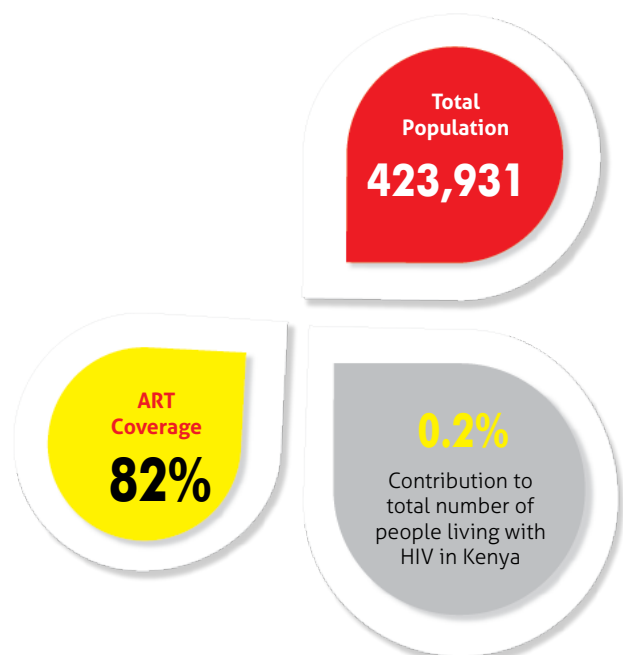
HIV prevalence in Garissa is lower than the national prevalence at 0.9% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (1.6%) than that of men (0.4%), indicating that women are more vulnerable to HIV infection than men in the County (Figure 2)

Garissa County contributes to 0.2% of the total number of people living with HIV in Kenya, and is ranked forty fifth nationally. By the end of 2015, a total of 2,534 people were living with HIV in the County, with 19% being young people aged 15-24 years and 15% being children under the age of 15 years.

Approximately 31 children and 162 adults died of AIDS-related conditions in 2015. There was a decrease of 54% of HIV-related deaths among the children aged below 15 years and a decrease of 69% among adults aged 15 years and above since 2013 in the County. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Garissa County**



**Table 1: HIV burden in Garissa County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	1,075	375	-65%	7	98,170
No. of adults living with HIV (≥15 yrs)	3,300	2,159	-35%	3	1,419,537
No. of youth living with HIV (15-24 yrs)		489		4	268,586
No. of adolescents living with HIV (10-19 yrs)		364		7	133,455
<b>Total number of people living with HIV*</b>	<b>4,375</b>	<b>2,534</b>	<b>-42%</b>	<b>3</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	69	31	-54%	16	5,004
Adult AIDS related deaths (≥15 yrs)	521	162	-69%	9	30,817
Youth AIDS related deaths (15-24 yrs)		21		12	3,853
Adolescent AIDS related deaths (10-19 yrs)		19		14	2,793
<b>Total number of AIDS related deaths*</b>	<b>589</b>	<b>193</b>	<b>-67%</b>	<b>10</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Garissa County

### New HIV infections among adults and children

In 2015, Garissa County contributed to 0.5% and 0.1% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 19% and 35% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of over 100% in the number of new HIV infections among children aged below 15 years and a decrease of 53% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Garissa County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.03%	0.02%	-19%	3	0.27%
Annual new HIV infections among children (0-14 yrs)	14	36	+153%	16	6,613
Annual new HIV infections among adults (≥15 yrs)	116	55	-53%	2	71,034
Annual new HIV infections among youth (15-24 yrs)		31		2	35,776
Annual new HIV infections among adolescents (10-19 yrs)		17		2	18,004
<b>Total annual new HIV infections</b>	<b>130</b>	<b>90</b>	<b>-31%</b>	<b>3</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 78 pregnant women living with HIV who were provided with PMTCT services out of a total need of 143 pregnant women yielding 55% PMTCT Coverage. There were 21.5% children who were infected with HIV in 2015, showing a 36% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Garissa County**

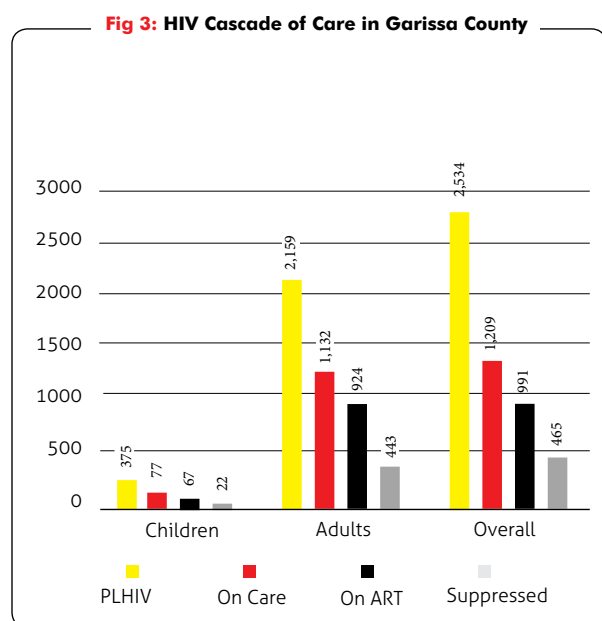
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	220	143		79,475
Number Receiving PMTCT	42	78	+85%	59,214
PMTCT Coverage	12%	55%	+342%	75%
County Ranking of PMTCT Coverage	45	41		
MTCT Coverage*	33.6%	21.5%	-36%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Garissa County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 77 children on care 67 (87%) are on ART and of this 22(33%) are virally suppressed. Among the 1,132 adults on care, 924 (82%) are on ART and of this, 443(48%) are virally suppressed.

Overall Garissa County has an ART coverage of 82% and viral suppression of 47% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 11%, while ART coverage declined by 5% in 2015 compared to 2013 in Garissa County. Similarly the number of children receiving ART declined by 21% in 2015 while ART coverage increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Garissa County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	2,404	1,923		1,245,106
Number receiving ART	786	871	+11%	826,097
ART Coverage	48%	45%	-5%	66%
County Ranking of ART Coverage*	37	35		
<b>Children</b>				
Need for ART	755	271		93,056
Number receiving ART	73	58	-21%	71,547
ART Coverage	10%	21%	+121%	77%
County Ranking of ART Coverage*	44	45		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Garissa County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 45% of women and 40% of men in Garissa County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 19% of women and 52% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. Even so the figures on condom use were not computed for Garissa County in KDHS 2014, with the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014 100% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 7% of women and 46% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS, 2014). The survey revealed that none of the men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The survey revealed that 3% of women and 31% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counseling, and Prevention Indicators in Garissa County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	45%	46	15%
Percent of men who have never been tested for HIV	40%	37	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	19%	45	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	52%	38	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	100%	1	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	7%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	46%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	0%	1	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	3%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	31%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Garissa County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	1,599
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	1,599

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 mapping and estimation conducted did not include Garissa County and currently there are no programmes reaching key populations in the county. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	-	-	133,675
MSM	-	-	13,019
PWID	-	-	18,327



### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than half of men and women have a comprehensive knowledge of HIV and AIDS
- About four in ten adult men and women had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys



# HOMA BAY COUNTY

## Section 1: HIV Burden in Homa Bay County

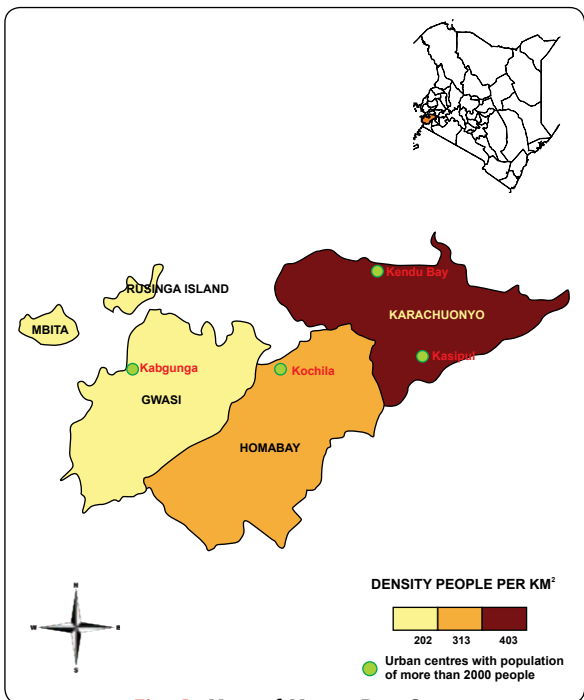


Fig. 1: Map of Homa Bay County

Homa Bay County has a population of 1,101,901, comprising of 530,272 males (48%) and 571,629 females (52%). Children below 15 years constitute 47% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

HIV prevalence in Homa Bay is nearly 4.5 times higher than the national prevalence at 26.0% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (27.8%) than that of men (24.0%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Homa Bay County contributed to 10.4% of the total number of people living with HIV in Kenya, and is ranked the second highest nationally. By the end of 2015, a total of 158,077 people were living with HIV in the County, with 22% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 548 children and 2,759 adults died of AIDS-related conditions in 2015 (Table 1). There was a decrease of 56% of HIV-related deaths among the children aged below 15 years and a decrease of 19% among adults aged 15 years and above since 2013 in the County (Table 1).

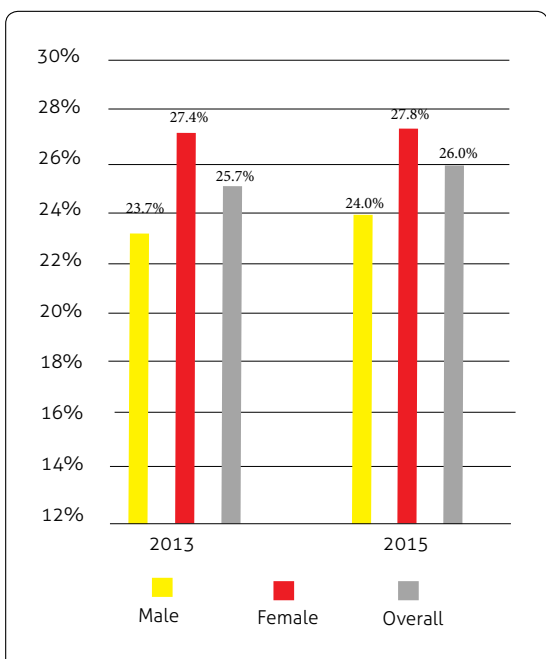


Fig. 2: Prevalence of HIV by gender in Homa Bay County

Total Population

**1,101,901**

ART Coverage

**91%**

**10.4%**

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Homa Bay County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	19,370	9,420	-51%	47	98,170
No. of adults living with HIV (≥15 yrs)	140,600	148,657	+6%	46	1,419,537
No. of youth living with HIV (15-24 yrs)		34,812		47	268,586
No. of adolescents living with HIV (10-19 yrs)		15,323		47	133,455
<b>Total number of people living with HIV*</b>	<b>159,970</b>	<b>158,077</b>	<b>-1%</b>	<b>46</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	1,234	548	-56%	47	5,004
Adult AIDS related deaths (≥15 yrs)	3,395	2,759	-19%	47	30,817
Youth AIDS related deaths (15-24 yrs)		414		47	3,853
Adolescent AIDS related deaths (10-19 yrs)		238		47	2,793
<b>Total number of AIDS related deaths*</b>	<b>4,629</b>	<b>3,307</b>	<b>-29%</b>	<b>47</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Homa Bay County

### New HIV infections among adults and children

In 2015, Homa Bay County contributed to 15.1% and 13.6% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 28% and 52% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decline of 63% in the number of new HIV infections among children aged below 15 years and a decline of 22% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Homa Bay County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	2.28%	2.00%	-12%	47	0.27%
Annual new HIV infections among children (0-14 yrs)	2,724	996	-63%	47	6,613
Annual new HIV infections among adults (≥15 yrs)	12,279	9,629	-22%	47	71,034
Annual new HIV infections among youth (15-24 yrs)		5,473		47	35,776
Annual new HIV infections among adolescents (10-19 yrs)		2,945		47	18,004
<b>Total annual new HIV infections</b>	<b>15,003</b>	<b>10,625</b>	<b>-29%</b>	<b>47</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 6,639 pregnant women living with HIV who were provided with PMTCT services out of a total need of 9,812 pregnant women yielding 68% PMTCT Coverage. There were 16.8% children who were infected with HIV in 2015, similar to the 2013 rate for the County which implies that more efforts are needed in order to reduce mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Homabay County**

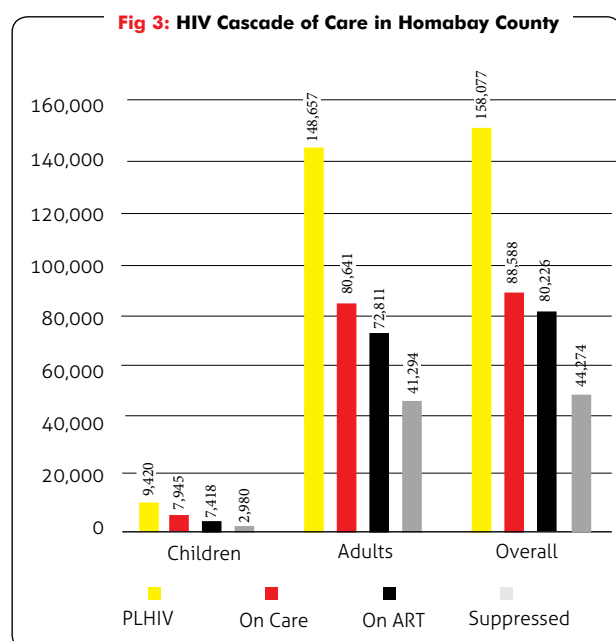
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	9,674	9,812		79,475
Number Receiving PMTCT	5,515	6,639	+20%	59,214
PMTCT Coverage	62%	68%	+9%	75%
County Ranking of PMTCT Coverage	13	29		
MTCT Coverage*	16.8%	16.8%	+0%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment Homa Bay County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 7,945 children on care 7,418 (93%) are on ART and of this 2,980 (40%) are virally suppressed. Among the 80,641 adults on care 72,811 (90%) are on ART and of this 41,294 (57%) are virally suppressed.

Overall Homa Bay County has an ART coverage of 91% and viral suppression of 55% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increase by 58%, while ART coverage declined by 11% in 2015 compared to 2013 in Homabay County. Similarly the number of children receiving ART increased by 16%, and ART coverage increased by 82% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Homabay County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	86,072	125,323		1,245,106
Number receiving ART	49,738	78,466	+58%	826,097
ART Coverage	70%	63%	-11%	66%
County Ranking of ART Coverage*	25	25		
<b>Children</b>				
Need for ART	15,235	9,716		93,056
Number receiving ART	6,331	7,341	+16%	71,547
ART Coverage	42%	76%	+82%	77%
County Ranking of ART Coverage*	21	27		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Homa Bay County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 6% of women and 15% of men in Homa Bay County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014 comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 65% of women and 66% of men had a comprehensive knowledge of HIV and AIDS (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Homa Bay County about 40% of women and 48% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5)

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014 56% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 21% of women and 60% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use. (KDHS, 2014). The survey revealed that 6% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The survey revealed that 26% of women and 46% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Homa Bay County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	6%	1	15%
Percent of men who have never been tested for HIV	15%	4	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	65%	8	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	66%	21	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	40%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	48%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	56%	45	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	21%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	60%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	6%	43	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	26%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	46%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Homa Bay County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	7,336
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	7,336

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The quarterly (April – June 2016) HIV testing among FSW and MSM is low compared to the national target of 80% in Homabay county (Table 7). There are no programmes for PWIDs in the county.

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	995	20%	133,675
MSM	339	9%	13,019
PWID	67	-	18,327



### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is nearly 4.5 times higher than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult men and women had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# ISIOLO COUNTY

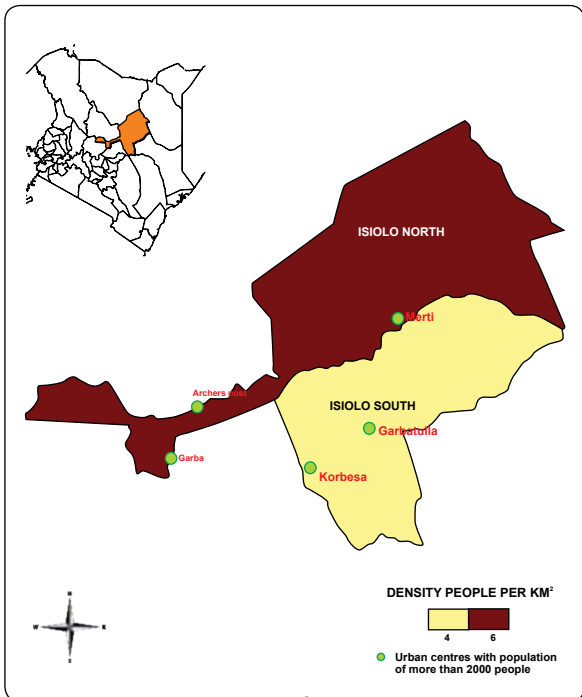
## Section 1: HIV Burden in Isiolo County

Isiolo County has a population of 153,874 comprising of 79,941 males (52%) and 73,933 females (48%). Children below 15 years constitute 44% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

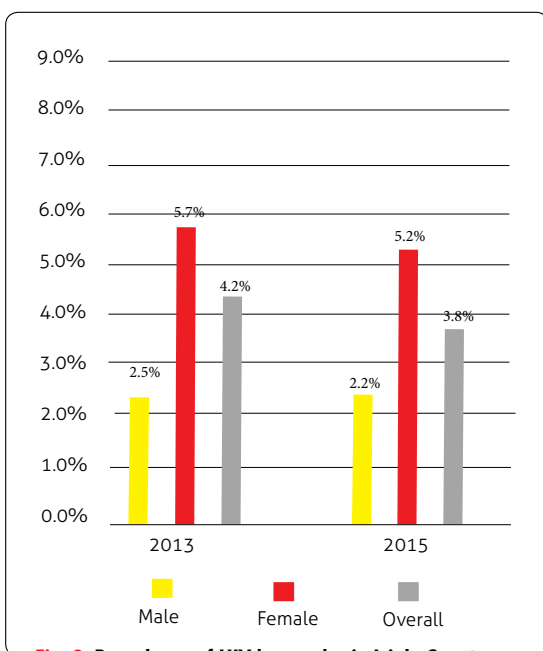
HIV prevalence in Isiolo is lower than the national prevalence at 3.8% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (5.2%) than that of men (2.2%) indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Isiolo County contributes to 0.2% of the total number of people living with HIV in Kenya, and is ranked the fortieth nationally. By the end of 2015 a total of 3,616 people were living with HIV in the County, with 20% being young people aged 15-24 years and 6% being children under the age of 15 years.

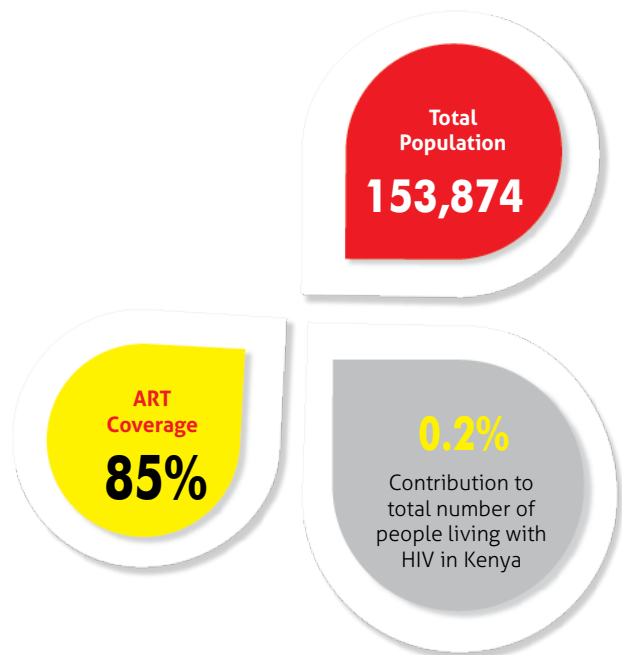
Approximately 10 children and 89 adults died of AIDS-related conditions in 2015 (Table 1). There was a decrease of 47% of HIV-related deaths among the children aged below 15 years and a decrease of 7% among adults aged 15 years and above since 2013 in the County. (Table 1).



**Fig. 1: Map of Isiolo County**



**Fig. 2: Prevalence of HIV by gender in Isiolo County**



**Table 1: HIV burden in Isiolo County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	427	231	-46%	5	98,170
No. of adults living with HIV (≥15 yrs)	2,800	3,385	21%	8	1,419,537
No. of youth living with HIV (15-24 yrs)		719		10	268,586
No. of adolescents living with HIV (10-19 yrs)		353		6	133,455
<b>Total number of people living with HIV*</b>	<b>3,227</b>	<b>3,616</b>	<b>12%</b>	<b>8</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	18	10	-47%	2	5,004
Adult AIDS related deaths (≥15 yrs)	95	89	-7%	6	30,817
Youth AIDS related deaths (15-24 yrs)		10		4	3,853
Adolescent AIDS related deaths (10-19 yrs)		6		4	2,793
<b>Total number of AIDS related deaths*</b>	<b>113</b>	<b>98</b>	<b>-13%</b>	<b>5</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission Isiolo County

### New HIV infections among adults and children

In 2015, Isiolo County contributed to 0.2% and 0.3% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 26% and 49% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of 72% in the number of new HIV infections among children aged below 15 years and an increase of 28% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Isiolo County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.25%	0.23%	-9%	32	0.27%
Annual new HIV infections among children (0-14 yrs)	8	14	72%	6	6,613
Annual new HIV infections among adults (≥15 yrs)	151	193	28%	12	71,034
Annual new HIV infections among youth (15-24 yrs)		102		12	35,776
Annual new HIV infections among adolescents (10-19 yrs)		54		12	18,004
<b>Total annual new HIV infections</b>	<b>159</b>	<b>208</b>	<b>30%</b>	<b>12</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 110 pregnant women living with HIV who were provided with PMTCT services out of a total need of 158 pregnant women yielding 70% PMTCT Coverage. There were 16.0% children who were infected with HIV in 2015, showing a 37% increase from 2013 which implies that more efforts are needed to reverse the trend in order to reduce mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Isiolo County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	130	158		79,475
Number Receiving PMTCT	124	110	-11%	59,214
PMTCT Coverage	77%	70%	-9%	75%
County Ranking of PMTCT Coverage	8	27		
MTCT Coverage*	11.7%	16.0%	37%	8.3%

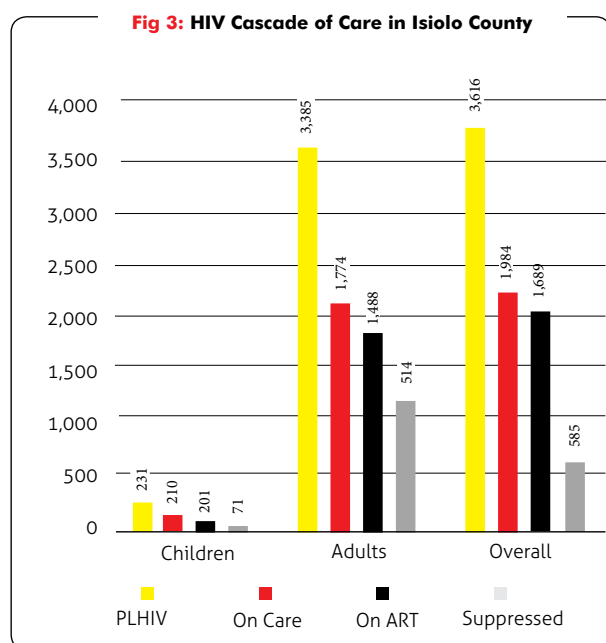
\*Note: Elimination of mother-to-child transmission is pegged at 5%



## Section 3: Expanding Access to Treatment in Isiolo County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 210 children on care 201 (96%) are on ART and of this 71(35%) are virally suppressed. Among the 1,774 adults on care, 1,488 (84%) are on ART and of this, 514(35%) are virally suppressed.

Overall Isiolo County has an ART coverage of 85% and viral suppression of 35% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 64%, while ART coverage declined by 11% in 2015 compared to 2013 in Isiolo County. Similarly ART coverage and the number of children receiving ART increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Isiolo County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	1,921	2,994		1,245,106
Number receiving ART	969	1,594	64%	826,097
ART Coverage	60%	53%	-11%	66%
County Ranking of ART Coverage*	29	31		
<b>Children</b>				
Need for ART	305	224		93,056
Number receiving ART	92	190	107%	71,547
ART Coverage	30%	85%	181%	77%
County Ranking of ART Coverage*	31	20		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Isiolo County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 11% of women and 23% of men in Isiolo County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 39% of women and 61% of men had a comprehensive knowledge of HIV and AIDS (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Isiolo County about 42% of women and 50% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014 98% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 11% of women and 58% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 19% of women and 35% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Isiolo County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	11%	6	15%
Percent of men who have never been tested for HIV	23%	11	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	39%	37	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	61%	31	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	42%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	50%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	98%	16	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	11%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	58%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	26	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	19%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	35%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Isiolo County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,400
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	2,400

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 mapping and estimation conducted did not include Isiolo county and currently there are no programmes reaching key populations in the county . (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	-	-	133,675
MSM	-	-	13,019
PWID	-	-	18,327



### Key Facts and Priorities

#### KEY FACTS

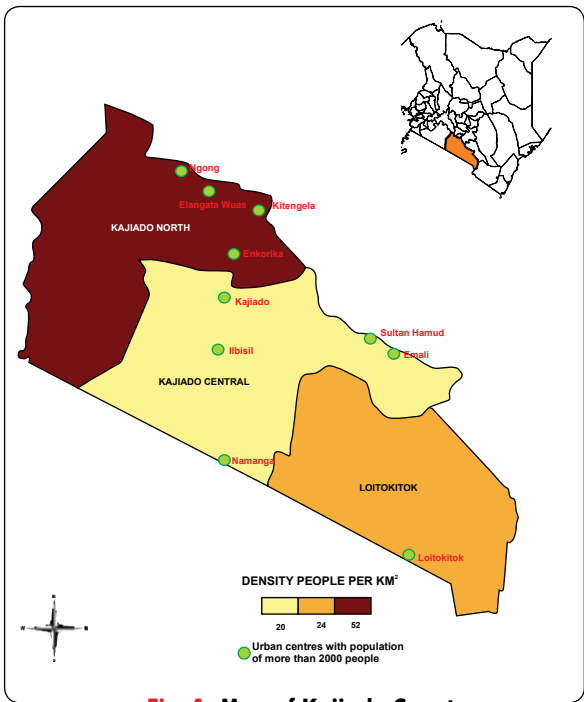
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than half of women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and two in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# KAJIADO COUNTY

## Section 1: HIV Burden in Kajiado County



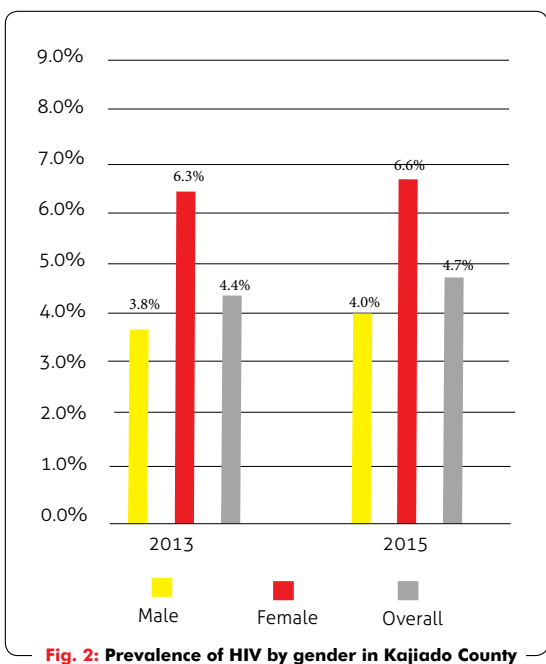
**Fig. 1: Map of Kajiado County**

**K**ajiado County has a population of 840,127, comprising of 421,875 males (50%) and 418,252 females (50%). Children below 15 years constitute 39% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

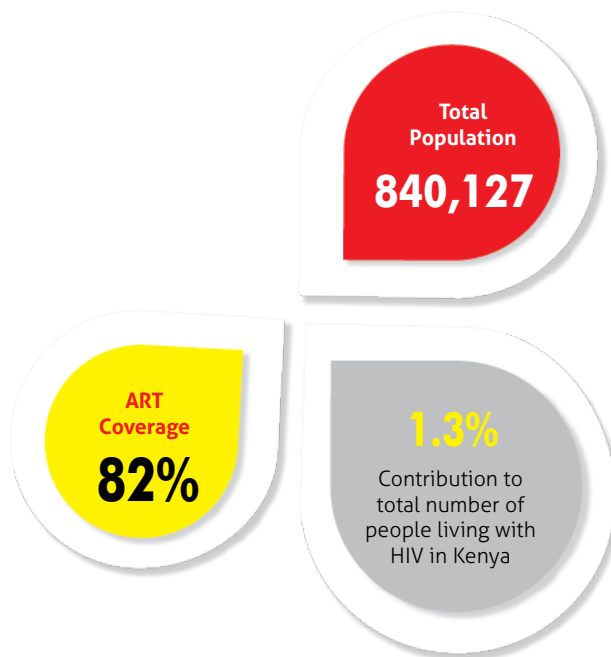
HIV prevalence in Kajiado is lower than the national prevalence at 4.7% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (6.6%) than that of men (4.0%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Kajiado County contributes to 1.3% of the total number of people living with HIV in Kenya, and is ranked the twenty fourth highest nationally. By the end of 2015, a total of 20,268 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

Approximately 99 children and 592 adults died of AIDS-related conditions in 2015. There was a decrease of 38% of HIV-related deaths among the children aged below 15 years and a decrease of 48% among adults aged 15 years and above since 2013 in the county. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Kajiado County**



**Table 1: HIV burden in Kajiado County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	2,956	1,914	-35%	30	98,170
No. of adults living with HIV (≥15 yrs)	20,100	18,354	-9%	24	1,419,537
No. of youth living with HIV (15-24 yrs)		3,033		25	268,586
No. of adolescents living with HIV (10-19 yrs)		1,989		25	133,455
<b>Total number of people living with HIV*</b>	<b>23,056</b>	<b>20,268</b>		<b>24</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	161	99	-38%	31	5,004
Adult AIDS related deaths (≥15 yrs)	1,147	592	-48%	28	30,817
Youth AIDS related deaths (15-24 yrs)		67		26	3,853
Adolescent AIDS related deaths (10-19 yrs)		62		33	2,793
<b>Total number of AIDS related deaths*</b>	<b>1,308</b>	<b>692</b>	<b>-47%</b>	<b>28</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Kajiado County

### New HIV infections among adults and children

In 2015, Kajiado County contributed to 1.2% and 0.6% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of 9% in the number of new HIV infections among children aged below 15 years and a substantive decrease of 75% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Kajiado County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.11%	0.07%	-35%	15	0.27%
Annual new HIV infections among children (0-14 yrs)	74	81	+9%	27	6,613
Annual new HIV infections among adults (≥15 yrs)	1,545	394	-75%	17	71,034
Annual new HIV infections among youth (15-24 yrs)		224		19	35,776
Annual new HIV infections among adolescents (10-19 yrs)		119		21	18,004
<b>Total annual new HIV infections</b>	<b>1,619</b>	<b>475</b>	<b>-71%</b>	<b>17</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 1,013 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,135 pregnant women yielding 89% PMTCT Coverage. There were 8.8% children who were infected with HIV in 2015, showing a 57% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Kajiado County**

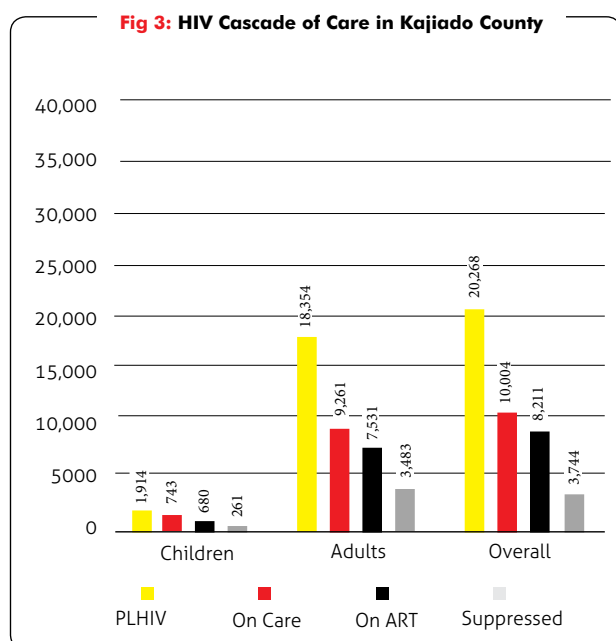
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,181	1,135		79,475
Number Receiving PMTCT	846	1,013	+20%	59,214
PMTCT Coverage	51%	89%	+75%	75%
County Ranking of PMTCT Coverage	26	14		
MTCT Coverage*	20.5%	8.8%	-57%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Kajiado County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 743 children on care 680 (92%) are on ART and of this 261 (38%) are virally suppressed. Among the 9,261 adults on care, 7,531 (81%) are on ART and of this 3,483 (46%) are virally suppressed.

Overall Kajiado County has an ART coverage of 82% and viral suppression of 46% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 32%, while ART coverage declined by 23% in 2015 compared to 2013 in Kajiado County. Similarly, the number of children receiving ART increased by 54%, and ART coverage increased by 98% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Kajiado County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	11,908	16,705		1,245,106
Number receiving ART	5,219	6,875	+32%	826,097
ART Coverage	53%	41%	-23%	66%
County Ranking of ART Coverage*	34	38		
<b>Children</b>				
Need for ART	2,080	1,622		93,056
Number receiving ART	372	573	+54%	71,547
ART Coverage	18%	35%	+98%	77%
County Ranking of ART Coverage*	37	43		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Kajiado County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 14% of women and 21% of men in Kajiado County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014 comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 56% of women and 67% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Kajiado County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 97% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 3% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Kajiado County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	14%	20	15%
Percent of men who have never been tested for HIV	21%	7	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	56%	22	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	67%	20	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	97%	23	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	3%	34	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).



## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Kajiado County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	1,660
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	1,660

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key populations is moderate among FSW at 43% and MSM at 42% against the national targets of 80% in Kajiado County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	1,564	43%	133,675
MSM	26	42%	13,019
PWID	11	-	18,327

### Key Facts and Priorities

#### KEY FACTS

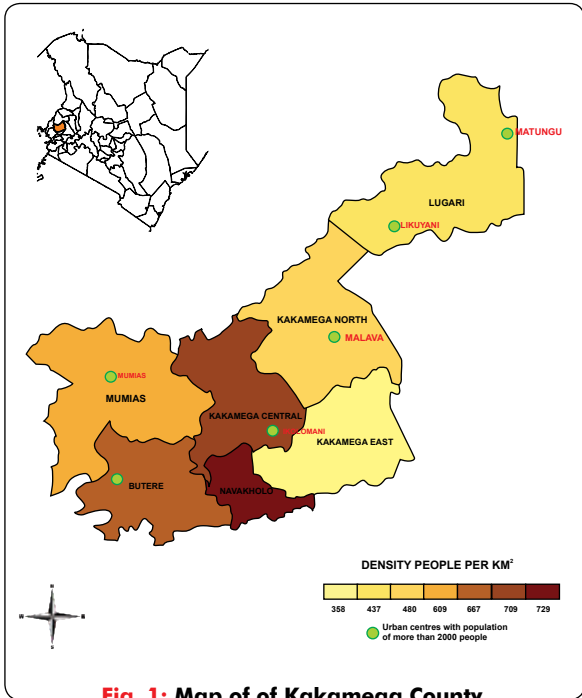
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and two in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys
- Close the treatment gap by working towards achieving the 90-90-90 targets

# KAKAMEGA COUNTY

## Section 1: HIV Burden in Kakamega County

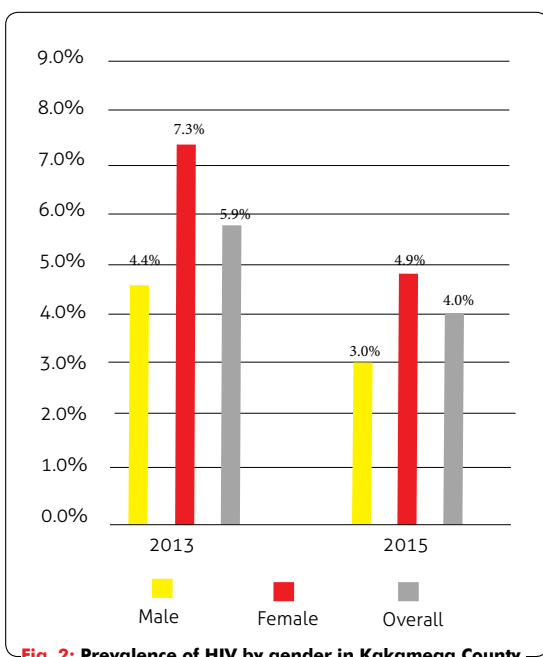


**K**akamega County has a population of 1,843,320, comprising of 896,066 males (49%) and 947,254 females (51%). Children below 15 years constitute 46% of the population, while youth aged 15-24 years constitute 20% of the population (2015 KNBS Population Projections).

HIV prevalence in Kakamega is lower than the national prevalence at 4.0% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (4.9%) than that of men (3.0%) indicating that women are more vulnerable to HIV infection than men in the County (Figure 2)

Kakamega County contributes to 3.4% of the total number of people living with HIV in Kenya, and is ranked the eighth nationally. By the end of 2015 a total of 50,844 people were living with HIV in the County, with 14% being young people aged 15-24 years and 8% being children under the age of 15 years.

Approximately 177 children and 916 adults died of AIDS-related conditions in 2015. There was a decrease of 62% of HIV-related deaths among the children aged below 15 years and a decrease of 43% among adults aged 15 years and above since 2013 in the County. (Table 1).



Total Population

**1,843,320**

ART Coverage

**93%**

**3.4%**

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Kakamega County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	9,452	3,905	-59%	41	98,170
No. of adults living with HIV (≥15 yrs)	48,500	46,939	-3%	40	1,419,537
No. of youth living with HIV (15-24 yrs)		7,001		39	268,586
No. of adolescents living with HIV (10-19 yrs)		4,871		41	133,455
<b>Total number of people living with HIV*</b>	<b>57,952</b>	<b>50,844</b>	<b>-12%</b>	<b>40</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	462	177	-62%	40	5,004
Adult AIDS related deaths (≥15 yrs)	1,605	916	-43%	39	30,817
Youth AIDS related deaths (15-24 yrs)		135		40	3,853
Adolescent AIDS related deaths (10-19 yrs)		143		43	2,793
<b>Total number of AIDS related deaths*</b>	<b>2,067</b>	<b>1,093</b>	<b>-47%</b>	<b>39</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Kakamega County

### New HIV infections among adults and children

In 2015, Kakamega County contributed to 1.8% and 2.7% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 10% and 32% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a decrease of 31% in the number of new HIV infections among children aged below 15 years and an increase of over 100% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Kakamega County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.22%	0.19%	-13%	28	0.27%
Annual new HIV infections among children (0-14 yrs)	173	119	-31%	35	6,613
Annual new HIV infections among adults (≥15 yrs)	154	1,935	+1157%	39	71,034
Annual new HIV infections among youth (15-24 yrs)		656		33	35,776
Annual new HIV infections among adolescents (10-19 yrs)		203		31	18,004
<b>Total annual new HIV infections</b>	<b>327</b>	<b>2,054</b>	<b>+527%</b>	<b>39</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 2,503 pregnant women living with HIV who were provided with PMTCT services out of a total need of 2,548 pregnant women yielding 98% PMTCT Coverage. There were 5.5% children who were infected with HIV in 2015, showing a 68% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Kakamega County**

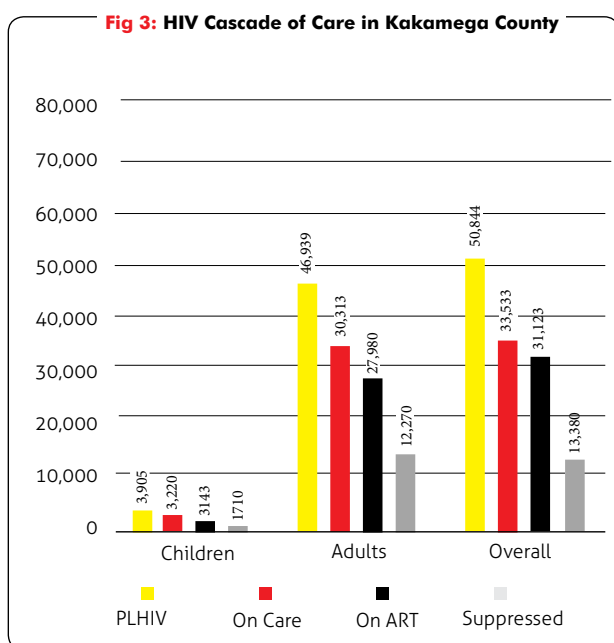
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	2,788	2,548		79,475
Number Receiving PMTCT	2,005	2,503	+25%	59,214
PMTCT Coverage	60%	98%	+64%	75%
County Ranking of PMTCT Coverage	15	7		
MTCT Coverage*	17.5%	5.5%	-68%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Kakamega County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 3,220 children on care 3,143 (98%) are on ART and of this 1,710 (54%) are virally suppressed. Among the 30,313 adults on care, 27,980 (92%) are on ART and of this 12,270 (44%) are virally suppressed.

Overall Kakamega County has an ART coverage of 93% and viral suppression of 43% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 43%, and ART coverage increased by 7% in 2015 compared to 2013 in Kakamega County. Similarly, the number of children receiving ART increased by 34%, and ART coverage increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Kakamega County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	38,544	42,472		1,245,106
Number receiving ART	21,014	29,948	+43%	826,097
ART Coverage	66%	71%	+7%	66%
County Ranking of ART Coverage*	26	15		
<b>Children</b>				
Need for ART	6,648	3,281		93,056
Number receiving ART	2,224	2,988	+34%	71,547
ART Coverage	33%	91%	+172%	77%
County Ranking of ART Coverage*	27	16		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male Circumcision and Attitudes towards PLHIV in Kakamega County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 19% of women and 34% of men in Kakamega County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 56% of women and 61% of men had a comprehensive knowledge of HIV and AIDS (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Kakamega County about 27% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5)

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 99% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 12% of women and 58% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 6% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 25% of women and 44% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counseling, and Prevention in Kakamega County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	19%	36	15%
Percent of men who have never been tested for HIV	34%	30	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	56%	21	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	61%	29	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	27%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	99%	10	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	12%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	58%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	6%	46	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	25%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	44%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Kakamega County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	11,087
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	11,087

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW and MSM. The quarterly (April–June 2016) HIV testing among key populations is low among FSW at 7% and MSM at 26% against the national targets of 80% in Kakamega County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	3,405	7%	133,675
MSM	314	26%	13,019
PWID	230	-	18,327



### Key Facts and Priorities

#### KEY FACTS

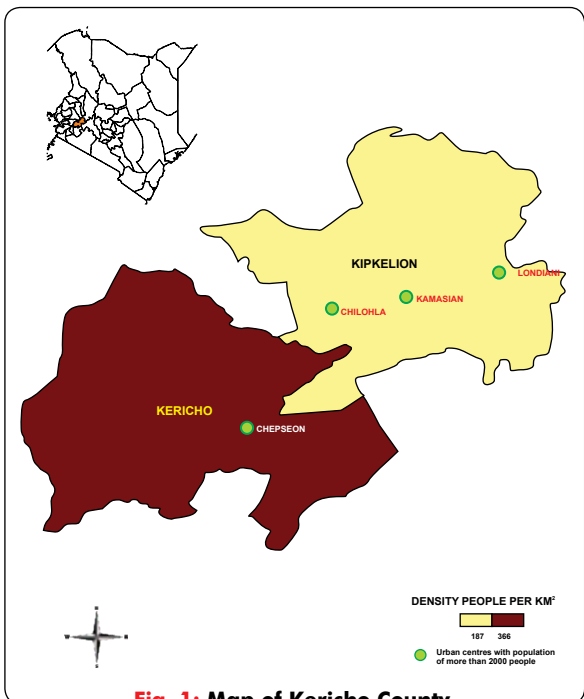
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is lower than the national average, but still slightly higher than the target of less than 5%
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and three in ten adult men had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# KERICHO COUNTY

## Section 1: HIV Burden in Kericho County

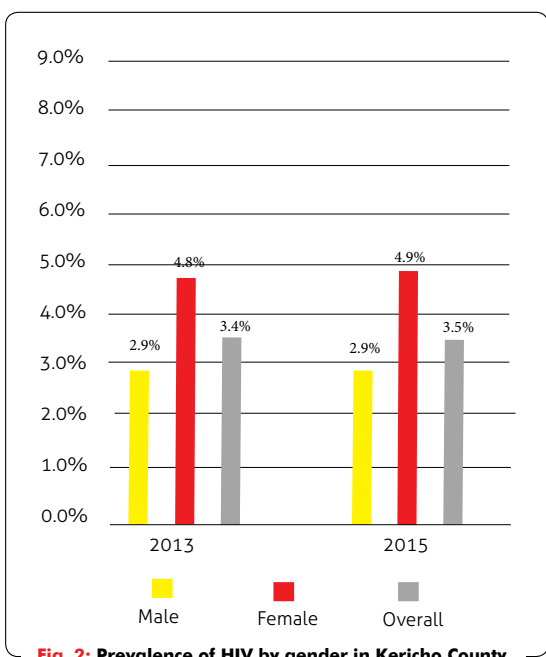


**K**ericho County has a population of 919,638, comprising of 462,377 males (50%) and 457,261 females (50%). Children below 15 years constitute 44% of the population, while youth aged 15-24 years constitute 22% of the population (2015 KNBS Population Projections).

HIV prevalence in Kericho is lower than the national prevalence at 3.5% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (4.9%) than that of men (2.9%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Kericho County contributes to 1.1% of the total number of people living with HIV in Kenya, and is ranked the twenty seventh nationally. By the end of 2015, a total of 16,382 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

Approximately 80 children and 479 adults died of AIDS-related conditions in 2015. There was a decrease of 36% of HIV-related deaths among the children aged below 15 years and a decrease of 47% among adults aged 15 years and above since 2013 in the County. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Kericho County**

Total Population

919,638

ART Coverage

67%

1.1%

Contribution to total number of people living with HIV in Kenya



**Table 1: HIV burden in Kericho County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	2,324	1,547	-33%	25	98,170
No. of adults living with HIV (≥15 yrs)	15,800	14,835	-6%	21	1,419,537
No. of youth living with HIV (15-24 yrs)		2,451		22	268,586
No. of adolescents living with HIV (10-19 yrs)		1,608		23	133,455
<b>Total number of people living with HIV*</b>	<b>18,124</b>	<b>16,382</b>	<b>-10%</b>	<b>21</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	126	80	-36%	28	5,004
Adult AIDS related deaths (≥15 yrs)	902	479	-47%	24	30,817
Youth AIDS related deaths (15-24 yrs)		54		24	3,853
Adolescent AIDS related deaths (10-19 yrs)		50		25	2,793
<b>Total number of AIDS related deaths*</b>	<b>1,028</b>	<b>559</b>	<b>-46%</b>	<b>24</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Kericho County

### New HIV infections among adults and children

In 2015, Kericho County contributed to 1.0% and 0.4% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded an increase of 12% in the number of new HIV infections among children aged below 15 years and a substantive decrease of 74% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Kericho County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.08%	0.06%	-31%	12	0.27%
Annual new HIV infections among children (0-14 yrs)	58	66	+12%	23	6,613
Annual new HIV infections among adults (≥15 yrs)	1,214	318	-74%	16	71,034
Annual new HIV infections among youth (15-24 yrs)		181		16	35,776
Annual new HIV infections among adolescents (10-19 yrs)		97		20	18,004
<b>Total annual new HIV infections</b>	<b>1,273</b>	<b>384</b>	<b>-70%</b>	<b>16</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 813 pregnant women living with HIV who were provided with PMTCT services out of a total need of 917 pregnant women yielding 89% PMTCT Coverage. There were 9.0% children who were infected with HIV in 2015, showing a 56% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Kericho County**

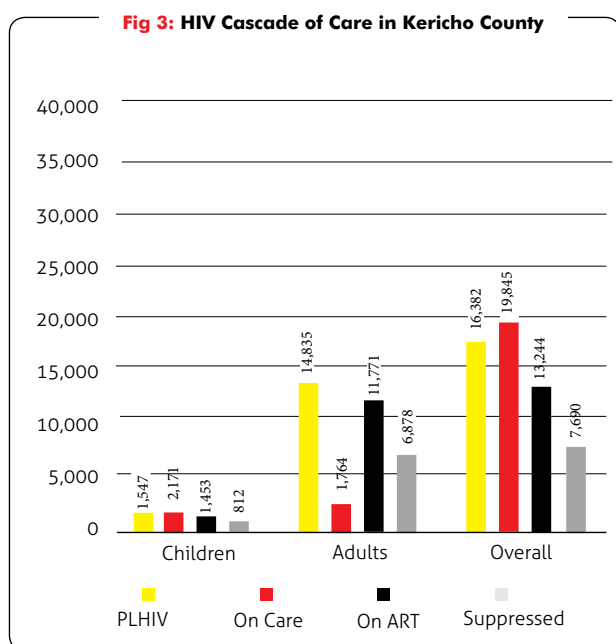
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	928	917		79,475
Number Receiving PMTCT	835	813	-3%	59,214
PMTCT Coverage	51%	89%	+73%	75%
County Ranking of PMTCT Coverage	24	16		
MTCT Coverage*	20.4%	9.0%	-56%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Kericho County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 2,171 children on care 1,453 (67%) are on ART and of this 812 (56%) are virally suppressed. Among the 1,764 adults on care, 11,771 (667%) are on ART and of this 6,878 (58%) are virally suppressed.

Overall Kericho County has an ART coverage of 67% and viral suppression of 58% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 29%, while ART coverage declined by 26% in 2015 compared to 2013 in Kericho County. Similarly, the number of children receiving ART increased by 57%, and ART coverage increased by 96% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Kericho County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	9,360	13,502		1,245,106
Number receiving ART	9,299	12,017	+29%	826,097
ART Coverage	120%	89%	-26%	66%
County Ranking of ART Coverage*	3	4		
<b>Children</b>				
Need for ART	1,635	1,311	-	93,056
Number receiving ART	832	1,308	+57%	71,547
ART Coverage	51%	100%	+96%	77%
County Ranking of ART Coverage*	16	1		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Kericho County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 12% of women and 26% of men in Kericho County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 53% of women and 67% of men had a comprehensive knowledge of HIV and AIDS (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Kericho County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5)

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 97% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 3% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention in Kericho County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	12%	12	15%
Percent of men who have never been tested for HIV	26%	14	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	53%	26	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	67%	19	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	97%	26	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	3%	34	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Kericho County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,071
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	2,071

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 Mapping and size estimation exercises conducted by NASCOP estimated 1116 FSW in Kericho. However, currently there are no programmes for key populations in Kericho County (Table 7)

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	1,116	-	133,675
MSM	0	-	13,019
PWID	0	-	18,327



### Key Facts and Priorities

#### KEY FACTS

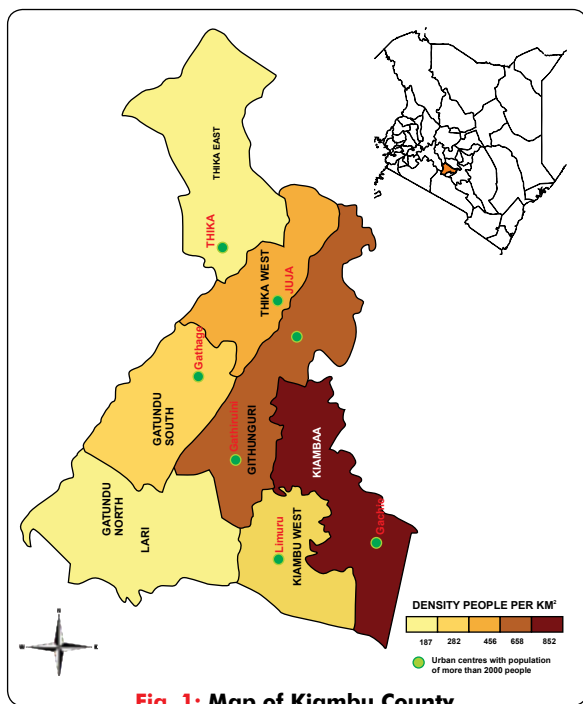
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and three in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# KIAMBU COUNTY

## Section 1: HIV Burden in Kiambu County



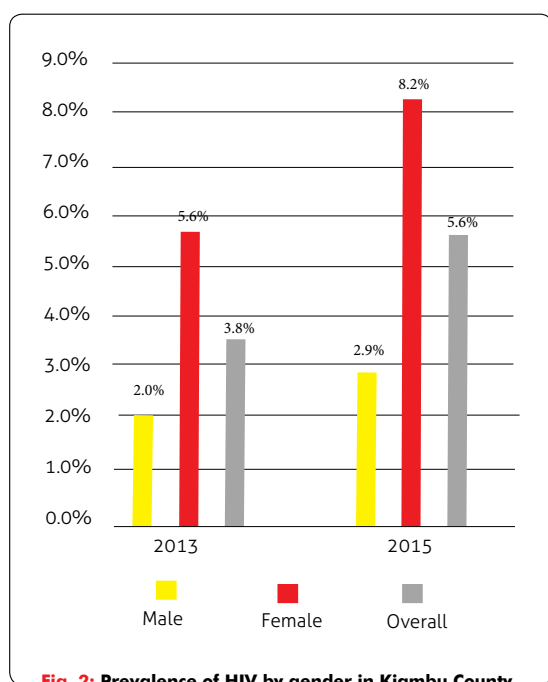
**Fig. 1: Map of Kiambu County**

Kiambu County has a population of 1,831,800, comprising of 919,391 males (50%) and 912,409 females (50%). Children below 15 years constitute 34% of the population, while youth aged 15-24 years constitute 20% of the population (2015 KNBS Population Projections).

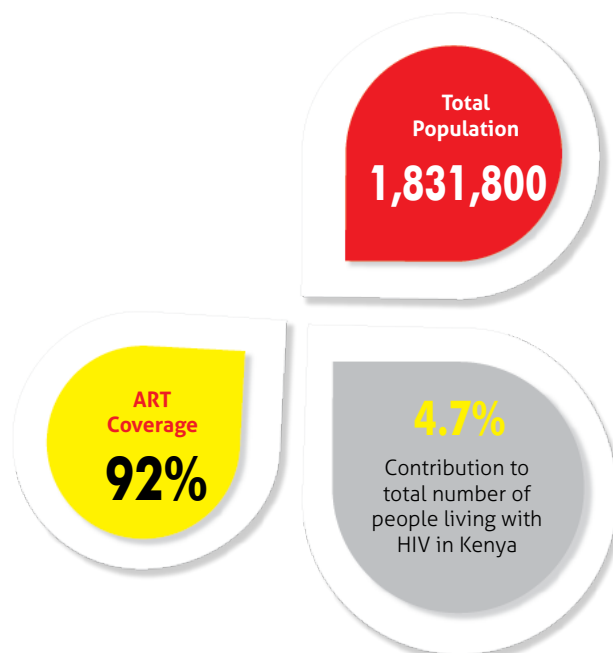
HIV prevalence in Kiambu is comparable to the national prevalence at 5.6% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (8.2%) than that of men (2.9%) indicating that women are more vulnerable to HIV infection than men in the County (Figure 2).

Kiambu County contributed to 4.7% of the total number of people living with HIV in Kenya, and is ranked the sixth highest nationally. By the end of 2015 a total of 70,971 people were living with HIV in the County, with 10% being young people aged 15-24 years and 4% being children under the age of 15 years.

Approximately 77 children and 1,530 adults died of AIDS-related conditions in 2015. There was a decrease of 57% of HIV-related deaths among the children aged below 15 years and an increase of 27% among adults aged 15 years and above since 2013 in the County (Table 1).



**Fig. 2: Prevalence of HIV by gender in Kiambu County**



**Table 1: HIV burden in Kiambu County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
<b>Morbidity</b>					
No. of children living with HIV (0-14 yrs)	4,256	2,621	-38%	38	98,170
No. of adults living with HIV (≥15 yrs)	42,400	68,349	+61%	42	1,419,537
No. of youth living with HIV (15-24 yrs)		7,051		40	268,586
No. of adolescents living with HIV (10-19 yrs)		3,022		36	133,455
<b>Total number of people living with HIV*</b>	<b>46,656</b>	<b>70,971</b>	<b>+52%</b>	<b>42</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	180	77	-57%	24	5,004
Adult AIDS related deaths (≥15 yrs)	1,207	1,530	+27%	43	30,817
Youth AIDS related deaths (15-24 yrs)		93		38	3,853
Adolescent AIDS related deaths (10-19 yrs)		57		31	2,793
<b>Total number of AIDS related deaths*</b>	<b>1,387</b>	<b>1,607</b>	<b>+16%</b>	<b>42</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Kiambu County

### New HIV infections among adults and children

In 2015, Kiambu County contributed to 1.1% and 6.0% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 8% and 28% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decrease of 20% in the number of new HIV infections among children aged below 15 years and an increase of 46% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Kiambu County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
Incidence rate	0.39%	0.36%	-9%	42	0.27%
Annual new HIV infections among children (0-14 yrs)	96	76	-20%	26	6,613
Annual new HIV infections among adults (≥15 yrs)	2,931	4,273	+46%	42	71,034
Annual new HIV infections among youth (15-24 yrs)		1,199		41	35,776
Annual new HIV infections among adolescents (10-19 yrs)		353		34	18,004
<b>Total annual new HIV infections</b>	<b>1,273</b>	<b>384</b>	<b>-70%</b>	<b>16</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 1,951 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,955 pregnant women yielding 100% PMTCT Coverage. There were 5.0% children who were infected with HIV in 2015, showing a 60% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Kiambu County**

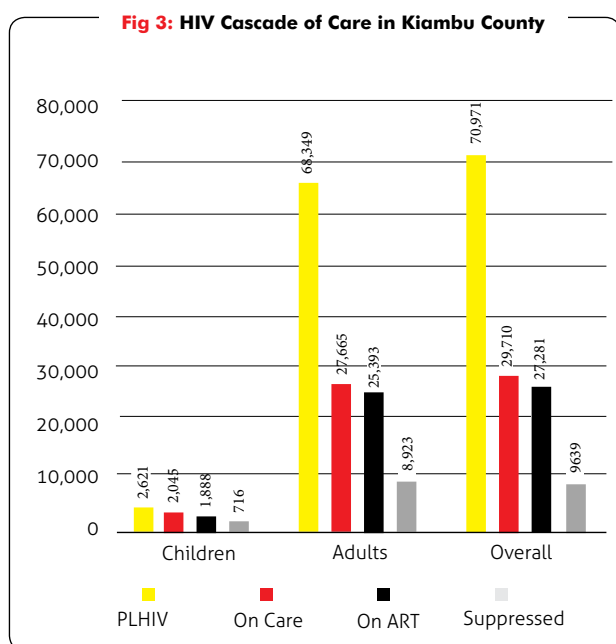
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,500	1,955		79,475
Number Receiving PMTCT	1,518	1,951	+29%	59,214
PMTCT Coverage	75%	100%	+33%	75%
County Ranking of PMTCT Coverage	9	2		
MTCT Coverage*	12.3%	5.0%	-60%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Kiambu County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 2,045 children on care 1,888 (92%) are on ART and of this 716 (38%) are virally suppressed. Among the 27,665 adults on care, 25,393 (92%) are on ART and of this 8,923 (35%) are virally suppressed.

Overall Kiambu County has an ART coverage of 92% and viral suppression of 35% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART barely declined while ART coverage declined by 61% in 2015 compared to 2013 in Kiambu County. Similarly, the number of children receiving ART decreased by 20% while ART coverage increased by 38% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Kiambu County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	26,788	59,944		1,245,106
Number receiving ART	24,104	23,887	-1%	826,097
ART Coverage	102%	40%	-61%	66%
County Ranking of ART Coverage*	5	40		
<b>Children</b>				
Need for ART	3,041	1,747		93,056
Number receiving ART	2,011	1,600	-20%	71,547
ART Coverage	66%	92%	+38%	77%
County Ranking of ART Coverage*	6	10		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Kiambu County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 14% of women and 30% of men in Kiambu County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 62% of women and 85% of men had a comprehensive knowledge of HIV and AIDS (Table 5).



### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Kiambu County about 44% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5)

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014 97% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 6% of women and 16% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 1% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months which is less than the national average (2.5%) (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 30% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counseling, and Prevention in Kiambu County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	14%	18	15%
Percent of men who have never been tested for HIV	30%	21	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	62%	15	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	85%	3	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	44%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	97%	20	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	6%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	16%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	1%	15	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	30%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Kiambu County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	3,596
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	3,596

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised.


The County has programmes with FSW, MSM and

PWID. The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 25%, MSM at 35% and PWID at 0% against the national targets of 80% in Kiambu County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	4,603	25%	133,675
MSM	310	35%	13,019
PWID	597	0%	18,327

The Polling Booth Survey conducted by NASCOP in 2015, show that 96% of the FSW used condom in the last sex with a client and 71% of them visited an intervention. However, 57% were also beaten or arrested by police in the last 6 months. 73% of the MSM used condom at last anal sex and 73% visited an intervention though 19% were beaten or arrested by police in last 6 months.



### Key Facts and Priorities

**KEY FACTS**

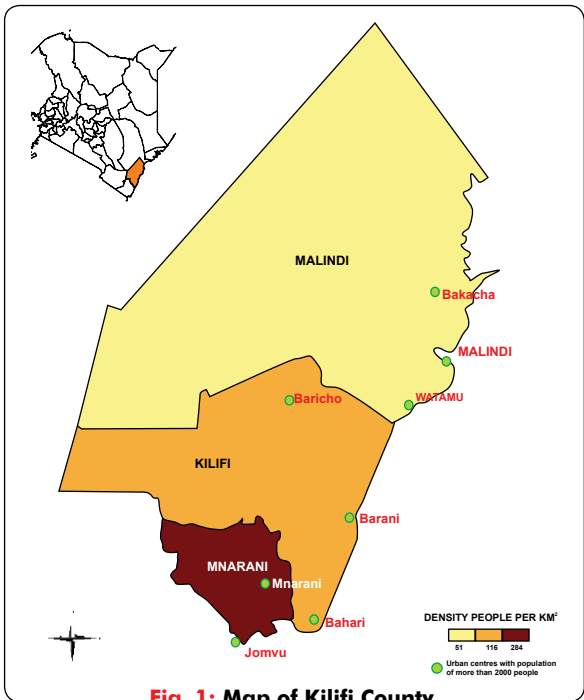
- HIV prevalence is comparable to the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is lower than the national average
- Less than two-thirds of women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and three in ten adult men had not tested for HIV in the past twelve months.

**PRIORITY AREAS**

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# KILIFI COUNTY

## Section 1: HIV Burden in Kilifi County

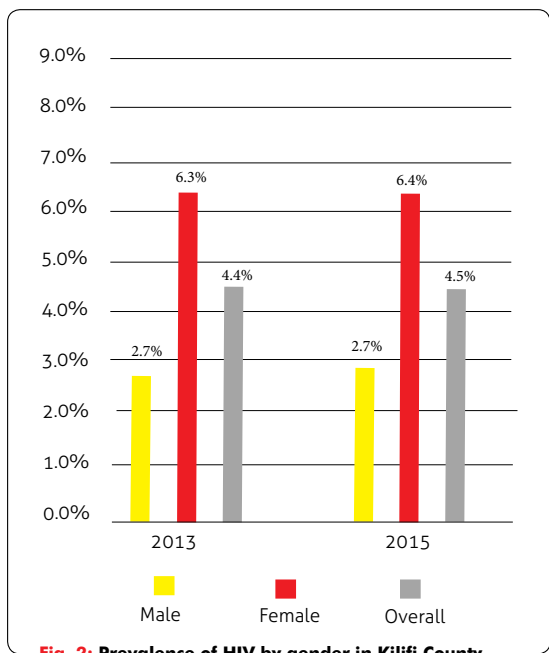


**K**ilifi County has a population of 1,353,042, comprising of 651,618 males (48%) and 701,424 females (52%). Children below 15 years constitute 46% of the population, while youth aged 15-24 years constitute 19% of the population (2015 KNBS Population Projections).

HIV prevalence in Kilifi is less than the national prevalence at 4.5% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (6.4%) than that of men (2.7%) indicating that women are more vulnerable to HIV infection than men in the County (Figure 2).

Kilifi County contributed to 2.1% of the total number of people living with HIV in Kenya, and is ranked the thirteenth highest nationally. By the end of 2015 a total of 31,630 people were living with HIV in the County, with 19% being young people aged 15-24 years and 7% being children under the age of 15 years.

Approximately 147 children and 698 adults died of AIDS-related conditions in 2015. There was a decrease of 18% of HIV-related deaths among the children aged below 15 years and a decrease of 32% among adults aged 15 years and above since 2013 in the county. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Kilifi County**

Total Population

**1,353,042**

ART Coverage

**91%**

**2.1%**

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Kilifi County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	3,507	2,319	-34%	35	98,170
No. of adults living with HIV (≥15 yrs)	24,400	29,311	+20%	35	1,419,537
No. of youth living with HIV (15-24 yrs)		5,885		36	268,586
No. of adolescents living with HIV (10-19 yrs)		2,915		35	133,455
<b>Total number of people living with HIV*</b>	<b>27,907</b>	<b>31,630</b>	<b>+13%</b>	<b>35</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	179	147	-18%	39	5,004
Adult AIDS related deaths (≥15 yrs)	1,021	698	-32%	33	30,817
Youth AIDS related deaths (15-24 yrs)		92		37	3,853
Adolescent AIDS related deaths (10-19 yrs)		70		35	2,793
<b>Total number of AIDS related deaths*</b>	<b>1,200</b>	<b>846</b>	<b>-30%</b>	<b>35</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV in Kilifi County

### New HIV infections among adults and children

In 2015, Kilifi County contributed to 3% and 2% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of over 100% in the number of new HIV infections among children aged below 15 years and an increase of 72% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Kilifi County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.22%	0.18%	-19%	25	0.27%
Annual new HIV infections among children (0-14 yrs)	87	186	113%	40	6,613
Annual new HIV infections among adults (≥15 yrs)	821	1,413	72%	32	71,034
Annual new HIV infections among youth (15-24 yrs)		747		35	35,776
Annual new HIV infections among adolescents (10-19 yrs)		397		36	18,004
<b>Total annual new HIV infections</b>	<b>908</b>	<b>1,599</b>	<b>76%</b>	<b>33</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 1,502 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,832 pregnant women yielding 82% PMTCT Coverage. There were 11.5% children who were infected with HIV in 2015, showing an increase of over 200% from 2013 which implies that more efforts are needed in order to reduce mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Kilifi County**

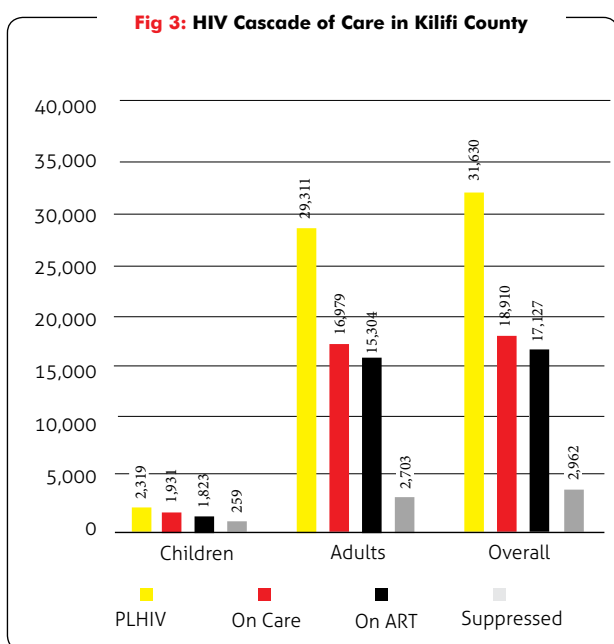
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,387	1,832		79,475
Number Receiving PMTCT	1,476	1,502	+2%	59,214
PMTCT Coverage	113%	82%	-28%	75%
County Ranking of PMTCT Coverage	4	21		
MTCT Coverage*	3.8%	11.5%	+202%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Kilifi County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 1,931 children on care 1,823 (94%) are on ART and of this 259 (14%) are virally suppressed. Among the 16,979 adults on care, 15,304 (90%) are on ART and of this 2,703 (18%) are virally suppressed.

Overall Kilifi County has an ART coverage of 91% and viral suppression of 17% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 66%, while ART coverage decreased by 12% in 2015 compared to 2013 in Kilifi County. Similarly the number of children receiving ART increased by 59%, and ART coverage increased 83% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Kilifi County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	16,327	26,065		1,245,106
Number receiving ART	9,884	16,395	+66%	826,097
ART Coverage	71%	63%	-12%	66%
County Ranking of ART Coverage*	24	23		
<b>Children</b>				
Need for ART	2,459	2,138		93,056
Number receiving ART	1,087	1,733	+59%	71,547
ART Coverage	44%	81%	+83%	77%
County Ranking of ART Coverage*	19	24		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Kilifi County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 15% of women and 35% of men in Kilifi County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 47% of women and 30% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Kilifi County about 27% of women and 32% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 100% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 9% of women and 55% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months which is nearly equal to the national average (2.5%) (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 16% of women and 44% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention in Kilifi County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	15%	25	15%
Percent of men who have never been tested for HIV	35%	32	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	47%	34	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	30%	44	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	27%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	32%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	100%	8	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	9%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	55%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	24	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	16%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	44%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Kilifi County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	5,635
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	5,635

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised.

The County has programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key

populations is low among FSW at 22%, moderate among MSM at 49% and PWID at 44% against the national targets of 80% in Kilifi County. (Table 7).

The County has programmes with FSW, MSM and PWID. The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 25%, MSM at 35% and PWID at 0% against the national targets of 80% in Kiambu County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	4,676	22%	133,675
MSM	640	49%	13,019
PWID	509	44%	18,327

The Polling Booth Survey conducted by NASCOP in 2015, show that only 8% of PWID shared a needle in the last one month and 76% of them visited an intervention. However, 38% were also beaten or arrested by police in the last 6 months.

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than half of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and four in ten adult men had not tested for HIV in the past twelve months.

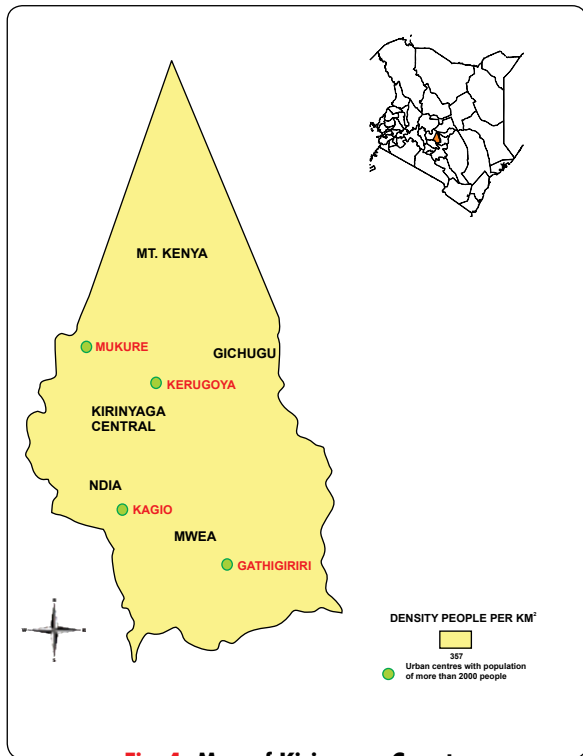
#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys



# KIRINYAGA COUNTY

## Section 1: HIV Burden in Kirinyaga County

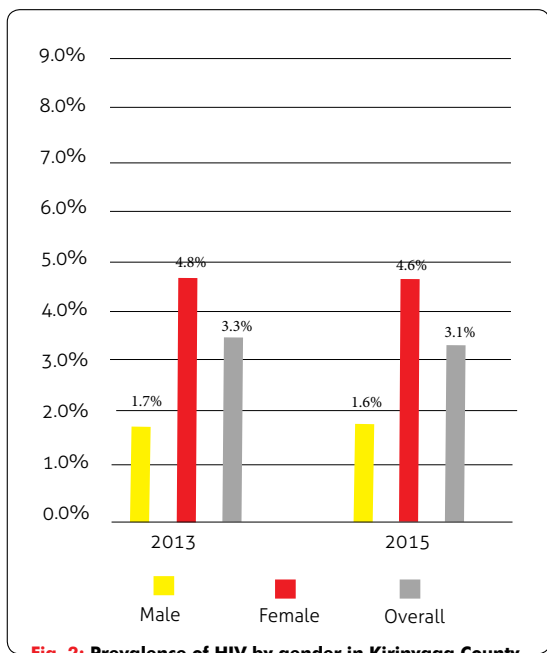


**K**irinyaga County has a population of 596,030, comprising of 298,446 males (50%) and 297,584 females (50%). Children below 15 years constitute 32% of the population, while youth aged 15-24 years constitute 17% of the population (2015 KNBS Population Projections).

HIV prevalence in Kirinyaga is lower than the national prevalence at 3.1% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (4.6%) than that of men (1.6%) indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Kirinyaga County contributed to 0.8% of the total number of people living with HIV in Kenya, and is ranked the thirtieth nationally. By the end of 2015 a total of 12,323 people were living with HIV in the County, with 10% being young people aged 15-24 years and 4% being children under the age of 15 years.

Approximately 13 children and 266 adults died of AIDS-related conditions in 2015. There was a decrease of 73% of HIV-related deaths among the children aged below 15 years and a decrease of 19% among adults aged 15 years and above since 2013 in the county. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Kirinyaga County**

Total Population

**596,030**

ART Coverage

**89%**

**0.8%**

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Kirinyaga County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
<b>Morbidity</b>					
No. of children living with HIV (0-14 yrs)	1,154	455	-61%	10	98,170
No. of adults living with HIV (≥15 yrs)	11,500	11,868	+3%	18	1,419,537
No. of youth living with HIV (15-24 yrs)		1,224		13	268,586
No. of adolescents living with HIV (10-19 yrs)		525		11	133,455
<b>Total number of people living with HIV*</b>	<b>12,654</b>	<b>12,323</b>	<b>-3%</b>	<b>18</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	49	13	-73%	5	5,004
Adult AIDS related deaths (≥15 yrs)	327	266	-19%	15	30,817
Youth AIDS related deaths (15-24 yrs)		16		9	3,853
Adolescent AIDS related deaths (10-19 yrs)		10		7	2,793
<b>Total number of AIDS related deaths*</b>	<b>376</b>	<b>279</b>	<b>-26%</b>	<b>14</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV in Kirinyaga County

### New HIV infections among adults and children

In 2015, Kirinyaga County contributed to 0.2% and 1.0% of the total new HIV infections in Kenya among children adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 8% and 28% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decrease of 49% in the number of new HIV infections among children aged below 15 years and a decrease of 7% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Kirinyaga County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
Incidence rate	0.20%	0.18%	-9%	26	0.27%
Annual new HIV infections among children (0-14 yrs)	26	13	-49%	3	6,613
Annual new HIV infections among adults (≥15 yrs)	795	742	-7%	25	71,034
Annual new HIV infections among youth (15-24 yrs)		208		17	35,776
Annual new HIV infections among adolescents (10-19 yrs)		61		13	18,004
<b>Total annual new HIV infections</b>	<b>821</b>	<b>755</b>	<b>-8%</b>	<b>24</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 318 pregnant women living with HIV who were provided with PMTCT services out of a total need of 340 pregnant women yielding 94% PMTCT Coverage. There were 7.2% children who were infected with HIV in 2015, showing a 63% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Kirinyaga County**

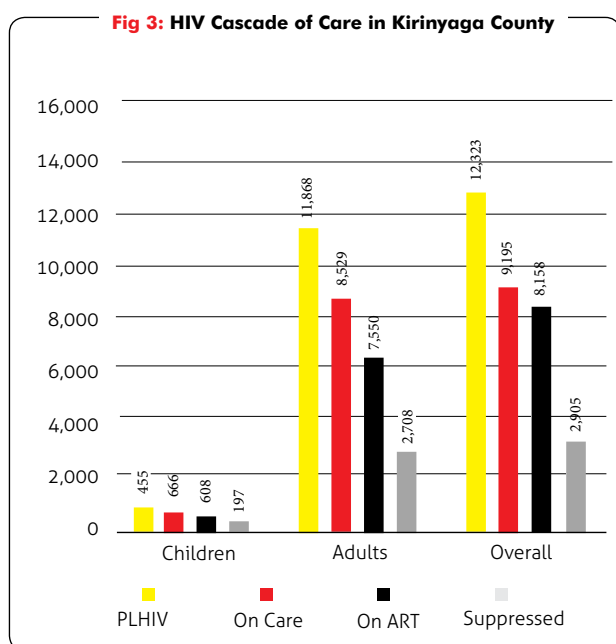
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	407	340		79,475
Number Receiving PMTCT	314	318	+1%	59,214
PMTCT Coverage	55%	94%	+72%	75%
County Ranking of PMTCT Coverage	18	11		
MTCT Coverage*	19.3%	7.2%	-63%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Kirinyaga County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 666 children on care 608 (91%) are on ART and of this 197 (32%) are virally suppressed. Among the 8,529 adults on care, 7,550 (89%) are on ART and of this 2,708 (36%) are virally suppressed.

Overall Kirinyaga County has an ART coverage of 89% and viral suppression of 36% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 39% while ART coverage declined by 14% in 2015 compared to 2013 in Kirinyaga County. Similarly the number of children receiving ART barely decreased by 3% while ART coverage increased by 35% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Kirinyaga County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	7,266	10,408		1,245,106
Number receiving ART	5,831	8,090	+39%	826,097
ART Coverage	91%	78%	-14%	66%
County Ranking of ART Coverage*	14	11		
<b>Children</b>				
Need for ART	825	629		93,056
Number receiving ART	559	576	+3%	71,547
ART Coverage	68%	92%	+35%	77%
County Ranking of ART Coverage*	5	10		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male Circumcision and Attitudes towards PLHIV in Kirinyaga County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 12% of women and 29% of men in Kirinyaga County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 63% of women and 63% of men had a comprehensive knowledge of HIV and AIDS (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Kirinyaga County about 44% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 98% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 6% of women and 16% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 3% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The survey revealed that 30% of women and 30% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV). Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counseling, and Prevention Indicators in Kirinyaga County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	12%	10	15%
Percent of men who have never been tested for HIV	29%	18	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	63%	13	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	63%	28	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	44%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	98%	11	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	6%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	16%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	3%	31	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	30%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Kirinyaga County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	1,289
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	1,289

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW and MSM.

The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 32% and MSM at 17% against the national targets of 80% in Kirinyaga County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	739	32%	133,675
MSM	20	17%	13,019
PWID	24	-	18,327

### Key Facts and Priorities

#### KEY FACTS

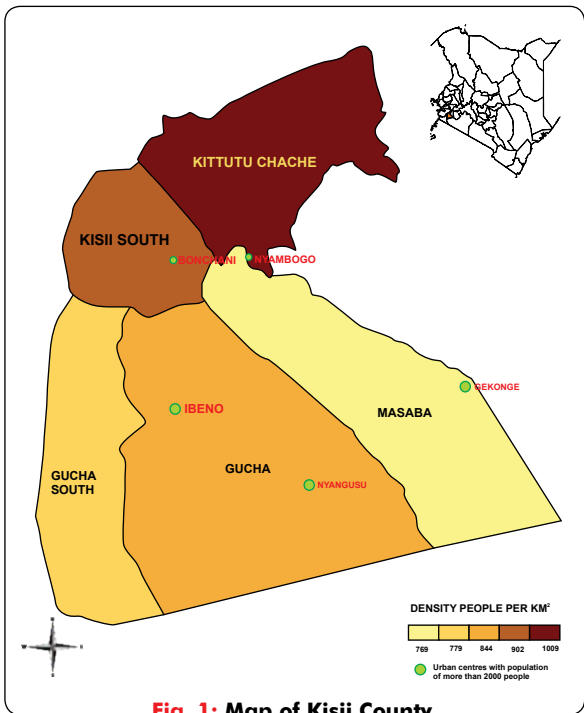
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is lower than the national average, but still slightly higher than the target of less than 5%
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and three in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# KISII COUNTY

## Section 1: HIV Burden in Kisii County

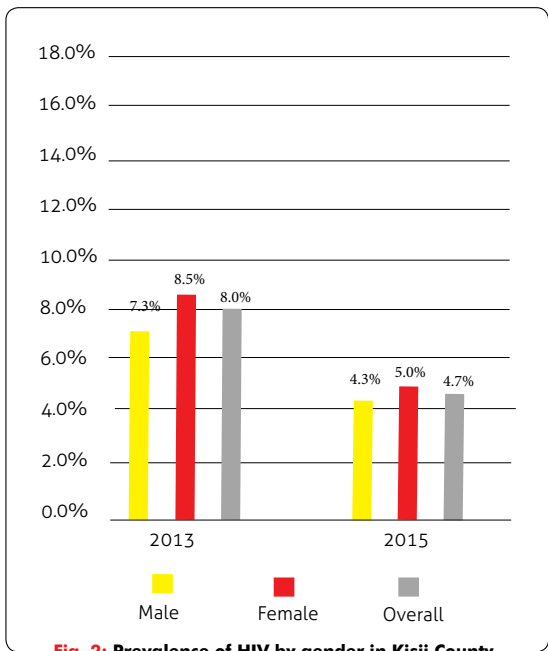


**K**isii County has a population of 1,317,407 comprising of 2631,421 males (48%) and 685,986 females (52%). Children below 15 years constitute 44% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

HIV prevalence in Kisii is lower than the national prevalence at 4.7% (Kenya HIV Estimates 2015). The HIV prevalence among women in Kisii is higher (5.0%) than that of men (4.3%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Kisii County contributed to 2.2% of the total number of people living with HIV in Kenya, and is ranked eleventh nationally. By the end of 2015 a total of 34,014 people were living with HIV in the County, with 22% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 118 children and 594 adults died of AIDS-related conditions in 2015. There was a decrease of 76% of HIV-related deaths among the children aged below 15 years and a decrease of 56% among adults aged 15 years and above since 2013 in the county. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Kisii County**

Total Population

1,317,407

ART Coverage

92%

2.2%

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Kisii County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	7,715	2,027	-74%	31	98,170
No. of adults living with HIV (≥15 yrs)	56,000	31,987	-43%	37	1,419,537
No. of youth living with HIV (15-24 yrs)		7,491		41	268,586
No. of adolescents living with HIV (10-19 yrs)		3,297		38	133,455
<b>Total number of people living with HIV*</b>	<b>63,715</b>	<b>34,014</b>	<b>-47%</b>	<b>37</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	492	118	-76%	35	5,004
Adult AIDS related deaths (≥15 yrs)	1,352	594	-56%	29	30,817
Youth AIDS related deaths (15-24 yrs)		89		36	3,853
Adolescent AIDS related deaths (10-19 yrs)		51		26	2,793
<b>Total number of AIDS related deaths*</b>	<b>1,844</b>	<b>712</b>	<b>-61%</b>	<b>30</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Kisii County

### New HIV infections among adults and children

In 2015, Kisii County contributed to 3.2% and 2.9% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 28% and 52% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decrease of 80% in the number of new HIV infections among children aged below 15 years and a decline of 58% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Kisii County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.33%	0.27%	-16%	38	0.27%
Annual new HIV infections among children (0-14 yrs)	1085	214	-80%	41	6,613
Annual new HIV infections among adults (≥15 yrs)	4,891	2,072	-58%	40	71,034
Annual new HIV infections among youth (15-24 yrs)		1,178		40	35,776
Annual new HIV infections among adolescents (10-19 yrs)		634		41	18,004
<b>Total annual new HIV infections</b>	<b>5,976</b>	<b>2,286</b>	<b>-62%</b>	<b>40</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 1,530 pregnant women living with HIV who were provided with PMTCT services out of a total need of 2,111 pregnant women yielding 72% PMTCT Coverage. There were 15.0% children who were infected with HIV in 2015, showing a 44% decline from 2013 which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Kisii County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	3,853	2,111		79,475
Number Receiving PMTCT	1,240	1,530	+23%	59,214
PMTCT Coverage	33%	72%	+119%	75%
County Ranking of PMTCT Coverage	36	24		
MTCT Coverage*	26.6%	15.0%	-44%	8.3%

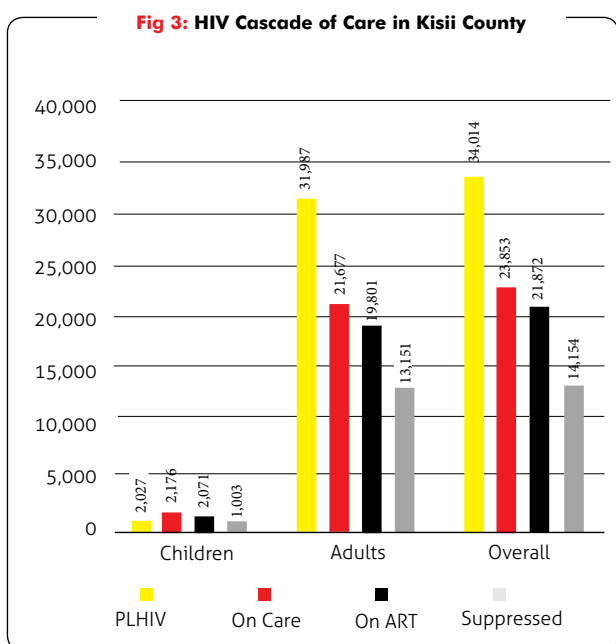
\*Note: Elimination of mother-to-child transmission is pegged at 5%



### Section 3: Expanding Access to Treatment in Kisii County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 2,176 child on care 2,071(95%) are on ART and of this 1,003 (48%) are virally suppressed. Among the 21,677 adults on care, 19,801 (91%) are on ART and of this, 13,151 (66%) are virally suppressed.

Overall Kisii County has an ART coverage of 92% and viral suppression of 65% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 56%, and ART coverage increased by 63% in 2015 compared to 2013 in Kisii County. Similarly the number of children receiving ART increased by 69%, and ART coverage increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Kisii County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	34,282	26,966		1,245,106
Number receiving ART	13,629	21,215	+56%	826,097
ART Coverage	48%	79%	+63%	66%
County Ranking of ART Coverage*	36	10		
<b>Children</b>				
Need for ART	6,068	2,091		93,056
Number receiving ART	1,169	1,974	+69%	71,547
ART Coverage	19%	94%	+390%	77%
County Ranking of ART Coverage*	36	5		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Kisii County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 19% of women and 35% of men in Kisii County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 71% of women and 80% of men had a comprehensive knowledge of HIV and AIDS (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Kisii County about 40% of women and 48% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5)

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the 2014 KDHS 98% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 21% of women and 60% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 4% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 26% of women and 46% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Kisii County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	19%	36	15%
Percent of men who have never been tested for HIV	35%	31	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	71%	3	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	80%	7	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	40%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	48%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	98%	11	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	21%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	60%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	4%	39	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	26%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	46%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Kisii County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	5,892
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	5,892

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 28% and MSM at 22% against the national targets of 80% in Kisii County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	4,063	28%	133,675
MSM	426	22%	13,019
PWID	64	-	18,327

### Key Facts and Priorities

#### KEY FACTS

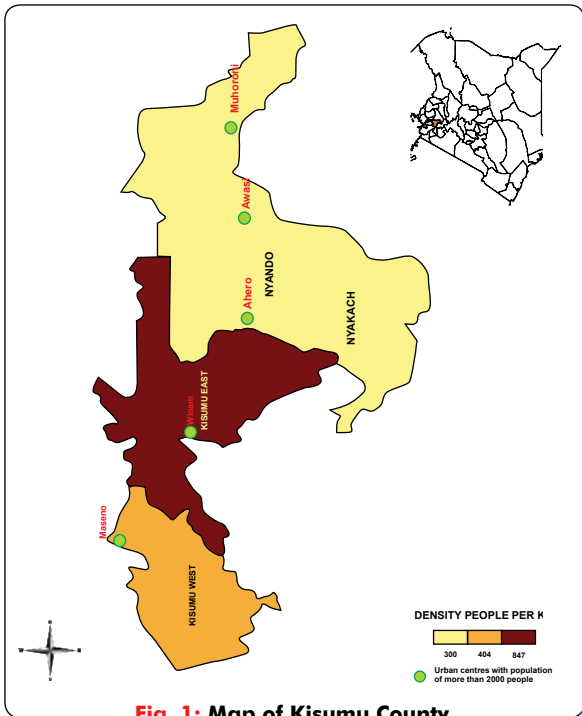
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- About three-quarters of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and three in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# KISUMU COUNTY

## Section 1: HIV Burden in Kisumu County



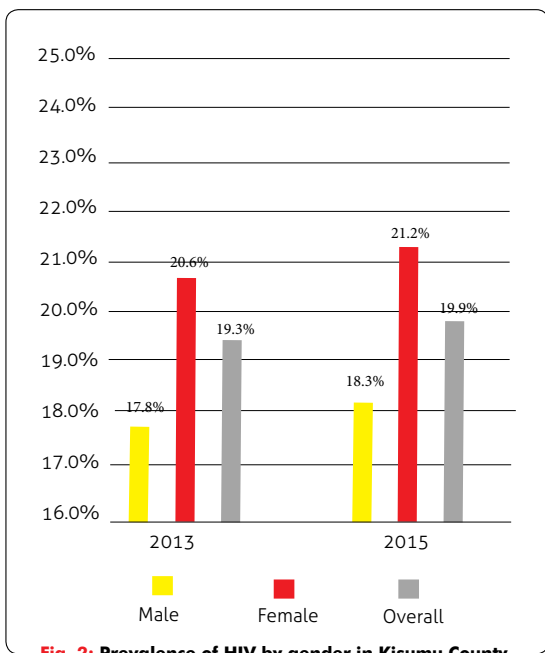
**Fig. 1: Map of Kisumu County**

**K**isumu County has a population of 1,107,755 comprising of 545,670 males (49%) and 562,085 females (51%). Children below 15 years constitute 42% of the population, while youth aged 15-24 years constitute 22% of the population (2015 KNBS Population Projections).

HIV prevalence in Kisumu is 3.4 times higher than the national prevalence at 19.9% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (21.2%) than that of men (18.3%) indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Kisumu County contributed to 9.5% of the total number of people living with HIV in Kenya, and is ranked the third highest nationally. By the end of 2015, a total of 144,303 people were living with HIV in the County with 22% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 501 children and 2,518 adults died of AIDS-related conditions in 2015. There was a decrease of 52% of HIV-related deaths among the children aged below 15 years and a decrease of 12% among adults aged 15 years and above since 2013 in the county (Table 1).



**Fig. 2: Prevalence of HIV by gender in Kisumu County**

Total Population

1,107,755

ART Coverage

89%

9.5%

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Kisumu County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	16,326	8,600	-47%	46	98,170
No. of adults living with HIV (≥15 yrs)	118,500	135,703	+15%	45	1,419,537
No. of youth living with HIV (15-24 yrs)		31,779		46	268,586
No. of adolescents living with HIV (10-19 yrs)		13,988		46	133,455
<b>Total number of people living with HIV*</b>	<b>134,826</b>	<b>144,303</b>	<b>+7%</b>	<b>45</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	1,040	501	-52%	46	5,004
Adult AIDS related deaths (≥15 yrs)	2,861	2,518	-12%	46	30,817
Youth AIDS related deaths (15-24 yrs)		378		46	3,853
Adolescent AIDS related deaths (10-19 yrs)		217		46	2,793
<b>Total number of AIDS related deaths*</b>	<b>3,901</b>	<b>3,019</b>	<b>-23%</b>	<b>46</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Kisumu County

### New HIV infections among adults and children

In 2015, Kisumu County contributed to 13.7% and 12.4% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 52% and 28% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decrease of 60% in the number of new HIV infections among children aged below 15 years and a decrease of 15% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections Kisumu County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	1.64%	1.62%	-1%	45	0.27%
Annual new HIV infections among children (0-14 yrs)	2296	909	-60%	46	6,613
Annual new HIV infections among adults (≥15 yrs)	10,349	8,790	-15%	46	71,034
Annual new HIV infections among youth (15-24 yrs)		4,996		46	35,776
Annual new HIV infections among adolescents (10-19 yrs)		2,688		46	18,004
<b>Total annual new HIV infections</b>	<b>12,645</b>	<b>9,699</b>	<b>-23%</b>	<b>46</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 5,339 pregnant women living with HIV who were provided with PMTCT services out of a total need of 8,957 pregnant women yielding 60% PMTCT Coverage. There were 19.7% children who were infected with HIV in 2015, showing over 100% increase from 2013 which implies that more efforts are needed in order to reduce mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Kisumu County**

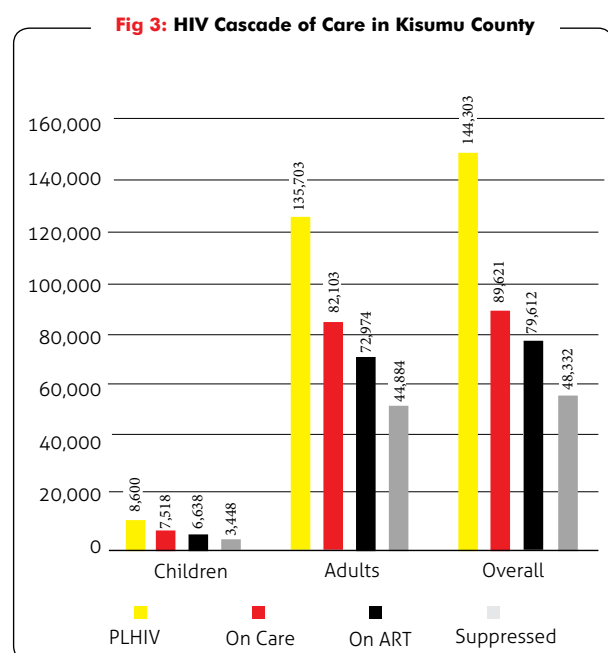
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	8,153	8,957		79,475
Number Receiving PMTCT	5,917	5,339	-10%	59,214
PMTCT Coverage	86%	60%	-30%	75%
County Ranking of PMTCT Coverage	7	36		
MTCT Coverage*	8.7%	19.7%	+127%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Kisumu County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 7,518 children on care 6,638 (88%) are on ART and of this 3,448 (52%) are virally suppressed. Among the 82,103 adults on care, 72,974(89%) are on ART and of this, 44,884(62%) are virally suppressed.

Overall Kisumu County has an ART coverage of 89% and viral suppression of 61% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased to 25%, and ART coverage declined by 35% in 2015 compared to 2013 in Kisumu County. Similarly the number of children receiving ART declined by 9%, while ART coverage increased by 32% in 2015 compared to 2013 (Table 4).

**Table 4: ART Uptake in Kisumu County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	72,543	114,403		1,245,106
Number receiving ART	62,280	77,561	+25%	826,097
ART Coverage	104%	68%	-35%	66%
County Ranking of ART Coverage*	4	19		
<b>Children</b>				
Need for ART	12,840	8,870		93,056
Number receiving ART	6,881	6,286	-9%	71,547
ART Coverage	54%	71%	+32%	77%
County Ranking of ART Coverage*	15	33		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Kisumu County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 10% of women and 10% of men in Kisumu County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 65% of women and 82% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Kisumu County about 40% of women and 48% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014 59% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 21% of women and 60% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 1% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 26% of women and 46% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Kisumu County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	10%	5	15%
Percent of men who have never been tested for HIV	10%	2	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	65%	7	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	82%	5	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	40%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	48%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	59%	44	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	21%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	60%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	1%	11	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	26%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	46%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).



## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Kisumu County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	6,052
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	6,052

MSM at 37% and PWID at 17% against the national targets of 80% in Kisumu County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	4,041	28%	133,675
MSM	3,019	37%	13,019
PWID	424	17%	18,327

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW, MSM and PWID. The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 28%,

The Polling Booth Survey conducted by NASCOP in 2015, show that 90% of the FSW used condom in the last sex with a client and 84% of them visited an intervention. However, 31% were also beaten or arrested by police in the last 6 months. 90% of the MSM used condom at last anal sex and 70% visited an intervention though 25% were beaten or arrested by police in last 6 months. 63% PWID reported sharing needles in the last month and 65% of them visited an intervention. However, 39% of PWID also reported being beaten or arrested by police in the last 6 months.

### Key Facts and Priorities

#### KEY FACTS

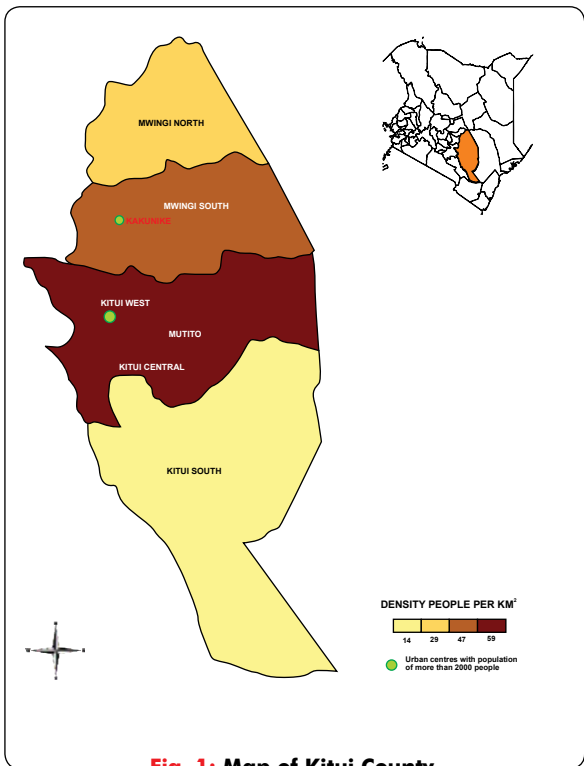
- HIV prevalence is 3.4 times higher than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite modest coverage of PMTCT services
- Less than two-thirds of women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult men and women had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# KITUI COUNTY

## Section 1: HIV Burden in Kitui County



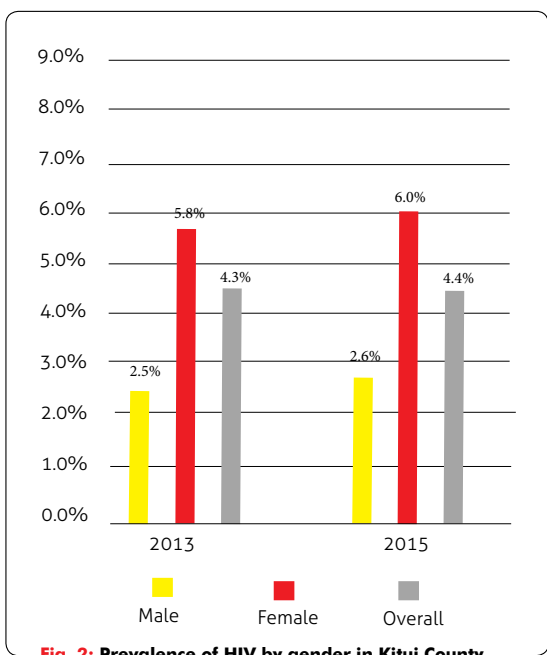
**Fig. 1: Map of Kitui County**

**K**itui County has a population of 1,086,598, comprising of 522,097 males (48%) and 564,501 females (52%). Children below 15 years constitute 47% of the population, while youth aged 15-24 years constitute 19% of the population (2015 KNBS Population Projections).

HIV prevalence in Kitui is lower than the national prevalence at 4.4% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (6.0%) than that of men (2.6%) indicating that women are more vulnerable to HIV infection than men in the County (Figure 2).

Kitui County contributed to 1.9% of the total number of people living with HIV in Kenya, and is ranked the sixteenth nationally. By the end of 2015 a total of 28,918 people were living with HIV in the County, with 20% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 77 children and 708 adults died of AIDS-related conditions in 2015. There was a decrease of 36% of HIV-related deaths among the children aged below 15 years and an increase of 14% among adults aged 15 years and above since 2013 in the County (Table 1).



**Fig. 2: Prevalence of HIV by gender in Kitui County**

Total Population

**1,086,598**

ART Coverage

**102%**

**1.9%**

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Kitui County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	2,792	1,846	-34%	28	98,170
No. of adults living with HIV (≥15 yrs)	18,300	27,072	+48%	32	1,419,537
No. of youth living with HIV (15-24 yrs)		5,748		34	268,586
No. of adolescents living with HIV (10-19 yrs)		2,821		32	133,455
<b>Total number of people living with HIV*</b>	<b>21,092</b>	<b>28,918</b>	<b>+37%</b>	<b>32</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	120	77	-36%	25	5,004
Adult AIDS related deaths (≥15 yrs)	622	708	+14%	34	30,817
Youth AIDS related deaths (15-24 yrs)		78		30	3,853
Adolescent AIDS related deaths (10-19 yrs)		51		27	2,793
<b>Total number of AIDS related deaths*</b>	<b>742</b>	<b>785</b>	<b>+6%</b>	<b>32</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Kitui County

### New HIV infections among adults and children

In 2015, Kitui County contributed to 1.7% and 2.2% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 26% and 49% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of over 100% in the number of new HIV infections among children aged below 15 years and an increase of 57% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections Kitui County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.27%	0.27%	-2%	37	0.27%
Annual new HIV infections among children (0-14 yrs)	54	113	+111%	33	6,613
Annual new HIV infections among adults (≥15 yrs)	988	1,547	+57%	35	71,034
Annual new HIV infections among youth (15-24 yrs)		818		36	35,776
Annual new HIV infections among adolescents (10-19 yrs)		435		37	18,004
<b>Total annual new HIV infections</b>	<b>1,042</b>	<b>1,660</b>	<b>+59%</b>	<b>35</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 763 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,263 pregnant women yielding 60% PMTCT Coverage. There were 19.4% children who were infected with HIV in 2015, showing a 1% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Kitui County**

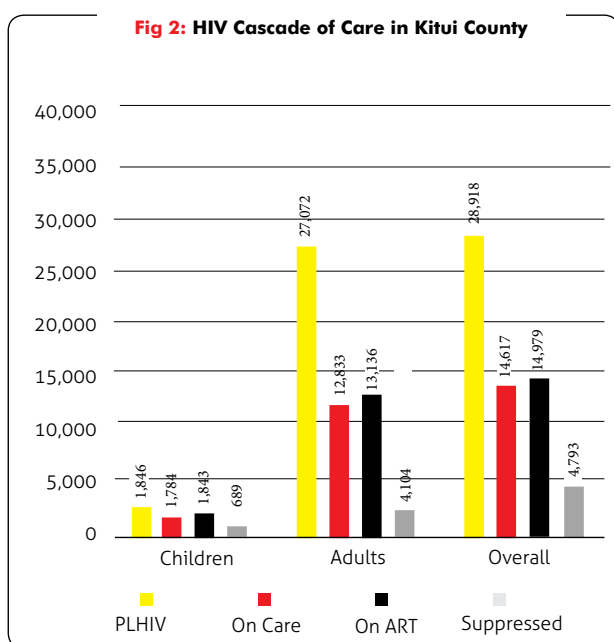
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	849	1,263		79,475
Number Receiving PMTCT	698	763	+9%	59,214
PMTCT Coverage	54%	60%	+12%	75%
County Ranking of PMTCT Coverage	19	34		
MTCT Coverage*	19.5%	19.4%	-1%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Kitui County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 1,784 children on care, 1,843 (103%) are on ART and of this 689 (37%) are virally suppressed. Among the 12,833 adults on care, 13,136 (102%) are on ART and of this 4,104 (31%) are virally suppressed.

Overall Kitui County has an ART coverage of 102% and viral suppression of 32% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 2).



The number of adults receiving ART increased by 52%, while ART coverage declined by 33% in 2015 compared to 2013 in Kitui County. Similarly the number of children receiving ART increased by 38%, and ART coverage increased by 53% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Kitui County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	12,556	23,941		1,245,106
Number receiving ART	9,273	14,076	+52%	826,097
ART Coverage	88%	59%	-33%	66%
County Ranking of ART Coverage*	16	26		
<b>Children</b>				
Need for ART	1,994	1,792		93,056
Number receiving ART	1,269	1,747	+38%	71,547
ART Coverage	64%	97%	+53%	77%
County Ranking of ART Coverage*	8	4		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Kitui County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 17% of women and 40% of men in Kitui County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 30% of women and 64% of men had a comprehensive knowledge of HIV and AIDS (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Kitui County about 42% of women and 50% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014 100% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 11% of women and 58% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The study revealed that none of the men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV and AIDS can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The study revealed that 19% of women and 35% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Kitui County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	17%	30	15%
Percent of men who have never been tested for HIV	40%	38	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	30%	41	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	64%	26	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	42%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	50%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	100%	1	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	11%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	58%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	0%	5	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	19%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	35%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Kitui County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	7,112
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	7,112

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. Though 2012 mapping and estimation exercise conducted by NASCOP did not estimate MSM in Kitui, the KP

community estimates 260 MSM in the county. The County has programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key populations is moderate among FSW at 55% and low among MSM at 26% against the national targets of 80% in Kitui County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	794	55%	133,675
MSM	260	26%	13,019
PWID	20	-	18,327

The Polling Booth Survey conducted by NASCOP in 2015, show that 86% of the FSW used condom in the last sex with a client but only 35% of them visited an intervention. In addition, 33% were also beaten or arrested by police in the last 6 months.



### Key Facts and Priorities

#### KEY FACTS

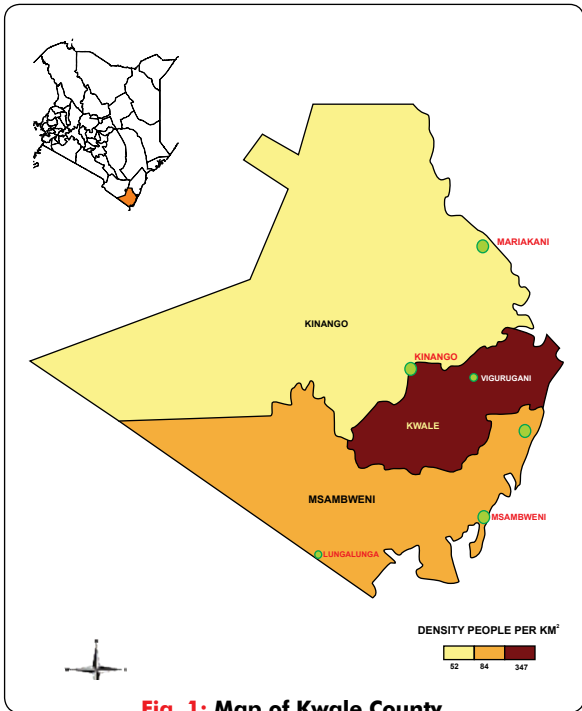
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than half of women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and four in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# KWALE COUNTY

## Section 1: HIV Burden in Kwale County



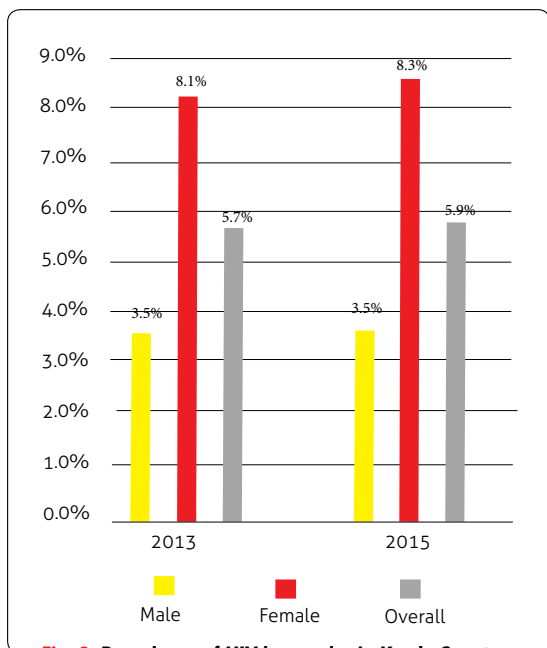
**Fig. 1: Map of Kwale County**

**K**wale County has a population of 792,698, comprising of 384,701 males (49%) and 407,997 females (51%). Children below 15 years constitute 46% of the population, while youth aged 15-24 years constitute 18% of the population (2015 KNBS Population Projections).

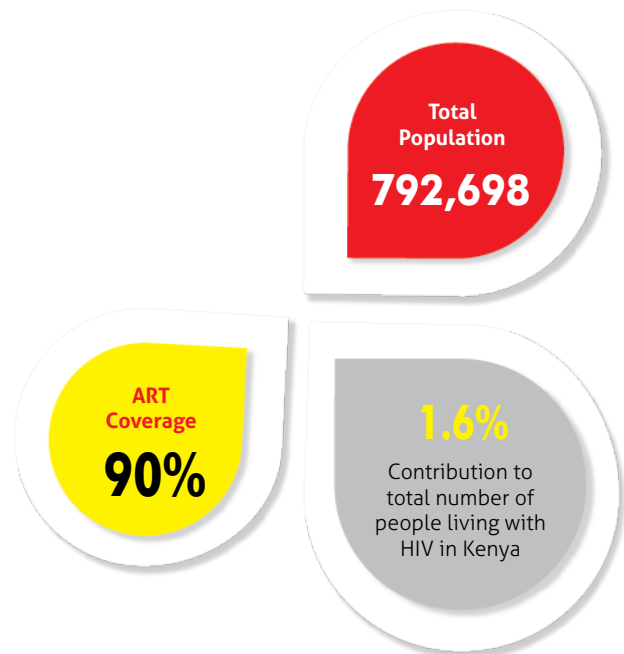
HIV prevalence in Kwale is comparable to the national prevalence at 5.9% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (8.3%) than that of men (3.5%) indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Kwale County contributes to 1.6% of the total number of people living with HIV in Kenya, and is ranked the twenty second nationally. By the end of 2015 a total of 23,902 people were living with HIV in the County, with 19% being young people aged 15-24 years and 7% being children under the age of 15 years.

Approximately 111 children and 528 adults died of AIDS-related conditions in 2015. There was a decrease of 18% of HIV-related deaths among the children aged below 15 years and a decrease of 32% among adults aged 15 years and above since 2013 in the County (Table 1).



**Fig. 2: Prevalence of HIV by gender in Kwale County**





**Table 1: HIV burden in Kwale County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	2,659	1,752	-34%	27	98,170
No. of adults living with HIV (≥15 yrs)	18,500	22,149	+20%	26	1,419,537
No. of youth living with HIV (15-24 yrs)		4,447		30	268,586
No. of adolescents living with HIV (10-19 yrs)		2,203		26	133,455
<b>Total number of people living with HIV*</b>	<b>21,159</b>	<b>23,902</b>	<b>+13%</b>	<b>26</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	136	111	-18%	34	5,004
Adult AIDS related deaths (≥15 yrs)	774	528	-32%	25	30,817
Youth AIDS related deaths (15-24 yrs)		70		27	3,853
Adolescent AIDS related deaths (10-19 yrs)		53		29	2,793
<b>Total number of AIDS related deaths*</b>	<b>910</b>	<b>639</b>	<b>-30%</b>	<b>26</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Kwale County

### New HIV infections among adults and children

In 2015, Kwale County contributed to 2% of the total new HIV infections in Kenya among both the children adults. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013 the County recorded a substantive increase of 112% in the number of new HIV infections among children aged below 15 years and an increase of 71% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections Kwale County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.29%	0.23%	-20%	34	0.27%
Annual new HIV infections among children (0-14 yrs)	66	140	112%	37	6,613
Annual new HIV infections among adults (≥15 yrs)	623	1,068	71%	28	71,034
Annual new HIV infections among youth (15-24 yrs)		565		32	35,776
Annual new HIV infections among adolescents (10-19 yrs)		300		33	18,004
<b>Total annual new HIV infections</b>	<b>689</b>	<b>1,208</b>	<b>75%</b>	<b>29</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 737 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,384 pregnant women yielding 53% PMTCT Coverage. There were 22.1% children who were infected with HIV in 2015, showing a 48% increase from 2013 which implies that more efforts are needed in order to reduce mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Kwale County**

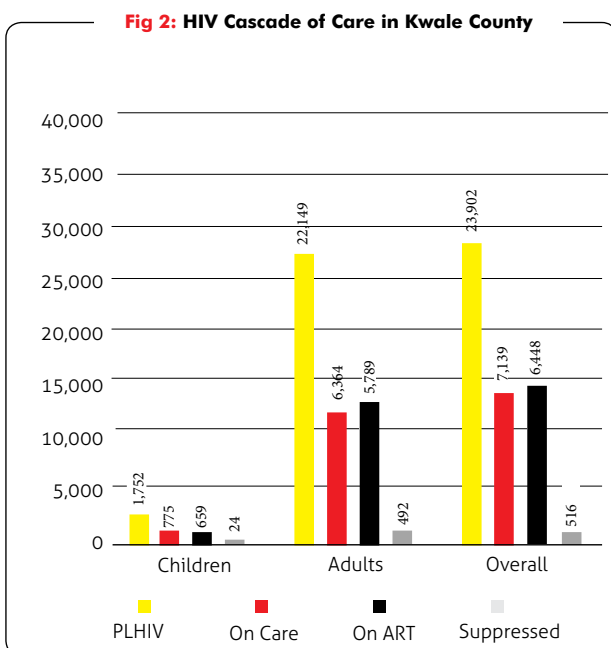
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,052	1,384		79,475
Number Receiving PMTCT	855	737	-14%	59,214
PMTCT Coverage	67%	53%	-21%	75%
County Ranking of PMTCT Coverage	11	42		
MTCT Coverage*	14.9%	22.1%	+48%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Kwale County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 775 children on care 659 (85%) are on ART and of this 24 (4%) are virally suppressed. Among the 6,364 adults on care, 5,789 (91%) are on ART and of this 492 (8%) are virally suppressed.

Overall Kwale County has an ART coverage of 90% and viral suppression of 8% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 2).



The number of adults receiving ART increased by 96%, and ART coverage increased by 5% in 2015 compared to 2013 in Kwale County. Similarly the number of children receiving ART as well as ART coverage increased by over 100% in 2015 compared to 2013 (Table 4).

**Table 4: ART Uptake in Kwale County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	12,379	19,697		1,245,106
Number receiving ART	3,227	6,322	+96%	826,097
ART Coverage	31%	32%	+5%	66%
County Ranking of ART Coverage*	42	44		
<b>Children</b>				
Need for ART	1,864	1,615		93,056
Number receiving ART	292	654	+124%	71,547
ART Coverage	16%	40%	+159%	77%
County Ranking of ART Coverage*	41	41		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male Circumcision and Attitudes towards PLHIV in Kwale County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 14% of women and 45% of men in Kwale County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 40% of women and 54% of men had a comprehensive knowledge of HIV and AIDS (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Kwale County about 27% of women and 32% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5)

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 97% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 9% of women and 55% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months which is nearly equal to the national average (2.5%) (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 16% of women and 44% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Kwale County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	14%	22	15%
Percent of men who have never been tested for HIV	45%	45	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	40%	36	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	54%	36	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	27%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	32%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	97%	19	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	9%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	55%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	26	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	16%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	44%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Kwale County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,024
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	2,024

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. Though 2012 mapping and estimation exercise conducted by NASCOP estimated 1112 FSW and 257 MSM in Kwale county, currently there are no programmes with FSW and MSM. There are programmes for PWID and the HIV testing in the last quarter (April – June 2016) was high at 73% against the national target of 80% per quarter in Kwale county.

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	1,112	-	133,675
MSM	257	-	13,019
PWID	134	73%	18,327

### Key Facts and Priorities

#### KEY FACTS

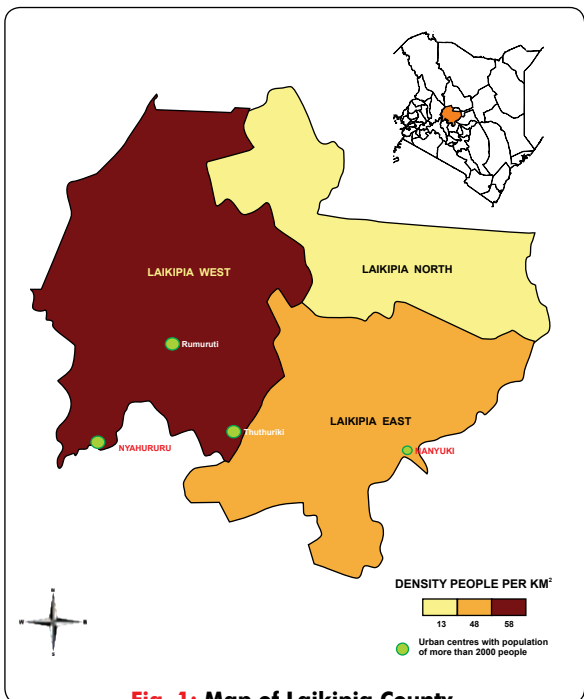
- HIV prevalence is comparable to the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than half of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and five in ten adult men had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# LAIKIPIA COUNTY

## Section 1: HIV Burden Laikipia in County



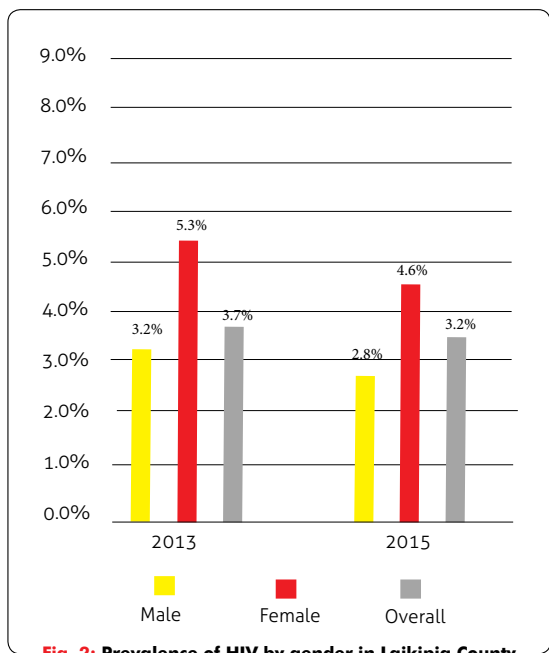
**Fig. 1: Map of Laikipia County**

Laikipia County has a population of 487,934 comprising of 242,169 males (50%) and 245,765 females (50%). Children below 15 years constitute 40% of the population, while youth aged 15-24 years constitute 19% of the population (2015 KNBS Population Projections).

HIV prevalence in Laikipia is lower than the national prevalence at 3.2% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (4.6%) than that of men (2.8%) indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Laikipia County contributed to 0.5% of the total number of people living with HIV in Kenya, and is ranked the thirty sixth nationally. By the end of 2015, a total of 7,770 people were living with HIV in the Laikipia County by the end of 2015, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

Approximately 38 children and 227 adults died of AIDS-related conditions in 2015. There was a decrease of 47% of HIV-related deaths among the children aged below 15 years and a decrease of 56% among adults aged 15 years and above since 2013 in the County. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Laikipia County**

Total Population

487,934

ART Coverage

85%

0.5%

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Laikipia County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	1,324	734	-45%	17	98,170
No. of adults living with HIV (≥15 yrs)	9,000	7,036	-22%	12	1,419,537
No. of youth living with HIV (15-24 yrs)		1,163		12	268,586
No. of adolescents living with HIV (10-19 yrs)		762		14	133,455
<b>Total number of people living with HIV*</b>	<b>10,324</b>	<b>7,770</b>	<b>-25%</b>	<b>12</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	72	38	-47%	17	5,004
Adult AIDS related deaths (≥15 yrs)	514	227	-56%	13	30,817
Youth AIDS related deaths (15-24 yrs)		26		15	3,853
Adolescent AIDS related deaths (10-19 yrs)		24		17	2,793
<b>Total number of AIDS related deaths*</b>	<b>586</b>	<b>265</b>	<b>-55%</b>	<b>13</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Laikipia County

### New HIV infections among adults and children

In 2015, Laikipia County contributed to 0.5% and 0.2% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decrease of 7% in the number of new HIV infections among children aged below 15 years and a decrease of 78% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections Laikipia County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.07%	0.05%	-33%	10	0.27%
Annual new HIV infections among children (0-14 yrs)	33	31	-7%	14	6,613
Annual new HIV infections among adults (≥15 yrs)	692	151	-78%	10	71,034
Annual new HIV infections among youth (15-24 yrs)		86		11	35,776
Annual new HIV infections among adolescents (10-19 yrs)		46		11	18,004
<b>Total annual new HIV infections</b>	<b>725</b>	<b>182</b>	<b>-75%</b>	<b>11</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 399 pregnant women living with HIV who were provided with PMTCT services out of a total need of 435 pregnant women yielding 92% PMTCT Coverage. There were 7.9% children who were infected with HIV in 2015, showing a 63% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Laikipia County**

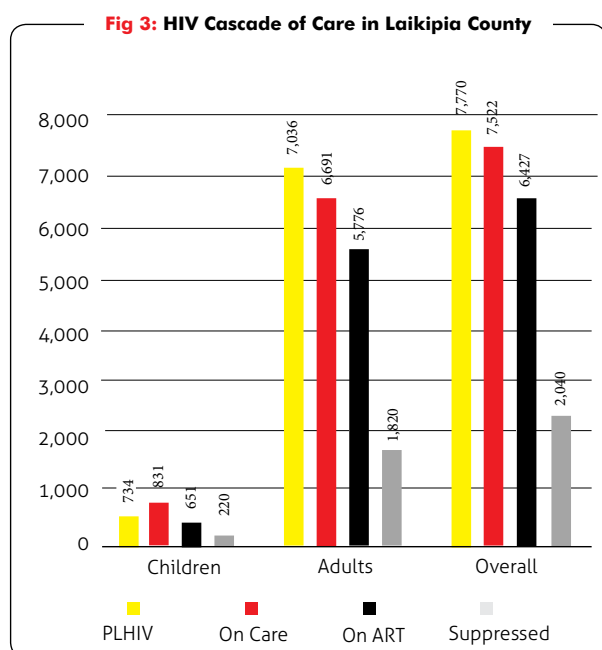
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	529	435		79,475
Number Receiving PMTCT	183	399	118%	59,214
PMTCT Coverage	48%	92%	91%	75%
County Ranking of PMTCT Coverage	27	12		
MTCT Coverage*	21.5%	7.9%	-63%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Laikipia County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 831 children on care 651(78%) are on ART and of this 220(34%) are virally suppressed. Among the 6,691 adults on care 5,776(86%) are on ART and of this, 1,820(32%) are virally suppressed.

Overall Laikipia County has an ART coverage of 85% and viral suppression of 32% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by over 100% and ART coverage increased by 78% in 2015 compared to 2013. The number of children receiving ART and ART coverage both increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Laikipia County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	5,332	6,404		1,245,106
Number receiving ART	2,391	6,189	159%	826,097
ART Coverage	54%	97%	78%	66%
County Ranking of ART Coverage*	32	2		
<b>Children</b>				
Need for ART	931	622		93,056
Number receiving ART	161	618	284%	71,547
ART Coverage	17%	99%	475%	77%
County Ranking of ART Coverage*	38	3		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Laikipia County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 16% of women and 21% of men in Laikipia County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counseling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 57% of women and 54% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).



### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Laikipia County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 95% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 3% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Laikipia County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	16%	26	15%
Percent of men who have never been tested for HIV	21%	8	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	57%	20	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	54%	37	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	95%	30	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	3%	36	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Laikipia County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	1,283
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	1,283

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 mapping and estimation exercises conducted by NASCOP estimated 1355 FSW in Laikipia county. However currently there are no programmes with key population in Laikipia County (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	1,355	-	133,675
MSM	29	-	13,019
PWID	60	-	18,327



### Key Facts and Priorities

#### KEY FACTS

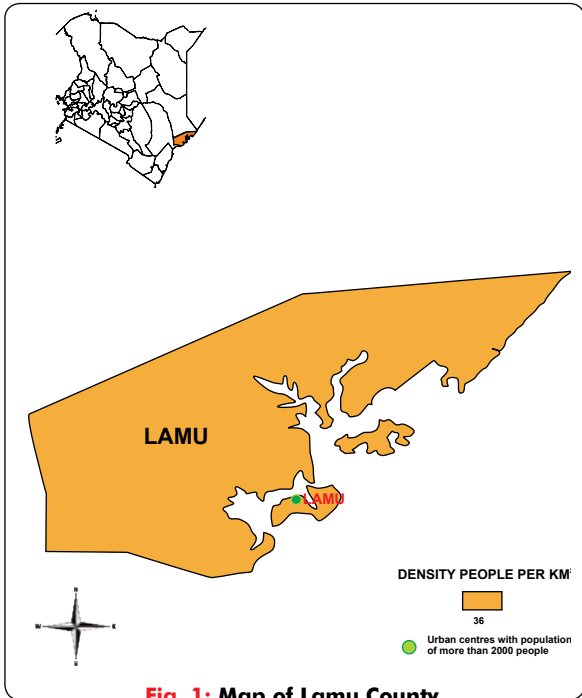
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is lower than the national average, but still slightly higher than the target of less than 5%
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult men and women had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multi-sectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# LAMU COUNTY

## Section 1: HIV Burden in Lamu County



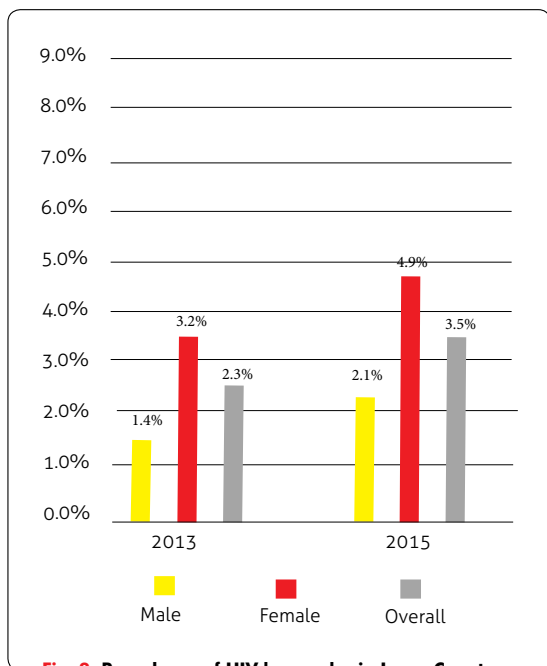
**Fig. 1: Map of Lamu County**

Lamu County has a population of 123,842, comprising of 64,588 males (52%) and 59,254 females (48%). Children below 15 years constitute 41% of the population, while youth aged 15-24 years constitute 19% of the population (2015 KNBS Population Projections).

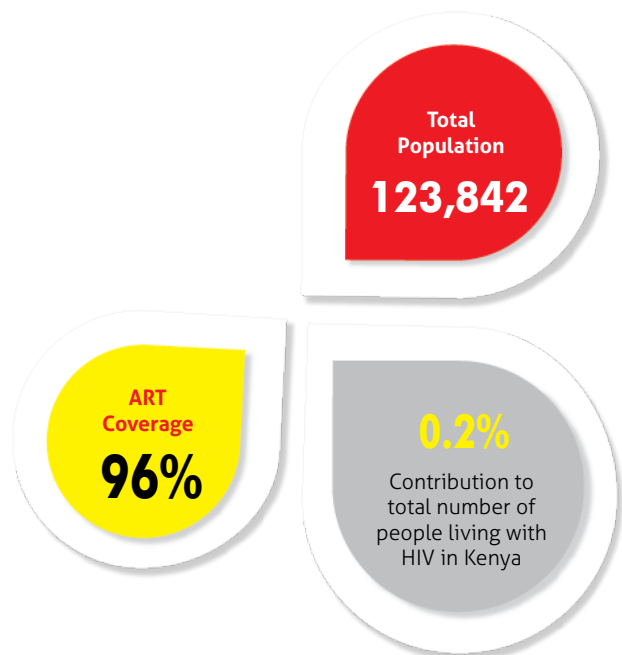
HIV prevalence in Lamu is less than the national prevalence at 3.5% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (4.9%) than that of men (2.1%), indicating women are more vulnerable to HIV infection than men in the County. (Figure 2).

Lamu County contributed to 0.2% of the total number of people living with HIV in Kenya, and is ranked the forty sixth nationally. By the end of 2015, a total of 2,319 people were living with HIV in the County, with 19% being young people aged 15-24 years and 7% being children under the age of 15 years.

Approximately 11 children and 51 adults died of AIDS-related conditions in 2015. There was an increase of 13% of HIV-related deaths among the children aged below 15 years and a decrease of 6% among adults aged 15 years and above since 2013 in the County. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Lamu County**



**Table 1: HIV burden in Lamu County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	187	170	-9%	1	98,170
No. of adults living with HIV (≥15 yrs)	1,300	2,149	65%	2	1,419,537
No. of youth living with HIV (15-24 yrs)		432		2	268,586
No. of adolescents living with HIV (10-19 yrs)		214		2	133,455
<b>Total number of people living with HIV*</b>	<b>1,487</b>	<b>2,319</b>	<b>56%</b>	<b>2</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	10	11	13%	3	5,004
Adult AIDS related deaths (≥15 yrs)	54	51	-6%	1	30,817
Youth AIDS related deaths (15-24 yrs)		7		1	3,853
Adolescent AIDS related deaths (10-19 yrs)		5		2	2,793
<b>Total number of AIDS related deaths*</b>	<b>64</b>	<b>62</b>	<b>-3%</b>	<b>1</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Lamu County

### New HIV infections among adults and children

In 2015, Lamu County contributed to 0.2% and 0.1% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of over 100% in the number of new HIV infections among children aged below 15 years and an increase of over 100% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections Lamu County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.11%	0.13%	18%	20	0.27%
Annual new HIV infections among children (0-14 yrs)	5	14	193%	4	6,613
Annual new HIV infections among adults (≥15 yrs)	44	104	137%	7	71,034
Annual new HIV infections among youth (15-24 yrs)		55		7	35,776
Annual new HIV infections among adolescents (10-19 yrs)		29		7	18,004
<b>Total annual new HIV infections</b>	<b>48</b>	<b>117</b>	<b>142%</b>	<b>6</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 94 pregnant women living with HIV who were provided with PMTCT services out of a total need of 134 pregnant women yielding 70% PMTCT Coverage. There were 15.9% children who were infected with HIV in 2015, showing over 100% increase from 2013 which implies that more efforts are needed in order to reduce mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Lamu County**

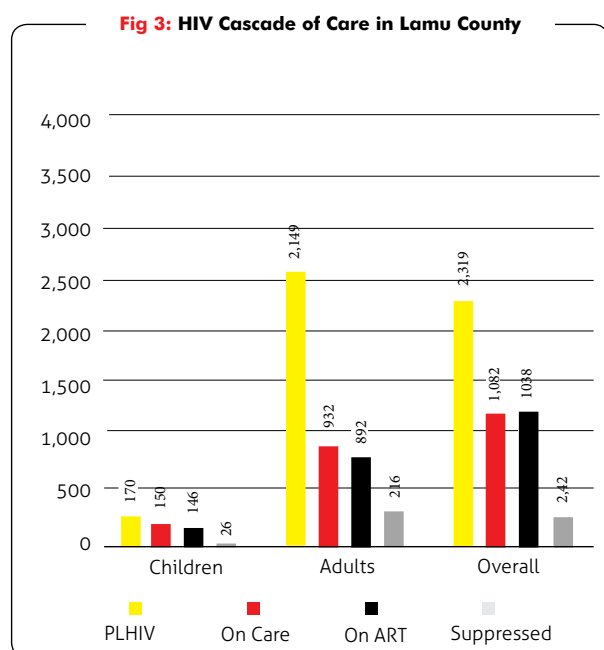
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	74	134		79,475
Number Receiving PMTCT	147	94	-36%	59,214
PMTCT Coverage	319%	70%	-78%	75%
County Ranking of PMTCT Coverage	1	26		
MTCT Coverage*	3.8%	15.9%	319%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Lamu County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 150 children on care 146 (97%) are on ART and of this 26 (18%) are virally suppressed. Among the 932 adults on care, 892 (96%) are on ART and of this 216 (24%) are virally suppressed.

Overall Lamu County has an ART coverage of 96% and viral suppression of 23% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by over 30% and ART coverage increased by -50% in 2015 compared to 2013. The number of children receiving ART increased by 56% and ART coverage increased by 31% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Lamu County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	870	1,911		1,245,106
Number receiving ART	700	911	30%	826,097
ART Coverage	95%	48%	-50%	66%
County Ranking of ART Coverage*	11	34		
<b>Children</b>				
Need for ART	131	157		93,056
Number receiving ART	80	125	56%	71,547
ART Coverage	61%	80%	31%	77%
County Ranking of ART Coverage*	11	26		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male Circumcision and Attitudes towards PLHIV in Lamu County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 16% of women and 41% of men in Lamu County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counseling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 50% of women and 69% of men had a comprehensive knowledge of HIV and AIDS (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Lamu County about 27% of women and 32% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 98% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 9% of women and 55% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against those people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 16% of women and 44% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Lamu County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	16%	28	15%
Percent of men who have never been tested for HIV	41%	40	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	50%	30	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	69%	15	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	27%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	32%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	98%	16	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	9%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	55%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	20	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	16%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	44%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Lamu County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	753
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	753

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. There is no estimation or programmes for key populations in Lamu county (Table 7)

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	-	-	133,675
MSM	-	-	13,019
PWID	-	-	18,327

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is nearly lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- About two-fifths of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and four in ten adult men had not tested for HIV in the past twelve months.

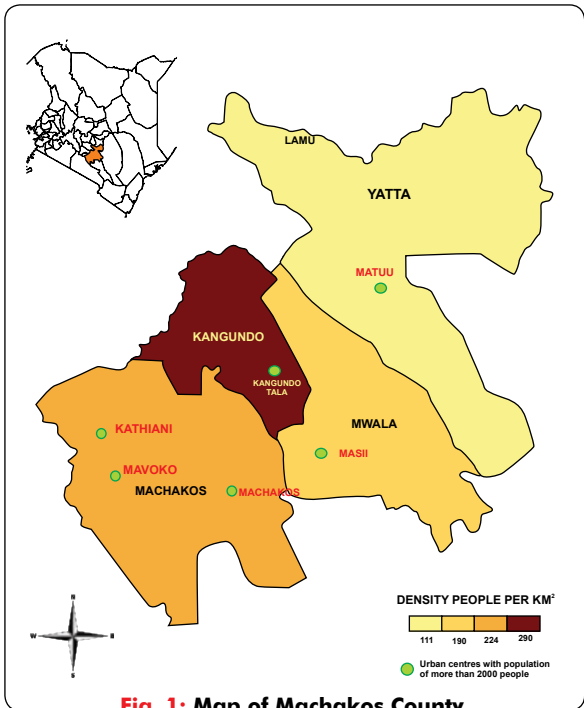
#### PRIORITY AREAS

- Strong county political and community leadership for a multi-sectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys



# MACHAKOS COUNTY

## Section 1: HIV Burden in Machakos County

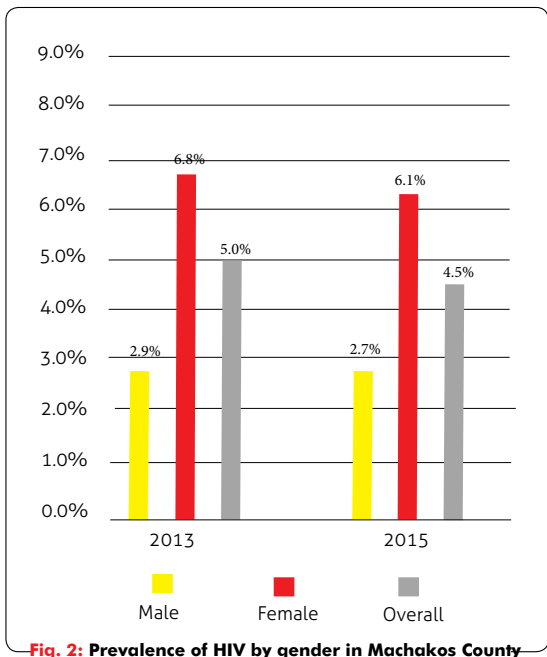


**M**achakos County has a population of 1,179,214, comprising of 589,198 males (50%) and 590,016 females (50%). Children below 15 years constitute 39% of the population, while youth aged 15-24 years constitute 20% of the population (2015 KNBS Population Projections).

HIV prevalence in Machakos is lower than the national prevalence at 4.5% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (6.1%) than that of men (2.7%) indicating that women are more vulnerable to HIV infection than men in the County (Figure 2).

Machakos County contributed to 2.1% of the total number of people living with HIV in Kenya, and is ranked the twelfth nationally. By the end of 2015, a total of 32,611 people were living with HIV in the County, with 20% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 87 children and 798 adults died of AIDS-related conditions in 2015. There was a decrease of 51% of HIV-related deaths among the children aged below 15 years and a decrease of 13% among adults aged 15 years and above since 2013 in the County. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Machakos County**

Total Population

1,179,214

ART Coverage

94%

2.1%

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Machakos County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	4,135	2,082	-50%	32	98,170
No. of adults living with HIV (≥15 yrs)	27,100	30,529	13%	36	1,419,537
No. of youth living with HIV (15-24 yrs)		6,482		38	268,586
No. of adolescents living with HIV (10-19 yrs)		3,181		37	133,455
<b>Total number of people living with HIV*</b>	<b>31,235</b>	<b>32,611</b>	<b>4%</b>	<b>36</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	177	87	-51%	30	5,004
Adult AIDS related deaths (≥15 yrs)	921	798	-13%	38	30,817
Youth AIDS related deaths (15-24 yrs)		88		34	3,853
Adolescent AIDS related deaths (10-19 yrs)		58		32	2,793
<b>Total number of AIDS related deaths*</b>	<b>1,098</b>	<b>885</b>	<b>-19%</b>	<b>36</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Machakos County

### New HIV infections among adults and children

In 2015, Machakos County contributed to 1.9% and 2.5% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 26% and 49% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of 61% in the number of new HIV infections among children aged below 15 years and an increase of 19% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections Machakos County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.29%	0.25%	-14%	36	0.27%
Annual new HIV infections among children (0-14 yrs)	80	128	61%	36	6,613
Annual new HIV infections among adults (≥15 yrs)	1,463	1,744	19%	38	71,034
Annual new HIV infections among youth (15-24 yrs)		923		39	35,776
Annual new HIV infections among adolescents (10-19 yrs)		490		40	18,004
<b>Total annual new HIV infections</b>	<b>1,542</b>	<b>1,872</b>	<b>21%</b>	<b>38</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 1,019 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,424 pregnant women yielding 72% PMTCT Coverage. There were 15.3% children who were infected with HIV in 2015, showing a 3% increase from 2013 which implies that more efforts are needed in order to reduce mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Machakos County**

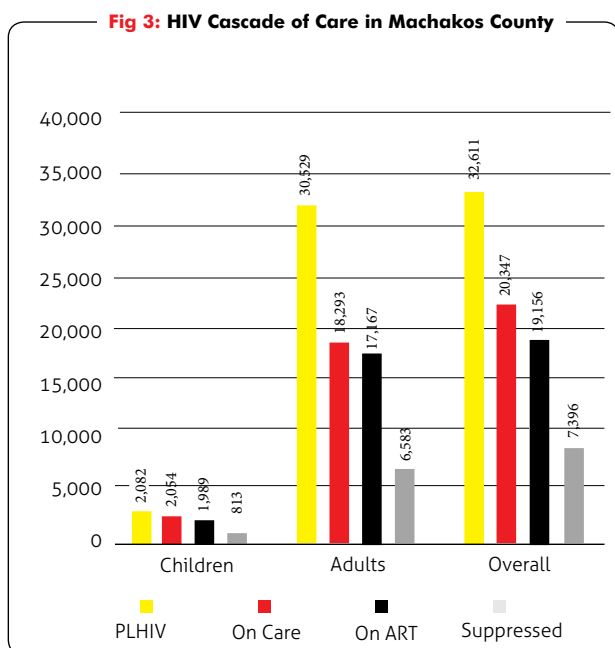
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,258	1,424		79,475
Number Receiving PMTCT	1,085	1,019	-6%	59,214
PMTCT Coverage	68%	72%	6%	75%
County Ranking of PMTCT Coverage	10	25		
MTCT Coverage*	14.8%	15.3%	3%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Machakos County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 2,054 children on care 1,989 (97%) are on ART and of this 813 (41%) are virally suppressed. Among the 18,293 adults on care, 17,167 (94%) are on ART and of this 6,583 (38%) are virally suppressed.

Overall Machakos County has an ART coverage of 94% and viral suppression of 39% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 59%, while ART coverage declined by 8% in 2015 compared to 2013. The number of children receiving ART increased by 16%, and ART coverage increased by 70% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Machakos County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	18,593	26,998		1,245,106
Number receiving ART	11,542	18,397	59%	826,097
ART Coverage	74%	68%	-8%	66%
County Ranking of ART Coverage*	23	17		
<b>Children</b>				
Need for ART	2,953	2,021		93,056
Number receiving ART	1,609	1,873	16%	71,547
ART Coverage	54%	93%	70%	77%
County Ranking of ART Coverage*	14	9		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Machakos County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 13% of women and 27% of men in Machakos County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counseling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 58% of women and 58% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Machakos County about 42% of women and 50% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5)

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 93% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 11% of women and 58% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). None of the men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (KDHS, 2014). (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 19% of women and 35% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Machakos County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	13%	14	15%
Percent of men who have never been tested for HIV	27%	16	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	58%	19	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	58%	33	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	42%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	50%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	93%	35	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	11%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	58%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	0%	6	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	19%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	35%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Machakos County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	6,497
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	6,497

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key populations is moderate among FSW at 49% and MSM at 57% against the national targets of 80% in Machakos County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	3,385	49%	133,675
MSM	617	57%	13,019
PWID	214	-	18,327



### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and three in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multi-sectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# MAKUENI COUNTY

## Section 1: HIV Burden in Makueni County

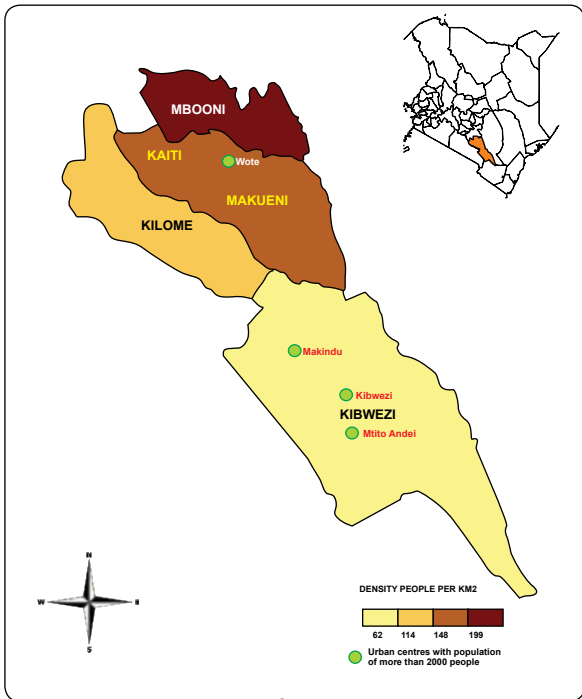


Fig. 1: Map of Makueni County

Makueni County has a population of 949,298, comprising of 467,233 males (49%) and 482,065 females (51%). Children below 15 years constitute 44% of the population, while youth aged 15-24 years constitute 20% of the population (2015 KNBS Population Projections).

HIV prevalence in Makueni is lower than the national prevalence at 5.1% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (6.9%) than that of men (3.0%), indicating women are more vulnerable to HIV infection than men in the County. (Figure 2).

Makueni County contributed to 1.9% of the total number of people living with HIV in Kenya, and is ranked the fifteenth nationally. By the end of 2015, a total of 29,370 people were living with HIV in the County, with 20% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 78 children and 719 adults died of AIDS-related conditions in 2015. There was a decrease of 46% of HIV-related deaths among the children aged below 15 years and an decrease of 4% among adults aged 15 years and above since 2013 in the County. (Table 1).

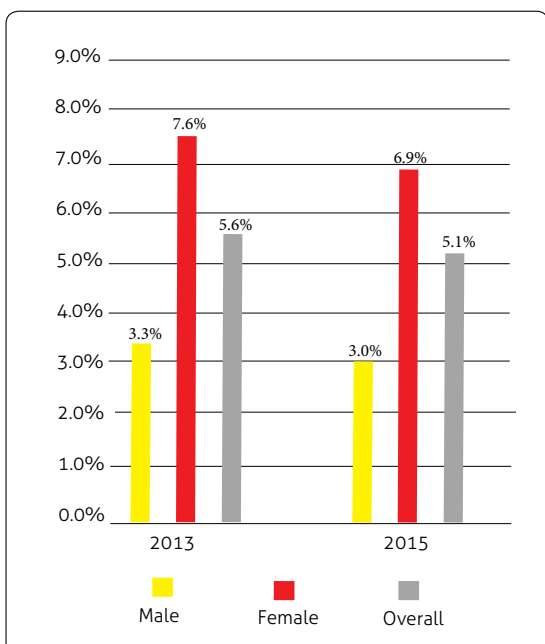
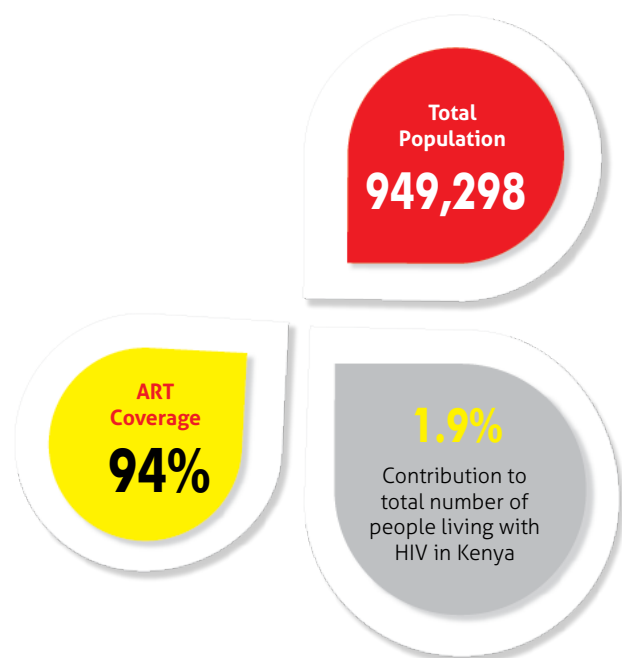


Fig. 2: Prevalence of HIV by gender in Makueni County



**Table 1: HIV burden in Makueni County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	3,372	1,875	-44%	29	98,170
No. of adults living with HIV (≥15 yrs)	22,100	27,495	24%	33	1,419,537
No. of youth living with HIV (15-24 yrs)		5,838		35	268,586
No. of adolescents living with HIV (10-19 yrs)		2,865		33	133,455
Total number of people living with HIV*	25,472	29,370	15%	33	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	145	78	-46%	27	5,004
Adult AIDS related deaths (≥15 yrs)	751	719	-4%	35	30,817
Youth AIDS related deaths (15-24 yrs)		79		31	3,853
Adolescent AIDS related deaths (10-19 yrs)		52		28	2,793
Total number of AIDS related deaths*	895	797	-11%	33	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Makueni County

### New HIV infections among adults and children

In 2015, Makueni County contributed to 1.7% and 2.2% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 26% and 49% of all new HIV infections in the County respectively. Compared to 2013, the County recorded an increase of 77% in the number of new HIV infections among children aged below 15 years and an increase of 32% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Makueni County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
Incidence rate	0.32%	0.30%	-6%	39	0.27%
Annual new HIV infections among children (0-14 yrs)	65	115	77%	34	6,613
Annual new HIV infections among adults (≥15 yrs)	1,193	1,571	32%	36	71,034
Annual new HIV infections among youth (15-24 yrs)		831		37	35,776
Annual new HIV infections among adolescents (10-19 yrs)		441		38	18,004
<b>Total annual new HIV infections</b>	<b>1,258</b>	<b>1,686</b>	<b>34%</b>	<b>37</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 673 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,283 pregnant women yielding 52% PMTCT Coverage. There were 22.4% children who were infected with HIV in 2015, showing 26% increase from 2013 which implies that more efforts are needed in order to reduce mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Makueni County**

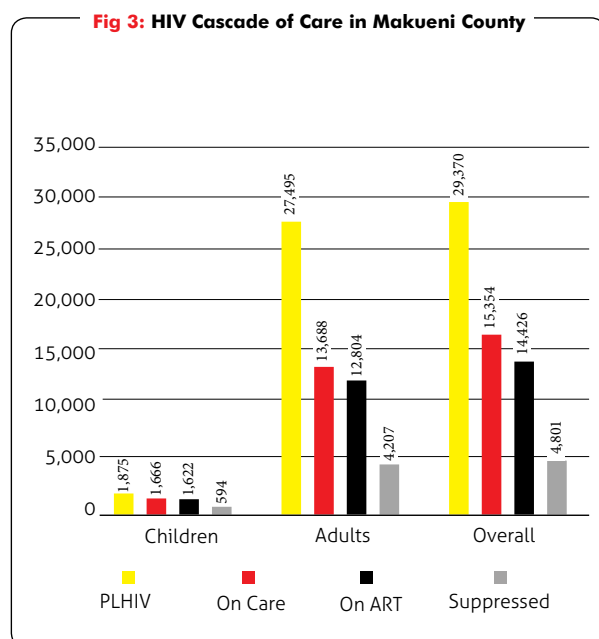
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,026	1,283		79,475
Number Receiving PMTCT	825	673	-18%	59,214
PMTCT Coverage	59%	52%	-11%	75%
County Ranking of PMTCT Coverage	16	43		
MTCT Coverage*	17.7%	22.4%	26%	8.3%



### Section 3: Expanding Access to Treatment in Makueni County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 1,666 children on care 1,622 (97%) are on ART and of this 594 (37%) are virally suppressed. Among the 13,688 adults on care, 12,804 (94%) are on ART and of this 4,207 (33%) are virally suppressed.

Overall Makueni County has an ART coverage of 94% and viral suppression of 33% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 41%, while ART coverage decreased by 26% in 2015 compared to 2013. The number of children receiving ART increased by 3%, and ART coverage increased by 37% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Makueni County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	15,163	24,315		1,245,106
Number receiving ART	9,705	13,719	41%	826,097
ART Coverage	76%	56%	-26%	66%
County Ranking of ART Coverage*	22	29		
<b>Children</b>				
Need for ART	2,408	1,820		93,056
Number receiving ART	1,480	1,527	3%	71,547
ART Coverage	61%	84%	37%	77%
County Ranking of ART Coverage*	10	21		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Makueni County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 19% of women and 37% of men in Makueni County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counseling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 56% of women and 82% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Makueni County about 42% of women and 50% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 100% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 11% of women and 58% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 5% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV and AIDS can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 19% of women and 35% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Makueni County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	19%	34	15%
Percent of men who have never been tested for HIV	37%	36	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	56%	23	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	82%	4	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	42%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	50%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	100%	1	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	11%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	58%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	5%	42	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	19%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	35%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Makueni County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	6,371
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	6,371

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key populations is moderate among FSW at 46% and low among MSM at 20% against the national targets of 80% in Makueni County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	1,966	46%	133,675
MSM	46	20%	13,019
PWID	3	-	18,327

## Key Facts and Priorities

### KEY FACTS

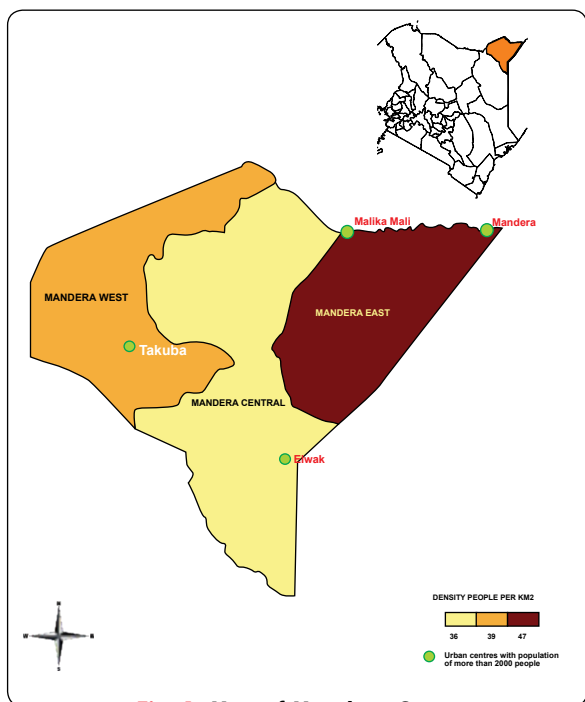
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than two-thirds of women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and four in ten adult men had not tested for HIV in the past twelve months.

### PRIORITY AREAS

- Strong county political and community leadership for a multi-sectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among

# MANDERA COUNTY

## Section 1: HIV Burden in Mandera County



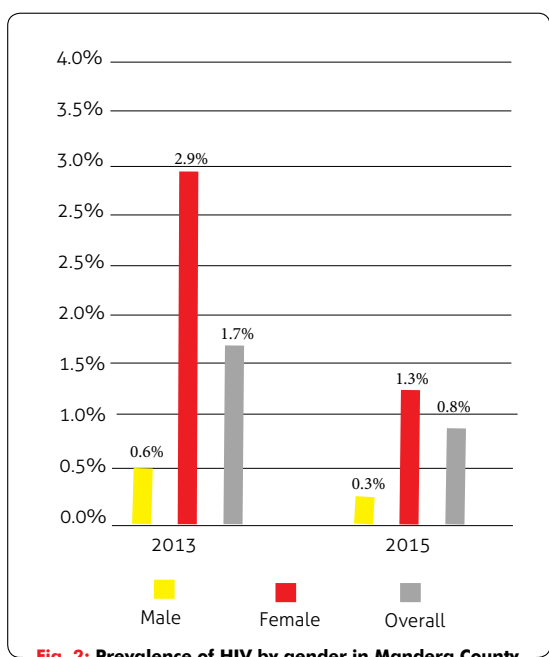
**Fig. 1: Map of Mandera County**

**M**andera County has a population of 697,922, comprising of 360,783 males (52%) and 337,139 females (48%). Children below 15 years constitute 45% of the population, while youth aged 15-24 years constitute 22% of the population (2015 KNBS Population Projections).

HIV prevalence in Mandera is less than the national prevalence at 0.8% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (1.3%) than that of men (0.3%), indicating that women are more vulnerable to HIV infection than men in the County, (Figure 2).

Mandera County contributed to 0.2% of the total number of people living with HIV in Kenya, and is ranked the forty one nationally. By the end of 2015, a total of 3,385 people were living with HIV in the County, with 19% being young people aged 15-24 years and 15% being children under the age of 15 years.

Approximately 42 children and 216 adults died of AIDS-related conditions in 2015. There was an decrease of 48% of HIV-related deaths among the children aged below 15 years and a decrease of 65% among adults aged 15 years and above since 2013 in the County. (Table 1)



**Fig. 2: Prevalence of HIV by gender in Mandera County**

Total Population

**697,922**

ART Coverage

**92%**

**0.2%**

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Mandera County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	1,271	501	-61%	12	98,170
No. of adults living with HIV (≥15 yrs)	3,900	2,884	-26%	7	1,419,537
No. of youth living with HIV (15-24 yrs)		653		7	268,586
No. of adolescents living with HIV (10-19 yrs)		487		10	133,455
<b>Total number of people living with HIV*</b>	<b>5,171</b>	<b>3,385</b>	<b>-35%</b>	<b>7</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	81	42	-48%	18	5,004
Adult AIDS related deaths (≥15 yrs)	615	216	-65%	11	30,817
Youth AIDS related deaths (15-24 yrs)		28		16	3,853
Adolescent AIDS related deaths (10-19 yrs)		26		18	2,793
<b>Total number of AIDS related deaths*</b>	<b>696</b>	<b>258</b>	<b>-63%</b>	<b>12</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Mandera County

### New HIV infections among adults and children

In 2015, Mandera County contributed to 0.7% and 0.1% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 19% and 35% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of over 100% in the number of new HIV infections among children aged below 15 years and a decrease of 47% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Mandera County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.02%	0.02%	-11%	2	0.27%
Annual new HIV infections among children (0-14 yrs)	17	48	186%	21	6,613
Annual new HIV infections among adults (≥15 yrs)	137	73	-47%	4	71,034
Annual new HIV infections among youth (15-24 yrs)		42		4	35,776
Annual new HIV infections among adolescents (10-19 yrs)		23		4	18,004
<b>Total annual new HIV infections</b>	<b>154</b>	<b>121</b>	<b>-22%</b>	<b>7</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 12 pregnant women living with HIV who were provided with PMTCT services out of a total need of 190 pregnant women yielding 6% PMTCT Coverage. There were 39.4% children who were infected with HIV in 2015, showing a 7% increase from 2013 which implies that more efforts are needed in order to reduce mother to child transmission of HIV. (Table 3).

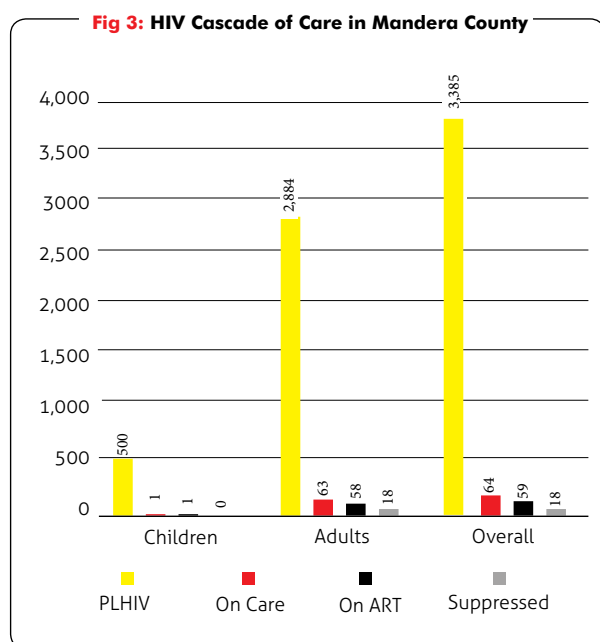
**Table 3: PMTCT Services in Mandera County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	260	190		79,475
Number Receiving PMTCT	11	12	14%	59,214
PMTCT Coverage	3%	6%	87%	75%
County Ranking of PMTCT Coverage	46	46		
MTCT Coverage*	36.7%	39.4%	7%	8.3%

### Section 3: Expanding Access to Treatment in Mandera County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. The county had only one child on care and started on ART but had not achieved viral suppression. Among the 63 adults on care, 58 (92%) are on ART and of this 18 (31%) are virally suppressed.

Overall Mandera County has an ART coverage of 92% and viral suppression of 31% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART decreased by 19% and ART coverage decreased by 39% in 2015 compared to 2013. The number of children receiving ART decreased by 93%, while ART coverage decreased by 82%. (Table 4).

**Table 4: ART Uptake in Mandera County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	2,841	2,570		1,245,106
Number receiving ART	77	62	-19%	826,097
ART Coverage	4%	2%	-39%	66%
County Ranking of ART Coverage*	47	46		
<b>Children</b>				
Need for ART	892	362		93,056
Number receiving ART	27	2	-93%	71,547
ART Coverage	3%	1%	-82%	77%
County Ranking of ART Coverage*	47	47		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Mandera County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 59% of women and 96% of men in Mandera County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counseling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 4% of women and men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. Even so the figures on condom use were not computed for Mander County in KDHS 2014, with the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 100% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 7% of women and 46% of men reported sexual debut before age 15 in the County (KDHS 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 1% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 3% of women and 31% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Mander County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	59%	47	15%
Percent of men who have never been tested for HIV	96%	47	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	4%	47	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	4%	46	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	100%	1	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	7%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	46%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	1%	15	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	3%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	31%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).



## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Mandera County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	1,953
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	1,953

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 Mapping and estimation exercise conducted by NASCOP did not include Mandera County and currently there are no programmes for key populations in the county (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	-	-	133,675
MSM	-	-	13,019
PWID	-	-	18,327

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than a tenth of men and women have a comprehensive knowledge of HIV and AIDS
- About six in ten adult women and ten in ten adult men had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multi-sectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# MARSABIT COUNTY

## Section 1: HIV Burden in Marsabit County

Marsabit County has a population of 312,700, comprising of 163,927 males (52%) and 148,773 females (48%). Children below 15 years constitute 47% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

The HIV prevalence in Marsabit is lower than the national prevalence at 1.4% (Kenya HIV Estimates 2015). The HIV prevalence among women in Marsabit is higher (2.0%) than that of men (0.9%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Marsabit County contributed to 0.2% of the total number of people living with HIV in Kenya, and is ranked the forty three nationally. By the end of 2015, a total of 2,841 people were living with HIV in the County, with 20% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 8 children and 70 adults died of AIDS-related conditions in 2015. There was a decrease of 23% of HIV-related deaths among the children aged below 15 years and an increase of 36% among adults aged 15 years and above since 2013 in the County. (Table 1).

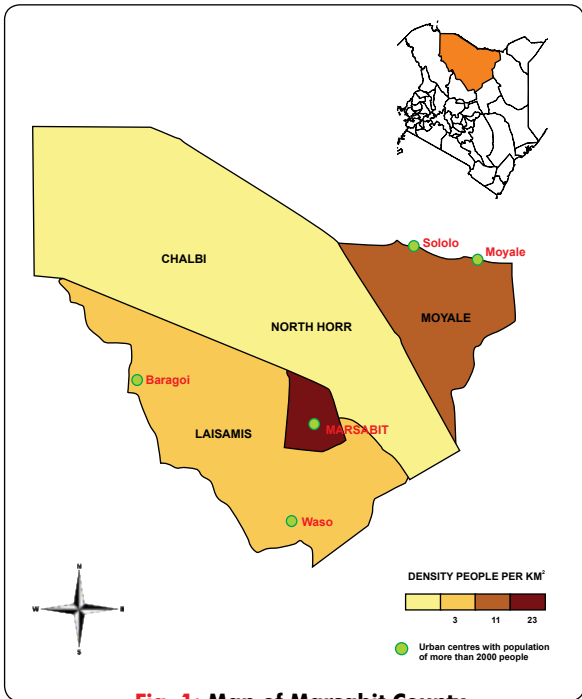


Fig. 1: Map of Marsabit County

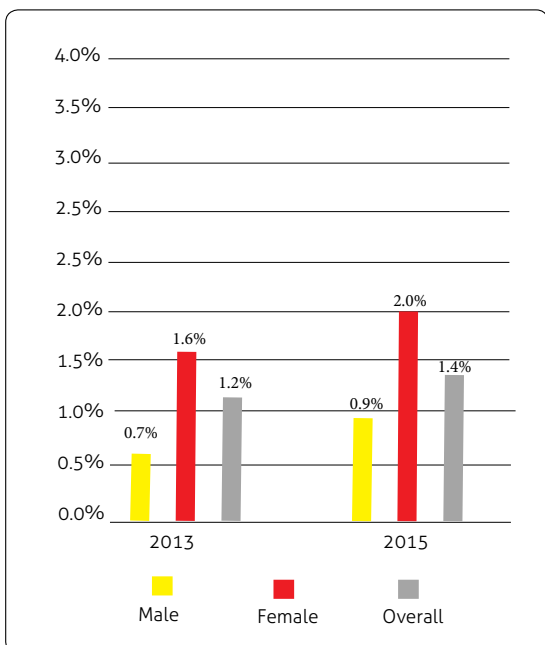
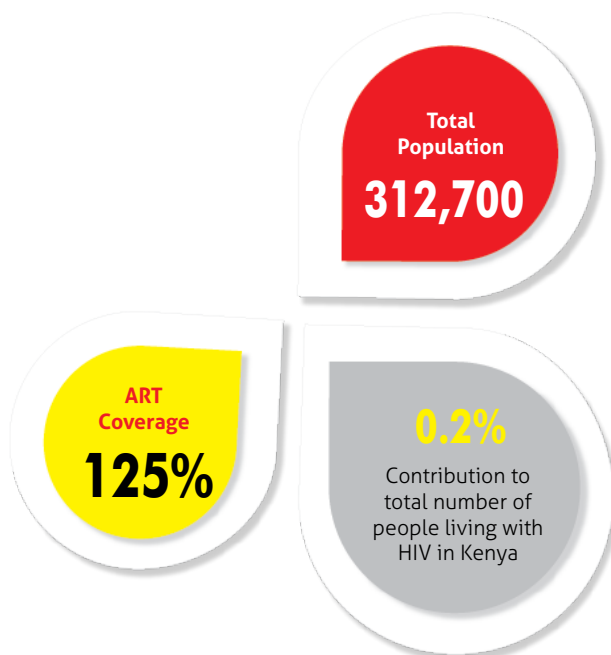


Fig. 2: Prevalence of HIV by gender in Marsabit County



**Table 1: HIV burden in Marsabit County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	229	181	-21%	2	98,170
No. of adults living with HIV (≥15 yrs)	1,500	2,659	+77%	5	1,419,537
No. of youth living with HIV (15-24 yrs)		565		6	268,586
No. of adolescents living with HIV (10-19 yrs)		277		4	133,455
Total number of people living with HIV*	1,729	2,841	+64%	5	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	10	8	-23%	1	5,004
Adult AIDS related deaths (≥15 yrs)	51	70	+36%	3	30,817
Youth AIDS related deaths (15-24 yrs)		8		2	3,853
Adolescent AIDS related deaths (10-19 yrs)		5		1	2,793
Total number of AIDS related deaths*	61	77	+27%	3	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Marsabit County

### New HIV infections among adults and children

In 2015, Marsabit County contributed to 0.2% of the total new HIV infections in Kenya among both children and adults. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 26% and 49% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of over 100% in the number of new HIV infections among children aged below 15 years and an increase of 88% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Marsabit County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.08%	0.09%	+11%	19	0.27%
Annual new HIV infections among children (0-14 yrs)	4	11	+153%	1	6,613
Annual new HIV infections among adults (≥15 yrs)	81	152	+88%	11	71,034
Annual new HIV infections among youth (15-24 yrs)		80		10	35,776
Annual new HIV infections among adolescents (10-19 yrs)		43		10	18,004
Total annual new HIV infections	85	163	+91%	10	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 105 pregnant women living with HIV who were provided with PMTCT services out of a total need of 124 pregnant women yielding 85% PMTCT Coverage. There were 10.5% children who were infected with HIV in 2015, showing over 100% increase from 2013, which implies that more efforts are needed in order to reduce mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Marsabit County**

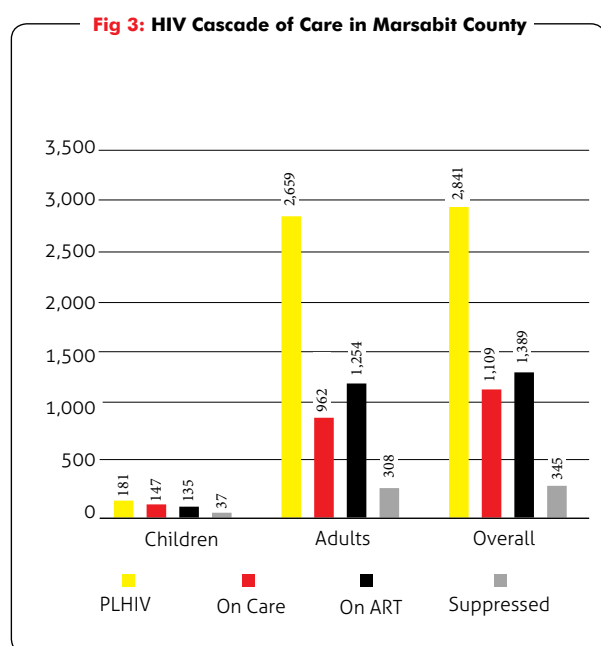
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	70	124		79,475
Number Receiving PMTCT	100	105	+5%	59,214
PMTCT Coverage	205%	85%	-59%	75%
County Ranking of PMTCT Coverage	2	20		
MTCT Coverage*	3.8%	10.5%	+177%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Marsabit County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 147 children on care 135 (92%) are on ART and of this 37 (27%) are virally suppressed. Among the 962 adults on care, 1,254 (130%) are on ART and of this 308 (25%) are virally suppressed.

Overall Marsabit County has an ART coverage of 125% and viral suppression of 25% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 80%, while ART coverage decreased by 34% in 2015 compared to 2013 in Marsabit County. Similarly, the number of children receiving ART increase by 37% and ART coverage increased by 27% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Marsabit County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	1,029	2,352		1,245,106
Number receiving ART	746	1,344	+80%	826,097
ART Coverage	86%	57%	-34%	66%
County Ranking of ART Coverage*	17	28		
<b>Children</b>				
Need for ART	163	176		93,056
Number receiving ART	93	127	+37%	71,547
ART Coverage	57%	72%	+27%	77%
County Ranking of ART Coverage*	12	30		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Marsabit County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 34% of women and 41% of men in Marsabit County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 25% of women and 71% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Marsabit County about 42% of women and 50% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS2014, 98% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 11% of women and 58% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5)

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 19% of women and 35% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Marsabit County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	34%	44	15%
Percent of men who have never been tested for HIV	41%	39	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	25%	42	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	71%	12	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	42%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	50%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	98%	11	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	11%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	58%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	23	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	19%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	35%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Marsabit County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan*	2,207
Poor households with an orphan**	
Cash transfer beneficiaries- poor households with an orphan ***	2,207

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 mapping and estimation exercise conducted by NASCOP did not include Marsabit county and currently there are no programmes for key populations in the county. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	1,966	46%	133,675
MSM	46	20%	13,019
PWID	3	-	18,327



### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than half of women have a comprehensive knowledge of HIV and AIDS
- About three in ten adult women and four in ten adult men had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# MERU COUNTY

## Section 1: HIV Burden in Meru County

**M**eru County has a population of 1,455,850, comprising of 727,528 males (50%) and 728,322 females (50%). Children below 15 years constitute 40% of the population, while youth aged 15-24 years constitute 19% of the population (2015 KNBS Population Projections).

HIV prevalence in Meru is lower than the national prevalence at 2.9% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (3.9%) than that of men (1.7%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2)

Meru County contributed to 1.7% of the total number of people living with HIV in Kenya, and is ranked the twentieth nationally. By the end of 2015, a total of 26,019 people were living with HIV in the County, with 20% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 69 children and 637 adults died of AIDS-related conditions in 2015. There was a decrease of 47% of HIV-related deaths among the children aged below 15 years and an decrease of 7% among adults aged 15 years and above since 2013 in the County. (Table 1).

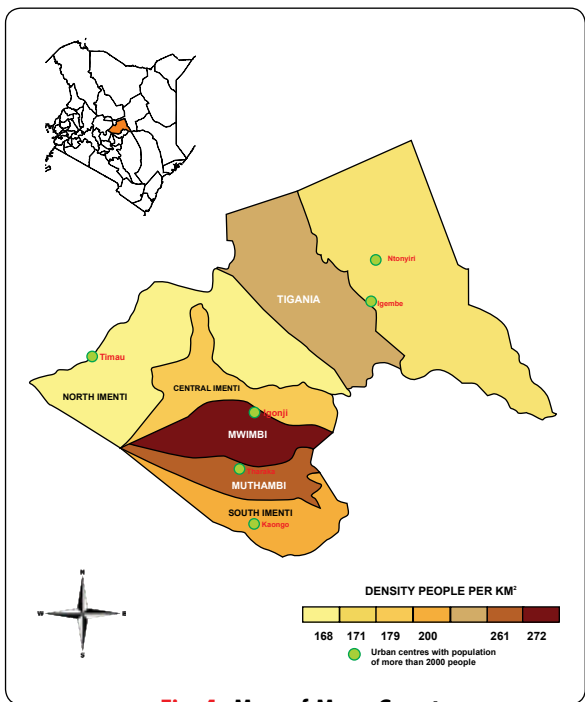


Fig. 1: Map of Meru County

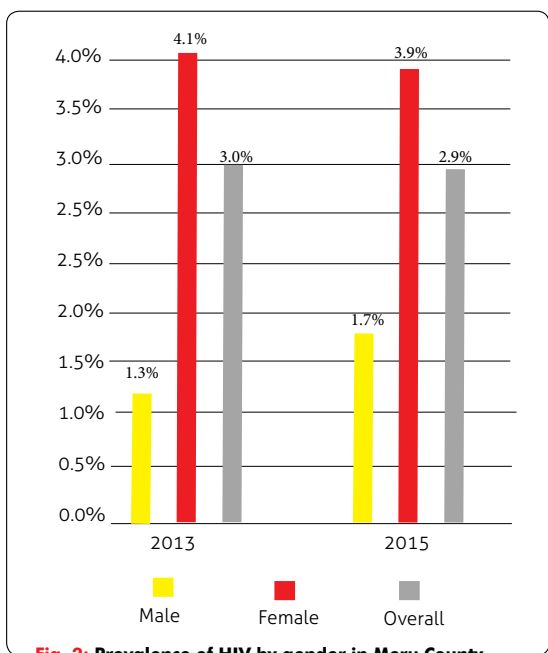
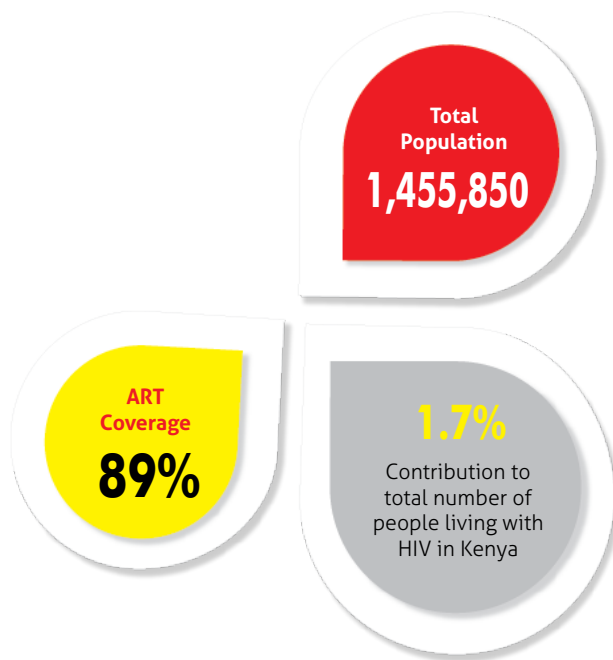


Fig. 2: Prevalence of HIV by gender in Meru County





**Table 1: HIV burden in Meru County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	3,082	1,661	-46%	26	98,170
No. of adults living with HIV (≥15 yrs)	20,200	24,358	+21%	30	1,419,537
No. of youth living with HIV (15-24 yrs)		5,172		31	268,586
No. of adolescents living with HIV (10-19 yrs)		2,538		29	133,455
Total number of people living with HIV*	23,282	26,019	+12%	28	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	132	69	-47%	23	5,004
Adult AIDS related deaths (≥15 yrs)	686	637	-7%	30	30,817
Youth AIDS related deaths (15-24 yrs)		70		28	3,853
Adolescent AIDS related deaths (10-19 yrs)		46		23	2,793
Total number of AIDS related deaths*	818	706	-14%	29	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Meru County

### New HIV infections among adults and children

In 2015, Meru County contributed to 1.5% and 2.0% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 26% and 49% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of 72% in the number of new HIV infections among children aged below 15 years and an increase of 28% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Meru County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.18%	0.16%	-14%	23	0.27%
Annual new HIV infections among children (0-14 yrs)	59	102	+72%	30	6,613
Annual new HIV infections among adults (≥15 yrs)	1,090	1,392	+28%	31	71,034
Annual new HIV infections among youth (15-24 yrs)		736		34	35,776
Annual new HIV infections among adolescents (10-19 yrs)		391		35	18,004
<b>Total annual new HIV infections</b>	<b>1,150</b>	<b>1,494</b>	<b>30%</b>	<b>31</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 1,104 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,137 pregnant women yielding 97% PMTCT Coverage. There were 5.9% children who were infected with HIV in 2015, showing 76% decline from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Meru County**

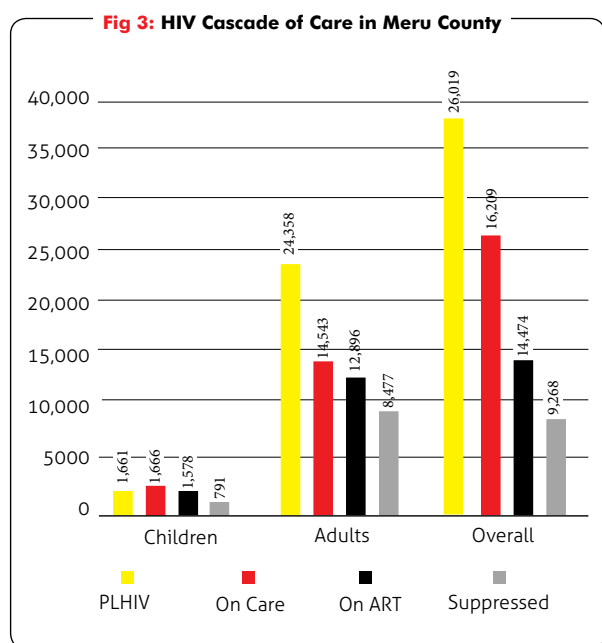
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	937	1,137		79,475
Number Receiving PMTCT	526	1,104	+110%	59,214
PMTCT Coverage	37%	97%	+159%	75%
County Ranking of PMTCT Coverage	33	8		
MTCT Coverage*	25.1%	5.9%	-76%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Meru County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 1,666 children on care 1,578 (95%) are on ART and of this 791 (50%) are virally suppressed. Among the 14,543 adults on care, 12,896 (89%) are on ART and of this 8,477 (66%) are virally suppressed.

Overall Meru County has an ART coverage of 89% and viral suppression of 64% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 43%, while ART coverage decline by 23% in 2015 compared to 2013 in Meru County. Similarly, the number of children receiving ART increase by 44%, and ART coverage increase by 96% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Meru County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	13,859	21,541		1,245,106
Number receiving ART	9,615	13,751	+43%	826,097
ART Coverage	82%	64%	-23%	66%
County Ranking of ART Coverage*	18	22		
<b>Children</b>				
Need for ART	2,201	1,613		93,056
Number receiving ART	1,052	1,511	+44%	71,547
ART Coverage	48%	94%	+96%	77%
County Ranking of ART Coverage*	18	7		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Meru County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 14% of women and 32% of men in Meru County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 48% of women and 70% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Meru County about 42% of women and 50% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS2014, 92% of reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 11% of women and 58% of men reported sexual debut before age 15 in the county (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that none of the men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5)

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 19% of women and 35% of men in the age group 15-49 expressed accepting attitudes towards people with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Meru County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	14%	23	15%
Percent of men who have never been tested for HIV	32%	24	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	48%	33	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	70%	13	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	42%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	50%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	92%	36	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	11%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	58%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	0%	4	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	19%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	35%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Meru County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	3,899
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	3,899

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they

also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 30% and MSM at 30% against the national targets of 80% in Meru County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	3,391	30%	133,675
MSM	509	30%	13,019
PWID	545	-	18,327

The Polling Booth Survey conducted by NASCOP in 2015, show that 77% of the FSW used condom in the last sex with a client and only 29% of them visited an intervention. In addition, 58% were also beaten or arrested by police in the last 6 months.



### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is lower than the national average, but yet to achieve the target of less than 5%
- Less than half of women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and three in ten adult men had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# MIGORI COUNTY

## Section 1: HIV Burden in Migori County

Migori County has a population of 1,048,602, comprising of 509,551 males (49%) and 539,051 females (51%). Children below 15 years constitute 48% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

HIV prevalence in Migori is nearly 2.5 times higher than the national prevalence at 14.3% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (15.2%) than that of men (13.1%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2)

Migori County contributed to 5.5% of the total number of people living with HIV in Kenya, and is ranked the fifth highest. By the end of 2015, a total of 83,603 people were living with HIV in the County, with 22% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 90 children and 1,459 adults died of AIDS-related conditions in 2015. There was a decrease of 57% of HIV-related deaths among the children aged below 15 years and a decrease of 22% among adults aged 15 years and above since 2013 in the County. (Table 1)

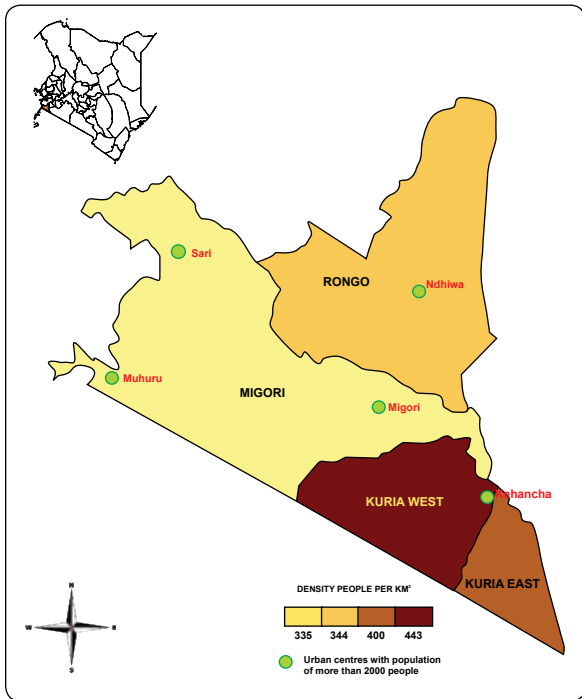


Fig. 1: Map of Migori County

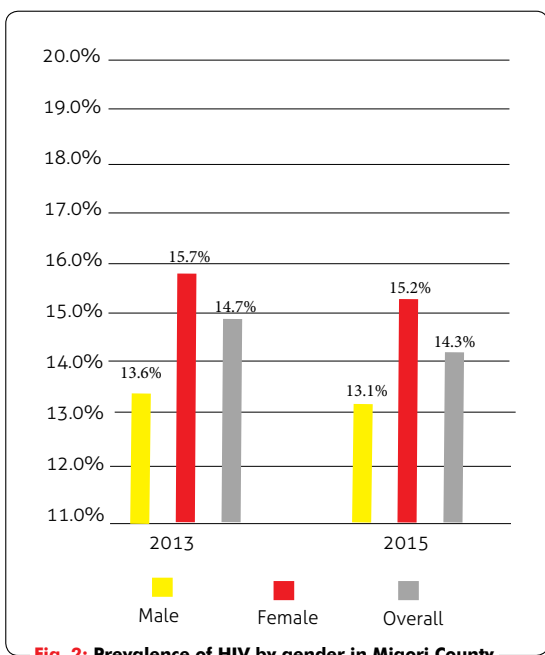
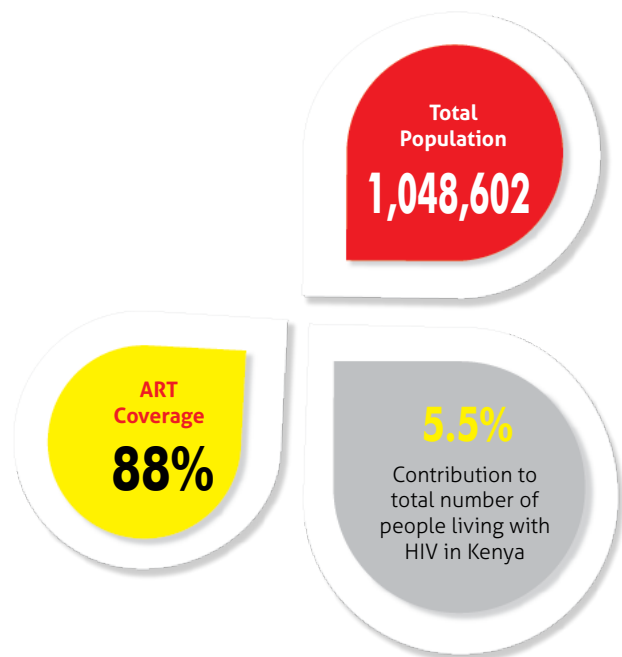


Fig. 2: Prevalence of HIV by gender in Migori County



**Table 1: HIV burden in Migori County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	10,705	4,982	-53%	43	98,170
No. of adults living with HIV (≥15 yrs)	77,700	78,621	+1%	43	1,419,537
No. of youth living with HIV (15-24 yrs)		18,411		43	268,586
No. of adolescents living with HIV (10-19 yrs)		8,104		43	133,455
Total number of people living with HIV*	88,405	83,603	-5%	43	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	682	290	-57%	44	5,004
Adult AIDS related deaths (≥15 yrs)	1,876	1,459	-22%	42	30,817
Youth AIDS related deaths (15-24 yrs)		219		43	3,853
Adolescent AIDS related deaths (10-19 yrs)		126		41	2,793
Total number of AIDS related deaths*	2,558	1,749	-32%	43	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Migori County

### New HIV infections among adults and children

In 2015, Migori County contributed to 8.0% and 7.2% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 28% and 52% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decline of 65% in the number of new HIV infections among children aged below 15 years and a decline of 25% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Migori County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	1.20%	1.00%	-16%	44	0.27%
Annual new HIV infections among children (0-14 yrs)	1,492	527	-65%	44	6,613
Annual new HIV infections among adults (≥15 yrs)	6,786	5,093	-25%	44	71,034
Annual new HIV infections among youth (15-24 yrs)		2,895		44	35,776
Annual new HIV infections among adolescents (10-19 yrs)		1,557		44	18,004
<b>Total annual new HIV infections</b>	<b>8,278</b>	<b>5,619</b>	<b>-32%</b>	<b>44</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 4,647 pregnant women living with HIV who were provided with PMTCT services out of a total need of 5,189 pregnant women yielding 90% PMTCT Coverage. There were 8.7% children who were infected with HIV in 2015, showing a 10% increase from 2013, which implies that more efforts are needed in order to reduce mother to child transmission of HIV. (Table 3).

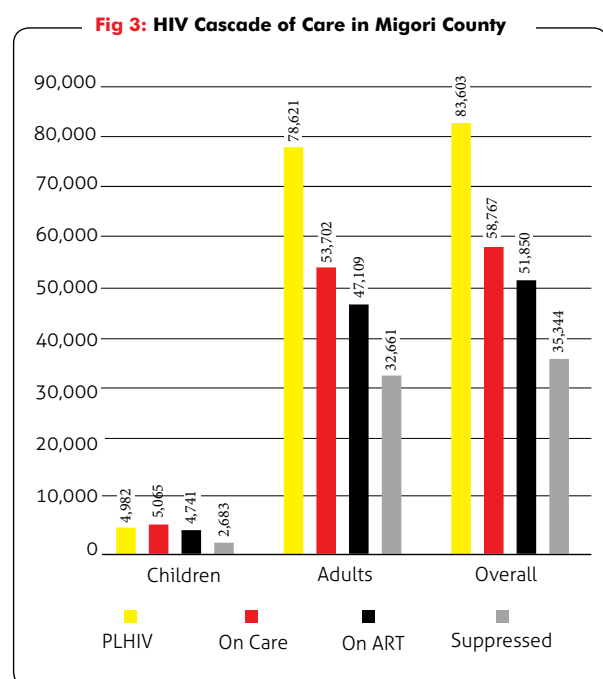
**Table 3: PMTCT Services in Migori County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	5,346	5,189		79,475
Number Receiving PMTCT	3,732	4,647	+25%	59,214
PMTCT Coverage	88%	90%	+2%	75%
County Ranking of PMTCT Coverage	6	13		
MTCT Coverage*	7.9%	8.7%	+10%	8.3%

### Section 3: Expanding Access to Treatment in Migori County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 5,065 children on care 4,741 (94%) are on ART and of this 2,683 (57%) are virally suppressed. Among the 53,702 adults on care, 47,109 (88%) are on ART and of this 47,109 (69%) are virally suppressed.

Overall Migori County has an ART coverage of 88% and viral suppression of 68% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increase by 44%, while ART coverage declined by 15% in 2015 compared to 2013 in Migori County. Similarly, the number of children receiving ART increased by 45%, and ART coverage increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Migori County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	47,566	66,280		1,245,106
Number receiving ART	34,927	50,390	+44%	826,097
ART Coverage	89%	76%	-15%	66%
County Ranking of ART Coverage*	15	13		
<b>Children</b>				
Need for ART	8,419	5,139		93,056
Number receiving ART	3,136	4,537	+45%	71,547
ART Coverage	37%	88%	+137%	77%
County Ranking of ART Coverage*	25	19		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Migori County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 36% of women and 38% of men in Migori County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to the KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 49% of women and 46% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).



### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Migori County about 60% of women and 52% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 73% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 21% of women and 27% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 11% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5)

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 26% of women and 46% of men in the age group 15-49 expressed accepting attitudes towards people with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Migori County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	9%	3	15%
Percent of men who have never been tested for HIV	14%	3	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	49%	32	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	46%	42	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	40%	32	40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	48%	20	44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	73%	43	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	21%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	60%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	11%	47	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	26%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	46%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Migori County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	5,891
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	5,891

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are

often stigmatised, and even criminalised. The County has programmes with FSW, MSM and PWID. The quarterly (April – June 2016) HIV testing among key populations is moderate among FSW at 44% and low among MSM at 15% and PWID at 28% against the national targets of 80% in Migori County (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	29,494	44%	133,675
MSM	10,000	15%	13,019
PWID	6,216	28%	18,327

The Polling Booth Survey conducted by NASCOP in 2015, show that 77% of the FSW used condom in the last sex with a client and only 29% of them visited an intervention. In addition, 58% were also beaten or arrested by police in the last 6 months.

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is nearly 2.5 times higher than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than half of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult men and women had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# MOMBASA COUNTY

## Section 1: HIV Burden in Mombasa County

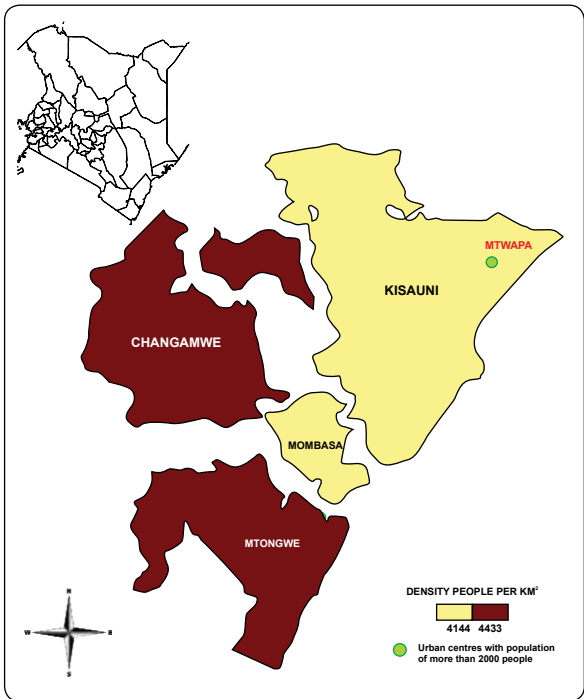


Fig. 1: Map of Mombasa County

Mombasa County has a population of 1,145,259, comprising of 593,411 males (52%) and 551,848 females (48%). Children below 15 years constitute 32% of the population, while youth aged 15-24 years constitute 22% of the population (2015 KNBS Population Projections)..

HIV prevalence in Mombasa is 1.2 times higher than the national prevalence at 7.5% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (10.7%) than that of men (4.6%), indicating women are more vulnerable to HIV infection than men in the County. (Figure 2).

Mombasa County contributed to 3.6% of the total number of people living with HIV in Kenya, and is ranked the seventh nationally. By the end of 2015 a total of 54,310 people were living with HIV in the County, with 19% being young people aged 15-24 years and 7% being children under the age of 15 years.

Approximately 253 children and 1,199 adults died of AIDS-related conditions in 2015. There was a decrease of 28% of HIV-related deaths among the children aged below 15 years and a decrease of 40% among adults aged 15 years and above since 2013 in the County. (Table 1).

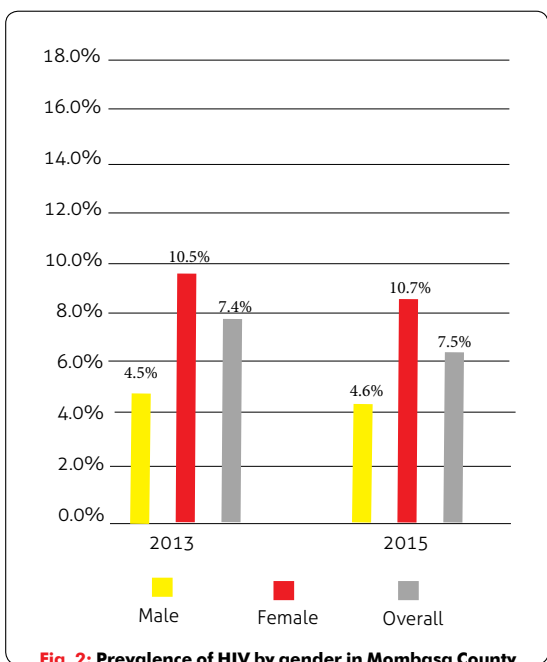
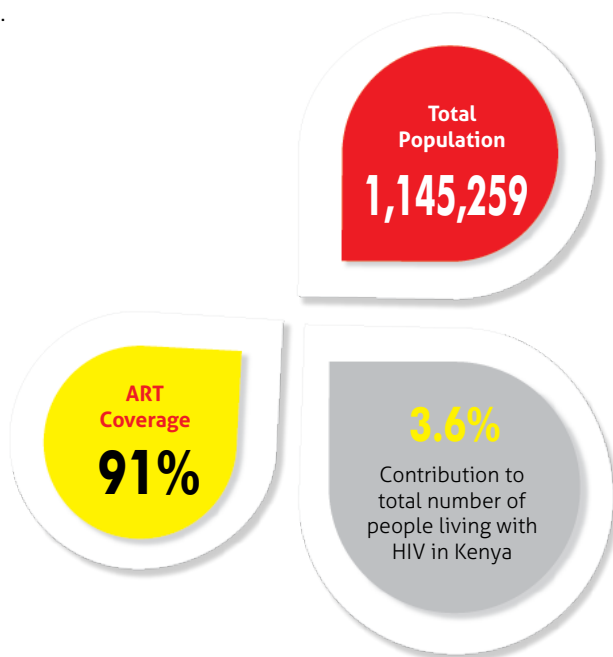


Fig. 2: Prevalence of HIV by gender in Mombasa County



**Table 1: HIV burden in Mombasa County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	6,870	3,982	-42%	42	98,170
No. of adults living with HIV (≥15 yrs)	47,800	50,328	5%	41	1,419,537
No. of youth living with HIV (15-24 yrs)		10,105		42	268,586
No. of adolescents living with HIV (10-19 yrs)		5,005		42	133,455
Total number of people living with HIV*	54,670	54,310	-1%	41	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	351	253	-28%	42	5,004
Adult AIDS related deaths (≥15 yrs)	2,000	1,199	-40%	40	30,817
Youth AIDS related deaths (15-24 yrs)		159		42	3,853
Adolescent AIDS related deaths (10-19 yrs)		120		40	2,793
Total number of AIDS related deaths*	2,351	1,452	-38%	41	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Mombasa County

### New HIV infections among adults and children

In 2015, Mombasa County contributed to 5% and 3% of the new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of 87% in the number of new HIV infections among children aged below 15 years and an increase of 51% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Mombasa County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.42%	0.31%	-26%	40	0.27%
Annual new HIV infections among children (0-14 yrs)	171	319	87%	43	6,613
Annual new HIV infections among adults (≥15 yrs)	1,609	2,426	51%	41	71,034
Annual new HIV infections among youth (15-24 yrs)		1,283		42	35,776
Annual new HIV infections among adolescents (10-19 yrs)		681		42	18,004
Total annual new HIV infections	1,780	2,745	54%	41	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 2,048 pregnant women living with HIV who were provided with PMTCT services out of a total need of 3,146 pregnant women yielding 65% PMTCT Coverage. There were 17.7% children who were infected with HIV in 2015, showing a 28% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Mombasa County**

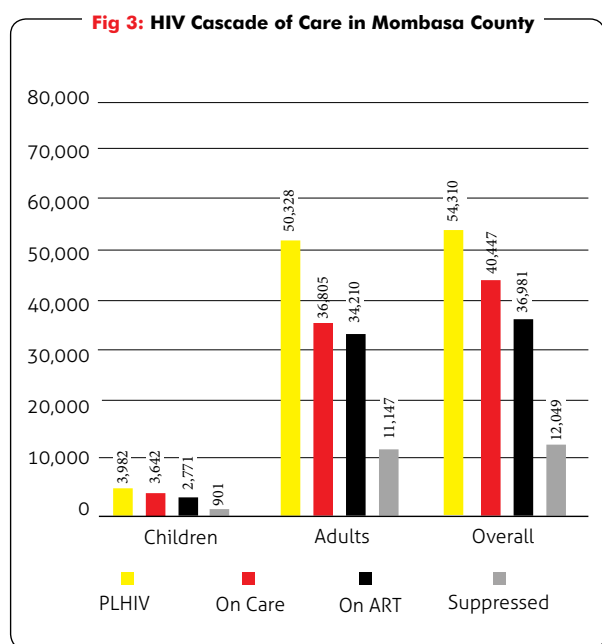
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	2,717	3,146		79,475
Number Receiving PMTCT	1,764	2,048	+16%	59,214
PMTCT Coverage	38%	65%	+69%	75%
County Ranking of PMTCT Coverage	32	32		
MTCT Coverage*	24.8%	17.7%	-28%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Mombasa County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 3,642 children on care 2,771 (76%) are on ART and of this 902 (33%) are virally suppressed. Among the 36,805 adults on care, 34,210 (93%) are on ART and of this 11,147 (33%) are virally suppressed.

Overall Mombasa County has an ART coverage of 91% and viral suppression of 33% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 38% while ART coverage decline by 16% in 2015 compared to 2013 in Mombasa County. Similarly, the number of children receiving ART increased by 31% and ART coverage increased by 72 in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Mombasa County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	31,985	44,756		1,245,106
Number receiving ART	26,490	36,657	+38%	826,097
ART Coverage	98%	82%	-16%	66%
County Ranking of ART Coverage*	7	6		
<b>Children</b>				
Need for ART	4,817	3,670		93,056
Number receiving ART	1,995	2,616	+31%	71,547
ART Coverage	41%	71%	+72%	77%
County Ranking of ART Coverage*	22	31		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Mombasa County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 12% of women and 32% of men in Mombasa County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counseling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 62% of women and 75% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Mombasa County about 27% of women and 32% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 96% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 9% of women and 55% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 4% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 16% of women and 44% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Mombasa County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	12%	11	15%
Percent of men who have never been tested for HIV	32%	26	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	62%	16	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	75%	8	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	27%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	32%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	96%	27	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	9%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	55%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	4%	37	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	16%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	44%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).



## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Mombasa County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,310
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	2,310

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW, MSM and PWID. The quarterly (April – June 2016) HIV testing among key

populations is high among PWID at 78%, moderate among MSM at 58% and low among FSW at 8% against the national targets of 80% in Mombasa County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	9,288	8%	133,675
MSM	782	58%	13,019
PWID	2,101	78%	18,327

The Polling Booth Survey conducted by NASCOP in 2015, show that 92% of the FSW used condom in the last sex with a client and 75% of them visited an intervention. However, 52% were also beaten or arrested by police in the last 6 months. 69% of the MSM used condom at last anal sex and 57% visited an intervention though 40% were beaten or arrested by police in last 6 months. Only 12% of the PWID shared needles and 67% visited an intervention. However, 46% PWID were beaten or arrested by police in the last 6 months.

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is 1.3 times higher than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than a third of men and women with two or more partners reported using condom during sexual intercourse in the past twelve months
- About one in ten adult women and three in ten adult men had never been tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys



# MURANG'A COUNTY

## Section 1: HIV Burden in Murang'a County

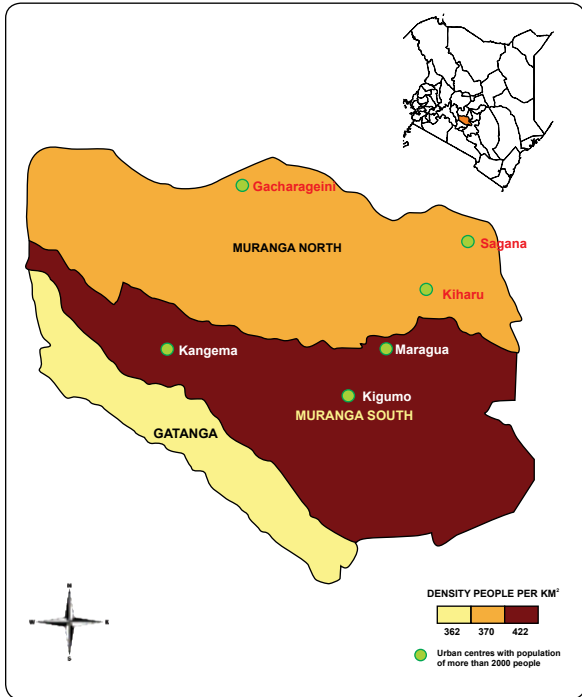


Fig. 1: Map of Murang'a County

Muranga County has a population of 1,063,721, comprising of 522,970 males (49%) and 540,751 females (51%). Children below 15 years constitute 36% of the population, while youth aged 15-24 years constitute 18% of the population (2015 KNBS Population Projections).

HIV prevalence in Muranga is lower than the national prevalence at 4.2% (Kenya HIV Estimates 2015). The HIV prevalence among women in County is higher (6.2%) than that of men (2.2%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Muranga County contributed to 1.8% of the total number of people living with HIV in Kenya, and is ranked the seventeenth nationally. By the end of 2015, a total of 27,245 people were living with HIV in the County, with 10% being young people aged 15-24 years and 4% being children under the age of 15 years.

Approximately 30 children and 587 adults died of AIDS-related conditions in 2015. There was a decrease of 76% of HIV-related deaths among the children aged below 15 years and a decrease of 28% among adults aged 15 years and above since 2013. (Table 1).

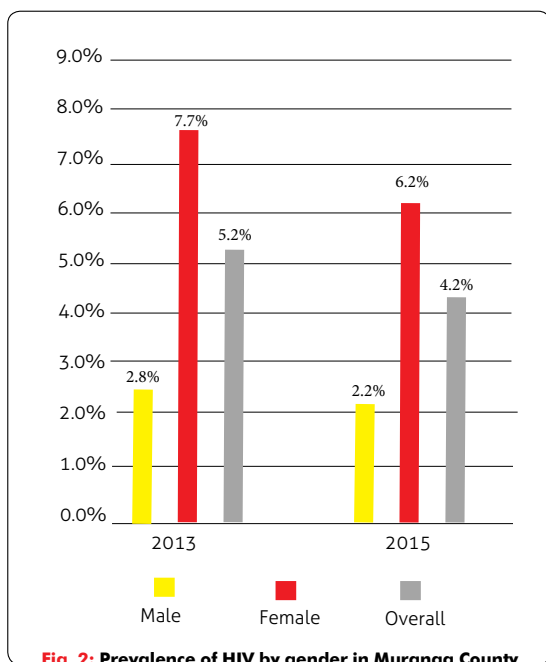
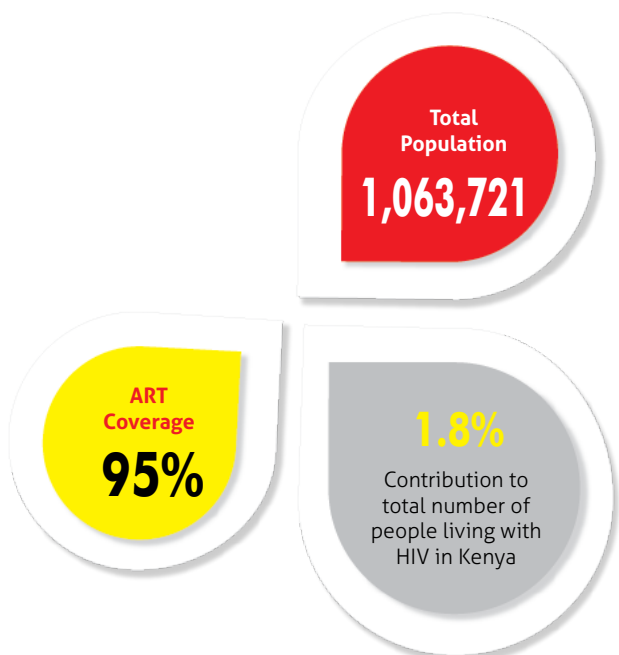


Fig. 2: Prevalence of HIV by gender in Murang'a County



**Table 1: HIV burden in Murang'a County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	2,881	1,006	-65%	19	98,170
No. of adults living with HIV (≥15 yrs)	28,700	26,238	-9%	31	1,419,537
No. of youth living with HIV (15-24 yrs)		2,707		24	268,586
No. of adolescents living with HIV (10-19 yrs)		1,160		21	133,455
Total number of people living with HIV*	31,581	27,245	-14%	31	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	122	30	-76%	14	5,004
Adult AIDS related deaths (≥15 yrs)	817	587	-28%	27	30,817
Youth AIDS related deaths (15-24 yrs)		36		19	3,853
Adolescent AIDS related deaths (10-19 yrs)		22		16	2,793
Total number of AIDS related deaths*	939	617	-34%	25	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Murang'a County

### New HIV infections among adults and children

In 2015, Muranga County contributed to 0.4% and 2.3% of new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 8% and 28% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decrease of 55% in the number of new HIV infections among children aged below 15 years and a decrease of 17% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Murang'a County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.25%	0.24%	-5%	35	0.27%
Annual new HIV infections among children (0-14 yrs)	65	29	-55%	13	6,613
Annual new HIV infections among adults (≥15 yrs)	1,984	1,640	-17%	37	71,034
Annual new HIV infections among youth (15-24 yrs)		460		30	35,776
Annual new HIV infections among adolescents (10-19 yrs)		135		24	18,004
Total annual new HIV infections	2,049	1,670	-19%	36	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 465 pregnant women living with HIV who were provided with PMTCT services out of a total need of 751 pregnant women yielding 62% PMTCT Coverage. There were 18.9% children who were infected with HIV in 2015, showing a 22% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV (Table 3).

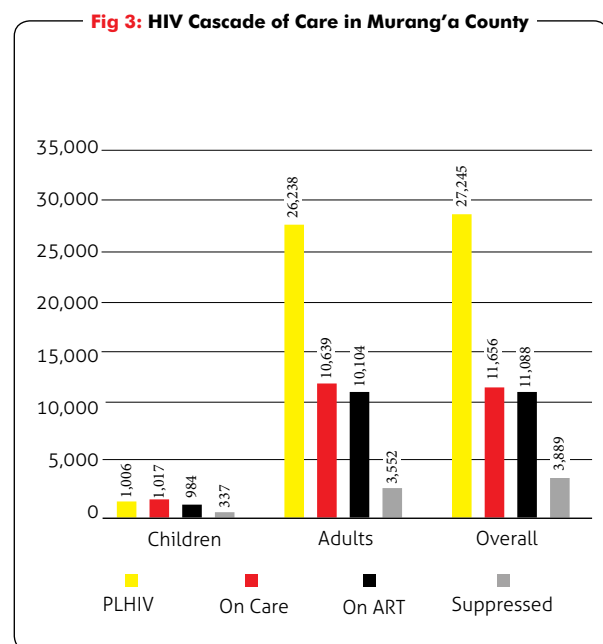
**Table 3: PMTCT Services in Murang'a County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,015	751		79,475
Number Receiving PMTCT	468	465	-1%	59,214
PMTCT Coverage	40%	62%	55%	75%
County Ranking of PMTCT Coverage	31	33		
MTCT Coverage*	24.2%	18.9%	-22%	8.3%

### Section 3: Expanding Access to Treatment in Murang'a County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 1,017 children on care 984 (97%) are on ART and of this 337 (34%) are virally suppressed. Among the 10,639 adults on care, 10,104 (95%) are on ART and of this 3,552 (35%) are virally suppressed.

Overall Muranga County has an ART coverage of 95% and viral suppression of 35% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 41%, while ART coverage decreased by 26% in 2015 compared to 2013. The number of children receiving ART increased by 3%, and ART coverage increased by 37% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Murang'a County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	18,133	23,011		1,245,106
Number receiving ART	7,177	10,007	39%	826,097
ART Coverage	45%	43%	-3%	66%
County Ranking of ART Coverage*	38	37		
<b>Children</b>				
Need for ART	2,058	1,011		93,056
Number receiving ART	656	926	41%	71,547
ART Coverage	32%	92%	187%	77%
County Ranking of ART Coverage*	28	10		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Murang'a County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 16% of women and 29% of men in Muranga County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counseling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 36% of women and 57% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Muranga County about 44% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 97% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 6% of women and 16% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 30% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Murang'a County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	16%	26	15%
Percent of men who have never been tested for HIV	29%	18	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	36%	40	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	57%	34	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	44%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	97%	25	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	6%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	16%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	18	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	30%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Murang'a County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	5,584
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	5,584

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. Though the 2012 mapping and estimation exercise conducted by NASCOP estimated good number of FSW, MSM and PWID, currently there are no programmes for key populations in in Muranga County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	442	-	133,675
MSM	184	-	13,019
PWID	123	-	18,327



### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than half of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and three in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# NAIROBI COUNTY

## Section 1: HIV Burden in Nairobi County

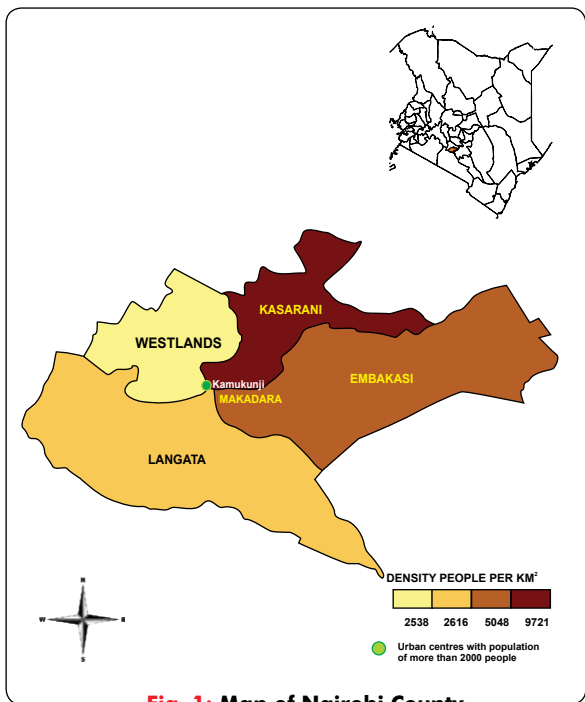


Fig. 1: Map of Nairobi County

Nairobi County has a population of 4,232,087, comprising of 2,094,247 males (49%) and 2,137,840 females (51%). Children below 15 years constitute 34% of the population, while youth aged 15-24 years constitute 18% of the population (2015 KNBS Population Projections).

HIV prevalence in Nairobi is comparable to the national prevalence at 6.1% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (7.6%) than that of men (4.7%) indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Nairobi County contributed to 11.3% of the total number of people living with HIV in Kenya, and is ranked the first nationally. By the end of 2015, a total of 171,510 people were living with HIV in the County, with 14% being young people aged 15-24 years and 5% being children under the age of 15 years.

Approximately 260 children and 2,177 adults died of AIDS-related conditions in 2015. There was a decrease of 42% of HIV-related deaths among the children aged below 15 years and a decrease of 39% among adults aged 15 years and above since 2013 in the County. (Table 1).

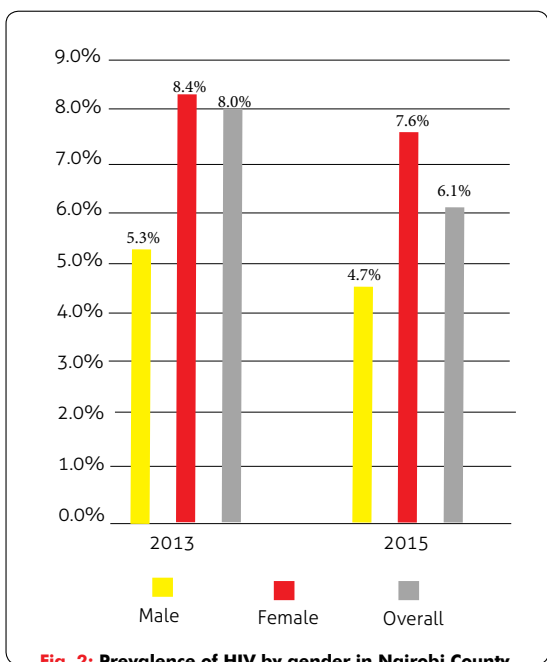
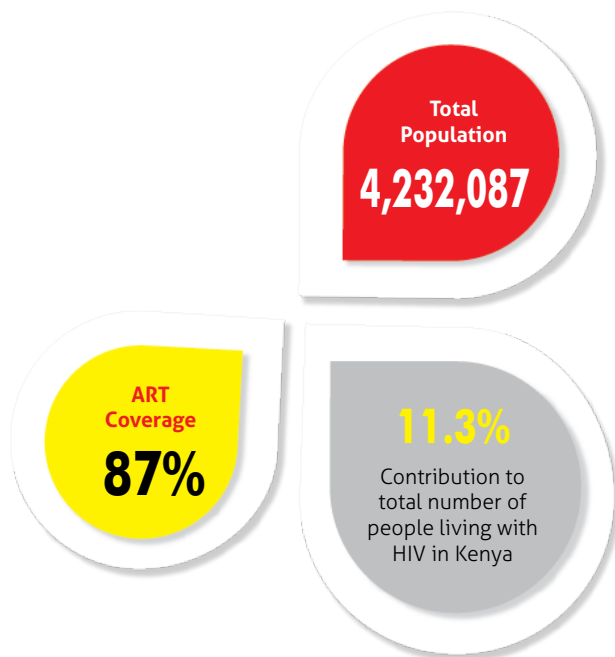


Fig. 2: Prevalence of HIV by gender in Nairobi County



**Table 1: HIV burden in Nairobi County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	12,894	8,223	-36%	45	98,170
No. of adults living with HIV (≥15 yrs)	164,658	163,287	-1%	47	1,419,537
No. of youth living with HIV (15-24 yrs)		23,671		44	268,586
No. of adolescents living with HIV (10-19 yrs)		10,758		44	133,455
Total number of people living with HIV*	177,552	171,510	-3%	47	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	448	260	-42%	43	5,004
Adult AIDS related deaths (≥15 yrs)	3,579	2,177	-39%	44	30,817
Youth AIDS related deaths (15-24 yrs)		267		44	3,853
Adolescent AIDS related deaths (10-19 yrs)		175		44	2,793
Total number of AIDS related deaths*	4,027	2,437	-39%	44	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Nairobi County

### New HIV infections among adults and children

In 2015, Nairobi County contributed to 4% and 7% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 21% and 46% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decline of 17% in the number of new HIV infections among children aged below 15 years and an increase of 52% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Nairobi County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.22%	0.15%	-31%	22	0.27%
Annual new HIV infections among children (0-14 yrs)	316	262	-17%	42	6,613
Annual new HIV infections among adults (≥15 yrs)	3,098	4,719	52%	43	71,034
Annual new HIV infections among youth (15-24 yrs)		2,282		43	35,776
Annual new HIV infections among adolescents (10-19 yrs)		1,035		43	18,004
Total annual new HIV infections	3,414	4,981	46%	43	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 4,982 pregnant women living with HIV who were provided with PMTCT services out of a total need of 9,700 pregnant women yielding 97% PMTCT Coverage. There were 3.7% children who were infected with HIV in 2015, showing a 2% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Nairobi County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	4,982	7,008		79,475
Number Receiving PMTCT	9,700	6,798	-30%	59,214
PMTCT Coverage	133%	97%	-27%	75%
County Ranking of PMTCT Coverage	3	9		
MTCT Coverage*	3.8%	3.7%	-2%	8.3%

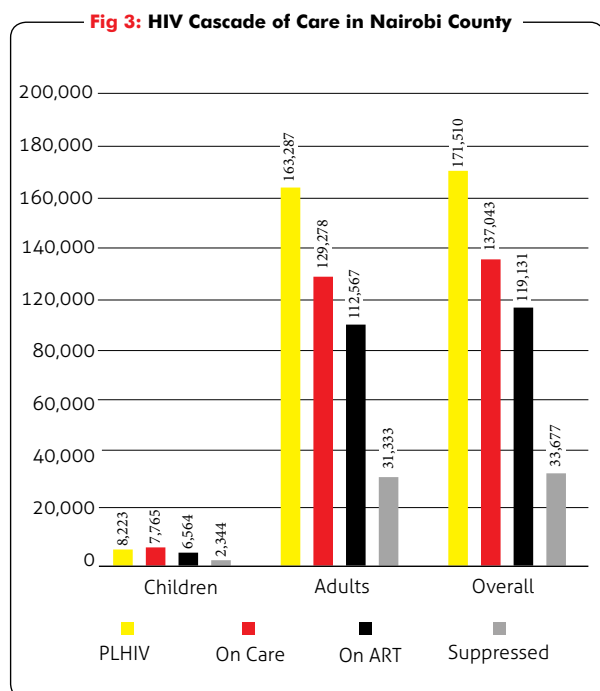
\*Note: Elimination of mother-to-child transmission is pegged at 5%



### Section 3: Expanding Access to Treatment in Nairobi County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 7,765 children on care 6,564 (85%) are on ART and of this 2,344 (36%) are virally suppressed. Among the 129,278 adults on care, 112,567 (87%) are on ART and of this 31,333 (28%) are virally suppressed.

Overall Nairobi County has an ART coverage of 87% and viral suppression of 28% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increase by 26%, while ART coverage declined by 14% in 2015 compared to 2013 in Nairobi County. Similarly, the number of children receiving ART decreased by 12% and ART coverage decreased by 1% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Nairobi County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	111,502	148,999		1,245,106
Number receiving ART	93,714	118,022	+26%	826,097
ART Coverage	92%	79%	-14%	66%
County Ranking of ART Coverage*	13	9		
<b>Children</b>				
Need for ART	9,398	8,336		93,056
Number receiving ART	6,988	6,125	-12%	71,547
ART Coverage	74%	73%	-1%	77%
County Ranking of ART Coverage*	2	29		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Nairobi County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 9% of women and 15% of men in Nairobi County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counseling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 67% of women and 74% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Nairobi County about 46% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 95% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 9% of women and 50% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The survey revealed that 36% of women and 38% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Nairobi County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	9%	2	15%
Percent of men who have never been tested for HIV	15%	5	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	67%	5	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	74%	10	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	46%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	95%	28	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	9%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	50%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	26	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	36%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	38%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Nairobi County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,408
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	2,408

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW, MSM and PWID. The

quarterly (April – June 2016) HIV testing among key populations is low against the national targets of 80% in Nairobi County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	29,494	18%	133,675
MSM	10,000	12%	13,019
PWID	6,216	9%	18,327

The Polling Booth Survey conducted by NASCOP in 2015, show that 94% of the FSW used condom in the last sex with a client and 61% of them visited an intervention. However 42% were also beaten or arrested by police in the last 6 months. 82% of the MSM used condom at last anal sex and 80% visited an intervention though 21% were beaten or arrested by police in last 6 months. Only 9% of the PWID shared needles and 78% visited an intervention. However, 44% PWID were beaten or arrested by police in the last 6 months.



### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is comparable to the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission has reduced to less than 5%
- Less than three-quarters of men and women have comprehensive knowledge of HIV and AIDS
- About one in ten adult women and two in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# NAKURU COUNTY

## Section 1: HIV Burden in Nakuru County

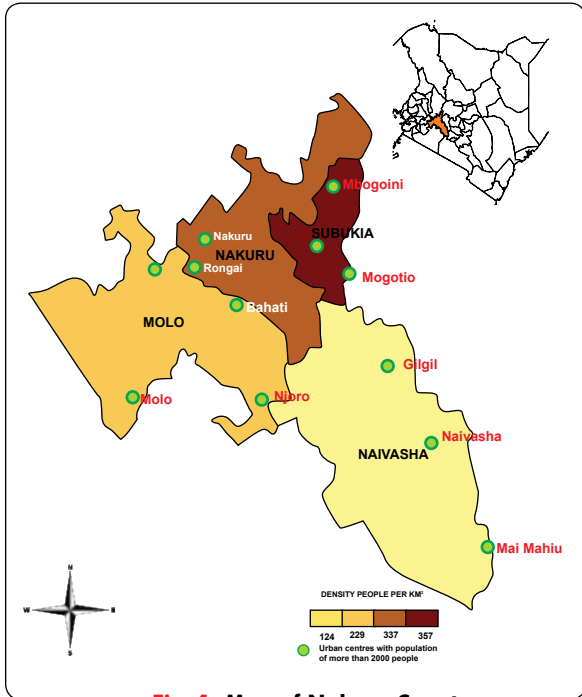


Fig. 1: Map of Nakuru County

Nakuru County has a population of 1,959,880 comprising of 982,505 males (50%) and 977,375 females (50%). Children below 15 years constitute 39% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

HIV prevalence in Nakuru is lower than the national prevalence at 4.1% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (5.8%) than that of men (3.5%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Nakuru County contributed to 2.7% of the total number of people living with HIV in Kenya, and is ranked the ninth nationally. By the end of 2015, a total of 41, 217 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

Approximately 202 children and 1,204 adults died of AIDS-related conditions in 2015. There was a decrease of 53% of HIV-related deaths among the children aged below 15 years and a decrease of 61% among adults aged 15 years and above since 2013 in the county (Table 1).

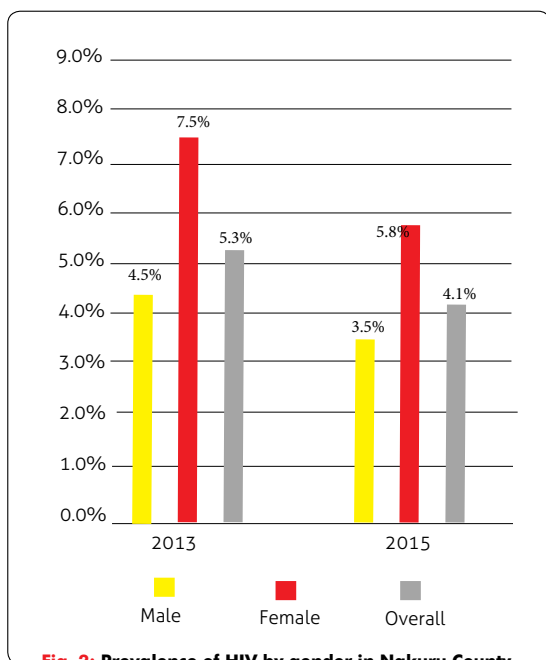
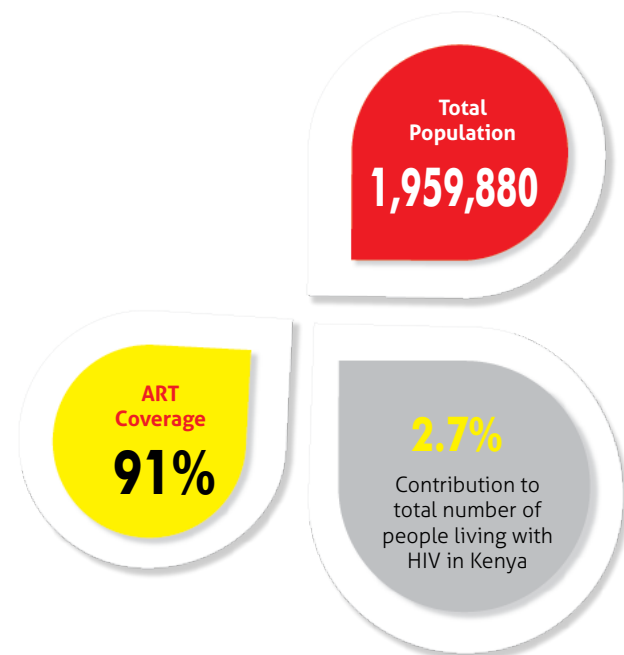


Fig. 2: Prevalence of HIV by gender in Nakuru County



**Table 1: HIV burden in Nakuru County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	7,898	3,893	-51%	40	98,170
No. of adults living with HIV (≥15 yrs)	53,700	37,324	-30%	39	1,419,537
No. of youth living with HIV (15-24 yrs)		6,167		37	268,586
No. of adolescents living with HIV (10-19 yrs)		4,044		40	133,455
Total number of people living with HIV*	61,598	41,217	-33%	39	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	429	202	-53%	41	5,004
Adult AIDS related deaths (≥15 yrs)	3,065	1,204	-61%	41	30,817
Youth AIDS related deaths (15-24 yrs)		137		41	3,853
Adolescent AIDS related deaths (10-19 yrs)		126		42	2,793
Total number of AIDS related deaths*	3,494	1,406	-60%	40	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Nakuru County

### New HIV infections among adults and children

In 2015, Nakuru County contributed to 2.5% and 1.1% of new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a decrease of 17% in the number of new HIV infections among children aged below 15 years and a substantive decrease of 81% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Nakuru County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.10%	0.06%	-33%	13	0.27%
Annual new HIV infections among children (0-14 yrs)	199	165	-17%	39	6,613
Annual new HIV infections among adults (≥15 yrs)	4,127	801	-81%	27	71,034
Annual new HIV infections among youth (15-24 yrs)		455		29	35,776
Annual new HIV infections among adolescents (10-19 yrs)		243		32	18,004
Total annual new HIV infections	4,325	966	-78%	27	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 2,291 pregnant women living with HIV who were provided with PMTCT services out of a total need of 2,307 pregnant women yielding 99% PMTCT Coverage. There were 5.1% children who were infected with HIV in 2015, showing a 74% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

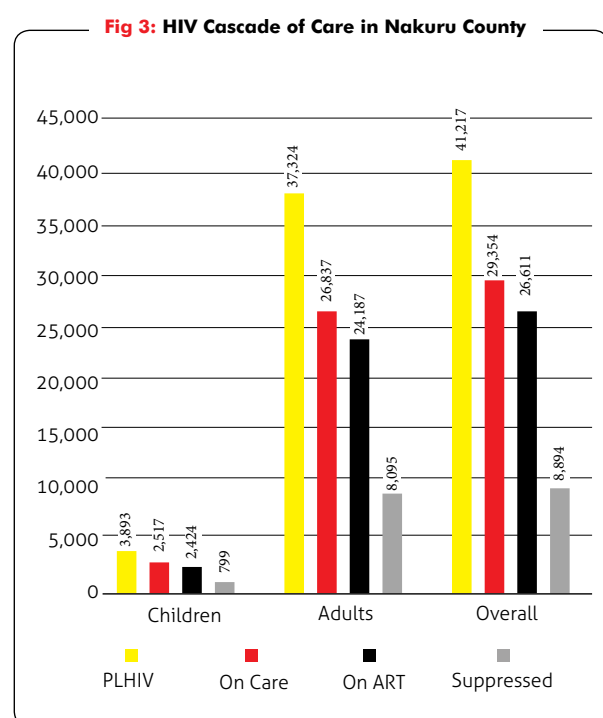
**Table 3: PMTCT Services in Nakuru County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	3,154	2,307		79,475
Number Receiving PMTCT	1,692	2,291	+35%	59,214
PMTCT Coverage	53%	99%	+88%	75%
County Ranking of PMTCT Coverage	21	3		
MTCT Coverage*	19.9%	5.1%	-74%	8.3%

### Section 3: Expanding Access to Treatment in Nakuru County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 2,517 children on care 2,424(96%) are on ART and of this 799(33%) are virally suppressed. Among the 26, 837 adults on care, 24, 187(90%) are on ART and of this, 8,095(33%) are virally suppressed.

Overall Nakuru County has an ART coverage of 91% and viral suppression of 33% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 58%, while ART coverage increased by 22% in 2015 compared to 2013 in Nakuru County. Similarly, the number of children receiving ART increased by 37%, and ART coverage increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Nakuru County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	31,813	33,971		1,245,106
Number receiving ART	16,345	25,903	+58%	826,097
ART Coverage	62%	76%	+22%	66%
County Ranking of ART Coverage*	28	12		
<b>Children</b>				
Need for ART	5,558	3,298		93,056
Number receiving ART	1,677	2,299	+37%	71,547
ART Coverage	30%	70%	+131%	77%
County Ranking of ART Coverage*	30	34		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Nakuru County

#### Coverage of HIV Counseling and Testing

The 2014 KDHS revealed that 13% of women and 26% of men in Nakuru County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counseling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 63% of women and 72% of men had a comprehensive knowledge of HIV and AIDS (KDHS, 2014). (Table 5).



### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Nakuru County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS, 94% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Nakuru County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	13%	15	15%
Percent of men who have never been tested for HIV	26%	15	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	63%	11	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	72%	11	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	94%	32	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	25	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).



## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Nakuru County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	4,636
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	4,636

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has

programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 27% and MSM at 2% against the national targets of 80% in Nakuru County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	5,309	27%	133,675
MSM	259	2%	13,019
PWID	131	-	18,327

The Polling Booth Survey conducted by NASCOP in 2015, show that 94% of the FSW used condom in the last sex with a client and 76% of them visited an intervention. However, 61% were also beaten or arrested by police in the last 6 months. 82% of the MSM used condom at last anal sex and 62% visited an intervention though 29% were beaten or arrested by police in last 6 months.

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is lower than the national average, but still slightly higher than the target of less than 5%
- Less than three-quarters of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and three in ten adult women had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# NANDI COUNTY

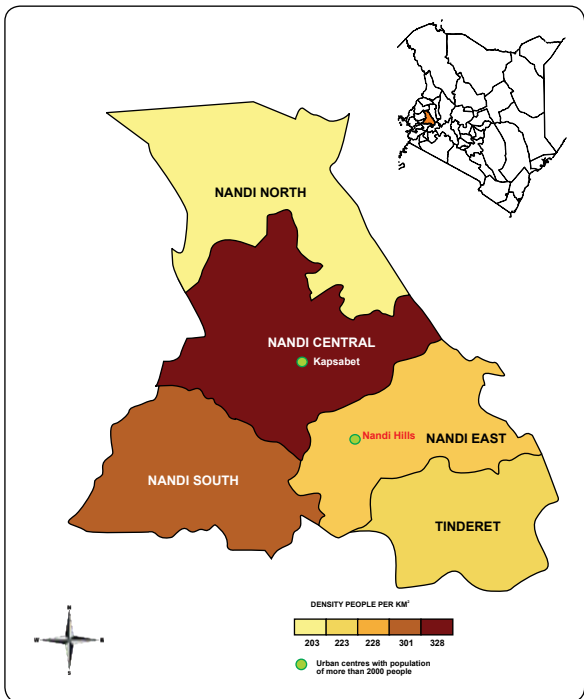
## Section 1: HIV Burden in Nandi County

**N**andi County has a population of 920,445, comprising of 459,879 males (50%) and 460,566 females (50%). Children below 15 years constitute 43% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

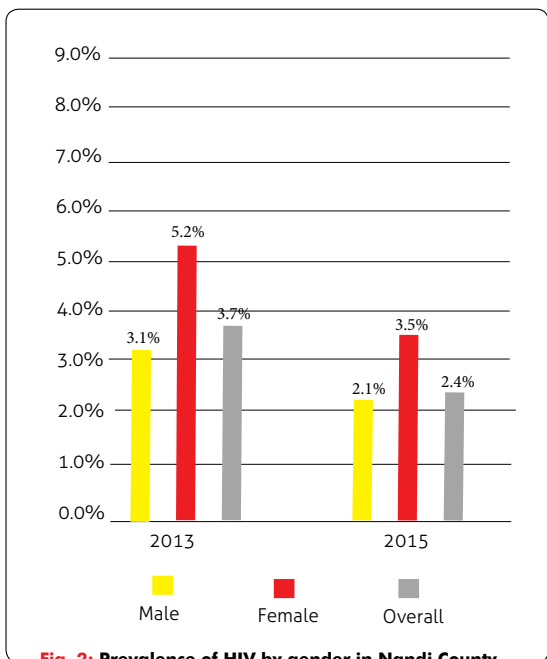
HIV prevalence in Nandi is lower than the national prevalence at 2.4% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (3.5%) than that of men (2.1%), indicating that women are more vulnerable to HIV infection than men in the County (Figure 2).

Nandi County contributed to 0.7% of the total number of people living with HIV in Kenya, and is ranked the thirty second nationally. By the end of 2015 a total of 11,215 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

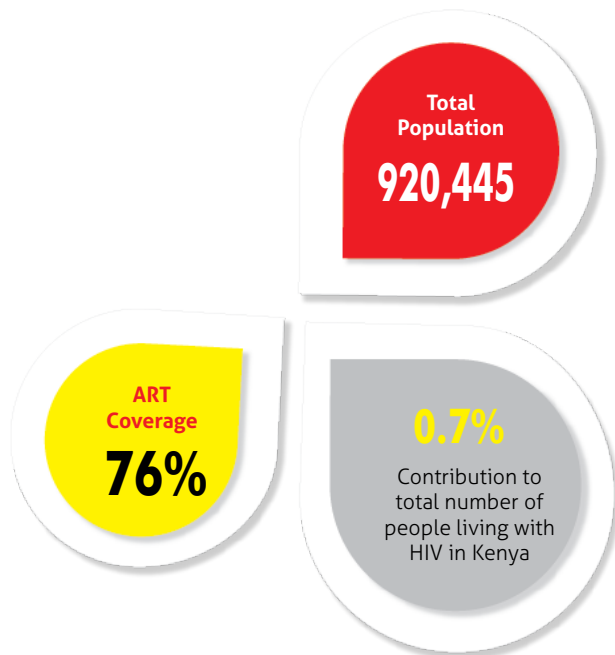
Approximately 55 children and 328 adults died of AIDS-related conditions in 2015. There was a decrease of 58% of HIV-related deaths among the children aged below 15 years and a decrease of 65% among adults aged 15 years and above since 2013 in the county. (Table 1).



**Fig. 1: Map of Nandi County**



**Fig. 2: Prevalence of HIV by gender in Nandi County**



**Table 1: HIV burden in Nandi County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	2,397	1,059	-56%	21	98,170
No. of adults living with HIV (≥15 yrs)	16,300	10,155	-38%	15	1,419,537
No. of youth living with HIV (15-24 yrs)		1,678		16	268,586
No. of adolescents living with HIV (10-19 yrs)		1,100		20	133,455
Total number of people living with HIV*	18,697	11,215	-40%	16	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	130	55	-58%	21	5,004
Adult AIDS related deaths (≥15 yrs)	930	328	-65%	19	30,817
Youth AIDS related deaths (15-24 yrs)		37		21	3,853
Adolescent AIDS related deaths (10-19 yrs)		34		21	2,793
Total number of AIDS related deaths*	1,061	383	-64%	19	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Nandi County

### New HIV infections among adults and children

In 2015, Nandi County contributed to 0.7% and 0.3% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a decrease of 25% in the number of new HIV infections among children aged below 15 years and a substantive decrease of 83% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Nandi County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.05%	0.04%	-30%	8	0.27%
Annual new HIV infections among children (0-14 yrs)	60	45	-25%	19	6,613
Annual new HIV infections among adults (≥15 yrs)	1,253	218	-83%	14	71,034
Annual new HIV infections among youth (15-24 yrs)		124		14	35,776
Annual new HIV infections among adolescents (10-19 yrs)		66		16	18,004
Total annual new HIV infections	1,313	263	-80%	14	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 621 pregnant women living with HIV who were provided with PMTCT services out of a total need of 628 pregnant women yielding 99% PMTCT Coverage. There were 5.3% children who were infected with HIV in 2015, showing a 76% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Nandi County**

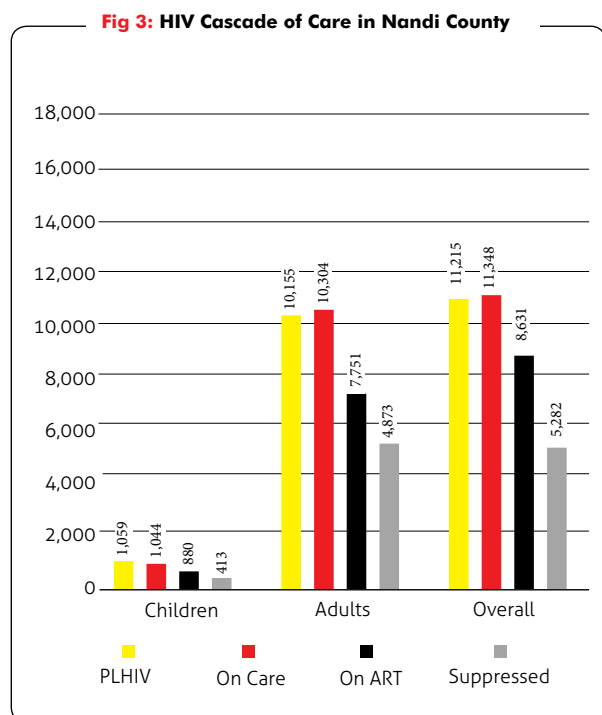
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	958	628		79,475
Number Receiving PMTCT	546	621	14%	59,214
PMTCT Coverage	46%	99%	116%	75%
County Ranking of PMTCT Coverage	29	5		
MTCT Coverage*	22.3%	5.3%	-76%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Nandi County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 1,044 children on care 880 (84%) are on ART and of this 413 (47%) are virally suppressed. Among the 10,304 adults on care, 7,751 (75%) are on ART and of this 4,873 (63%) are virally suppressed.

Overall Nandi County has an ART coverage of 76% and viral suppression of 61% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 28% and ART coverage increased by 10% in 2015 compared to 2013 in Nandi County. Similarly the number of children receiving ART increased by 27% and ART coverage increase by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Nandi County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	9,656	9,243		1,245,106
Number receiving ART	6,507	8,305	+28%	826,097
ART Coverage	82%	90%	+10%	66%
County Ranking of ART Coverage*	19	3		
<b>Children</b>				
Need for ART	1,687	897		93,056
Number receiving ART	664	843	+27%	71,547
ART Coverage	39%	94%	+139%	77%
County Ranking of ART Coverage*	23	6		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Nandi County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 18% of women and 30% of men in Nandi County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counseling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 78% of women and 93% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Nandi County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 95% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 1% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Nandi County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	18%	32	15%
Percent of men who have never been tested for HIV	30%	22	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	78%	2	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	93%	1	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	95%	29	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	1%	13	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Nandi County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	3,055
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	3,055

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 mapping and estimation exercise conducted by NASCOP did not include NANDI county and currently there are no programmes for key populations in the county (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	0	-	133,675
MSM	0	-	13,019
PWID	0	-	18,327

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is lower than the national average, but still slightly higher than the target of less than 5%
- More than three-quarters of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and three in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children.
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people.
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# NAROK COUNTY

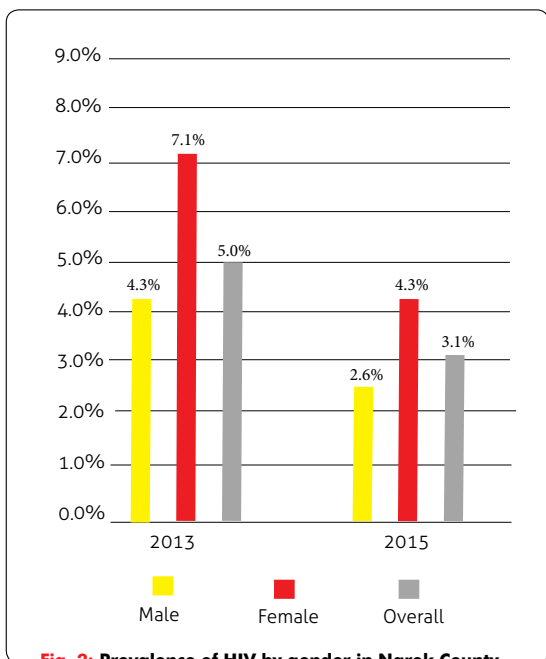
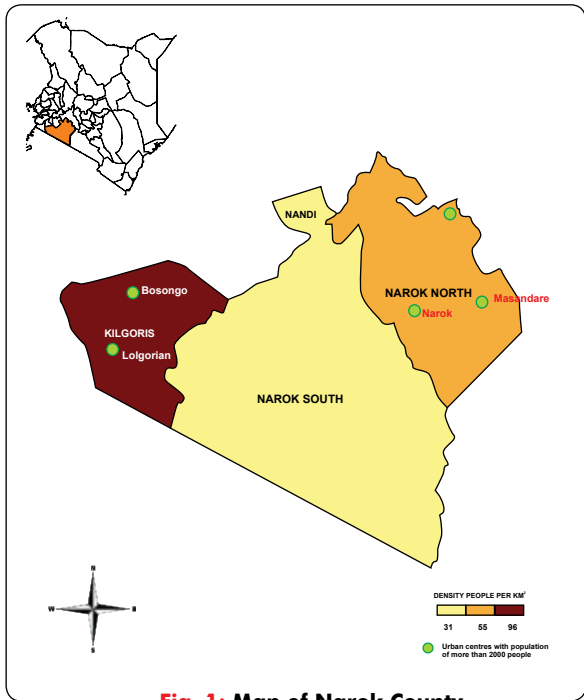
## Section 1: HIV Burden in Narok County

**N**arok County has a population of 1,039,837, comprising of 523,496 males (50%) and 516,341 females (50%). Children below 15 years constitute 48% of the population, while youth aged 15-24 years constitute 20% of the population (2015 KNBS Population Projections).

HIV prevalence in Narok is lower than the national prevalence at 3.1% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (4.3%) than that of men (2.6%) indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Narok County contributed to 1.0% of the total number of people living with HIV in Kenya, and is ranked the twenty eighth nationally. By the end of 2015 a total of 15,890 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

Approximately 78 children and 464 adults died of AIDS-related conditions in 2015. There was a decrease of 58% of HIV-related deaths among the children aged below 15 years and a decrease of 65% among adults aged 15 years and above since 2013 in the County. (Table 1)



**Fig. 2: Prevalence of HIV by gender in Narok County**

Total Population

**1,039,837**

ART Coverage

**72%**

**1.0%**

Contribution to total number of people living with HIV in Kenya



**Table 1: HIV burden in Narok County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	3,456	1,501	-57%	24	98,170
No. of adults living with HIV (≥15 yrs)	23,500	14,390	-39%	20	1,419,537
No. of youth living with HIV (15-24 yrs)		2,378		21	268,586
No. of adolescents living with HIV (10-19 yrs)		1,559		22	133,455
Total number of people living with HIV*	26,956	15,890	-41%	20	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	188	78	-58%	26	5,004
Adult AIDS related deaths (≥15 yrs)	1,341	464	-65%	23	30,817
Youth AIDS related deaths (15-24 yrs)		53		23	3,853
Adolescent AIDS related deaths (10-19 yrs)		49		24	2,793
Total number of AIDS related deaths*	1,529	542	-65%	23	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Narok County

### New HIV infections among adults and children

In 2015, Narok County contributed to 1.0% and 0.4% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a decrease of 27% in the number of new HIV infections among children aged below 15 years and a substantive decrease of 83% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Narok County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.07%	0.05%	-21%	11	0.27%
Annual new HIV infections among children (0-14 yrs)	87	64	-27%	22	6,613
Annual new HIV infections among adults (≥15 yrs)	1,806	309	-83%	15	71,034
Annual new HIV infections among youth (15-24 yrs)		175		15	35,776
Annual new HIV infections among adolescents (10-19 yrs)		94		19	18,004
Total annual new HIV infections	1,893	372	-80%	15	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 689 pregnant women living with HIV who were provided with PMTCT services out of a total need of 890 pregnant women yielding 77% PMTCT Coverage. There were 13.2% children who were infected with HIV in 2015, showing a 50% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Narok County**

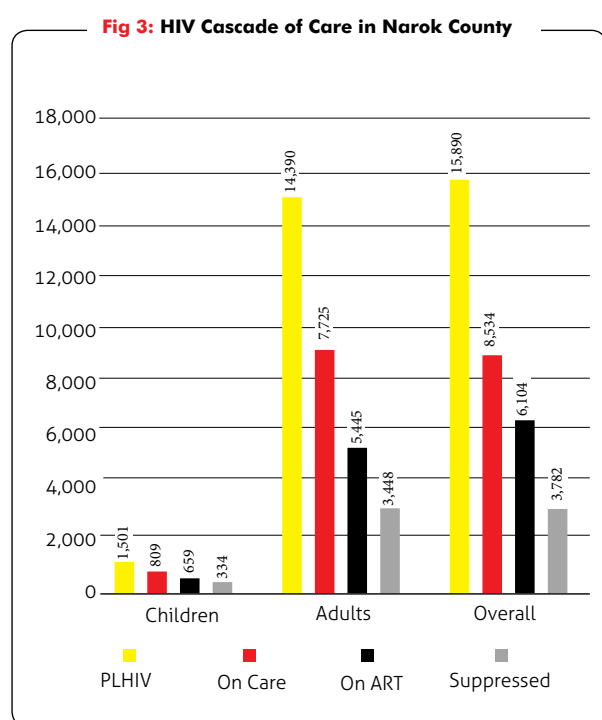
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,380	890		79,475
Number Receiving PMTCT	445	689	+55%	59,214
PMTCT Coverage	34%	77%	125%	75%
County Ranking of PMTCT Coverage	35	23		
MTCT Coverage*	26.2%	13.2%	-50%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Narok County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 809 children on care 659 (81%) are on ART and of this 334 (51%) are virally suppressed. Among the 7,725 adults on care, 5,445 (70%) are on ART and of this 3,448 (63%) are virally suppressed.

Overall Narok County has an ART coverage of 72% and viral suppression of 62% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3)



The number of adults receiving ART increased by 34% and ART coverage increased by 17% in 2015 compared to 2013 in Narok County. Similarly the number of children receiving ART and ART coverage increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Narok County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	13,922	13,097		1,245,106
Number receiving ART	4,351	5,814	+34%	826,097
ART Coverage	38%	44%	+17%	66%
County Ranking of ART Coverage*	40	36		
<b>Children</b>				
Need for ART	2,432	1,272		93,056
Number receiving ART	296	623	+110%	71,547
ART Coverage	12%	49%	+303%	77%
County Ranking of ART Coverage*	43	38		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male Circumcision and Attitudes towards PLHIV in Narok County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 14% of women and 34% of men in Narok County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014 comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 37% of women and 52% of men had a comprehensive knowledge of HIV and AIDS (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Narok County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 92% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that none of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Narok County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	14%	17	15%
Percent of men who have never been tested for HIV	34%	29	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	37%	38	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	52%	39	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	92%	37	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	0%	1	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Narok County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,689
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	2,689

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW. The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 7% in Narok County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	576	7%	133,675
MSM	4	-	13,019
PWID	7	-	18,327

### Key Facts and Priorities

#### KEY FACTS

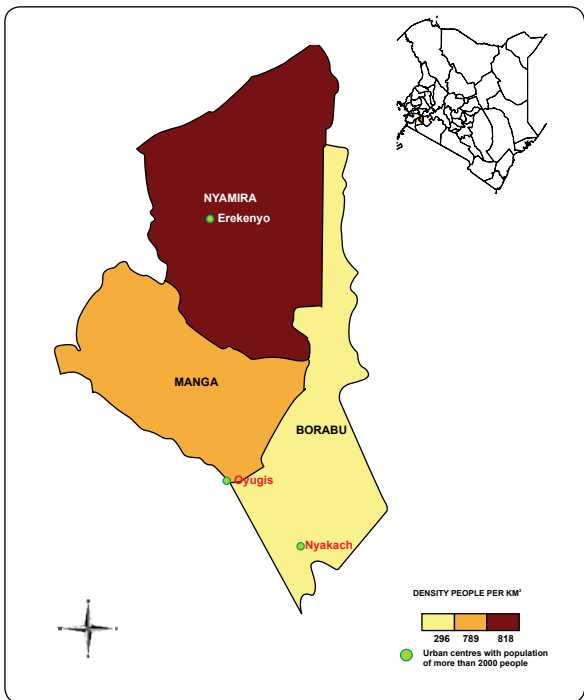
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- About less than half of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and three in ten adult men had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# NYAMIRA COUNTY

## Section 1: HIV Burden in Nyamira County



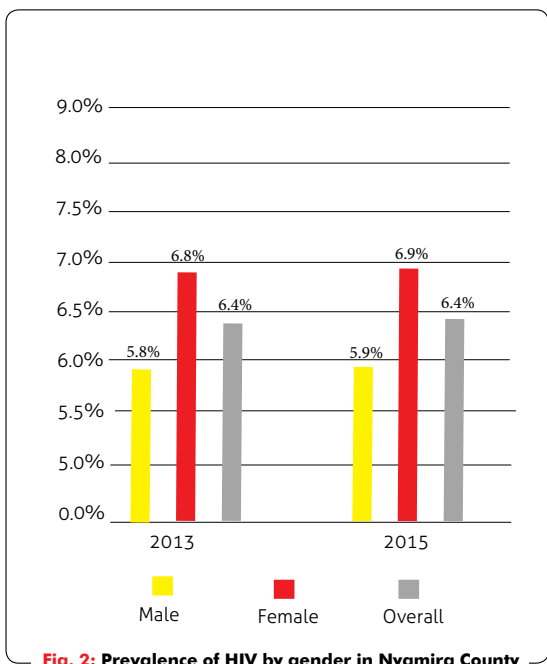
**Fig. 1: Map of Nyamira County**

Nyamira County has a population of 683,979, comprising of 328,973 males (48%) and 355,006 females (52%). Children below 15 years constitute 43% of the population, while youth aged 15-24 years constitute 20% of the population (2015 KNBS Population Projections).

HIV prevalence in Nyamira is 1.1 times higher than the national prevalence at 6.4% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (6.9%) than that of men (5.9%) indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Nyamira County contributed to 1.6% of the total number of people living with HIV in Kenya, and is ranked twenty first nationally. By the end of 2015 a total of 24,357 people were living with HIV in the County, with 22% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 84 children and 425 adults died of AIDS-related conditions in 2015. There was a decrease of 59% of HIV-related deaths among the children aged below 15 years and a decrease of 25% among adults aged 15 years and above since 2013 in the county. (Table 1)



**Fig. 2: Prevalence of HIV by gender in Nyamira County**

Total  
Population

683,979

ART  
Coverage

86%

1.6%

Contribution to  
total number of  
people living with  
HIV in Kenya

**Table 1: HIV burden in Nyamira County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	3,238	1,452	-55%	22	98,170
No. of adults living with HIV (≥15 yrs)	23,500	22,905	-3%	27	1,419,537
No. of youth living with HIV (15-24 yrs)		5,364		33	268,586
No. of adolescents living with HIV (10-19 yrs)		2,361		28	133,455
Total number of people living with HIV*	26,738	24,357	-9%	27	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	206	84	-59%	29	5,004
Adult AIDS related deaths (≥15 yrs)	567	425	-25%	22	30,817
Youth AIDS related deaths (15-24 yrs)		64		25	3,853
Adolescent AIDS related deaths (10-19 yrs)		37		22	2,793
Total number of AIDS related deaths*	774	510	-34%	22	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Nyamira County

### New HIV infections among adults and children

In 2015, Nyamira County contributed to 2.3% and 2.1% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 28% and 52% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a decline of 66% in the number of new HIV infections among children aged below 15 years and a decline of 28% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Nyamira County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.46%	0.38%	-17%	43	0.27%
Annual new HIV infections among children (0-14 yrs)	455	153	-66%	38	6,613
Annual new HIV infections among adults (≥15 yrs)	2,052	1,484	-28%	34	71,034
Annual new HIV infections among youth (15-24 yrs)		843		38	35,776
Annual new HIV infections among adolescents (10-19 yrs)		454		39	18,004
Total annual new HIV infections	2,508	1,637	-35%	34	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 693 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,512 pregnant women yielding 46% PMTCT Coverage. There were 24.8% children who were infected with HIV in 2015, showing a 21% increase from 2013 which implies that more efforts are needed in order to reduce mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Nyamira County**

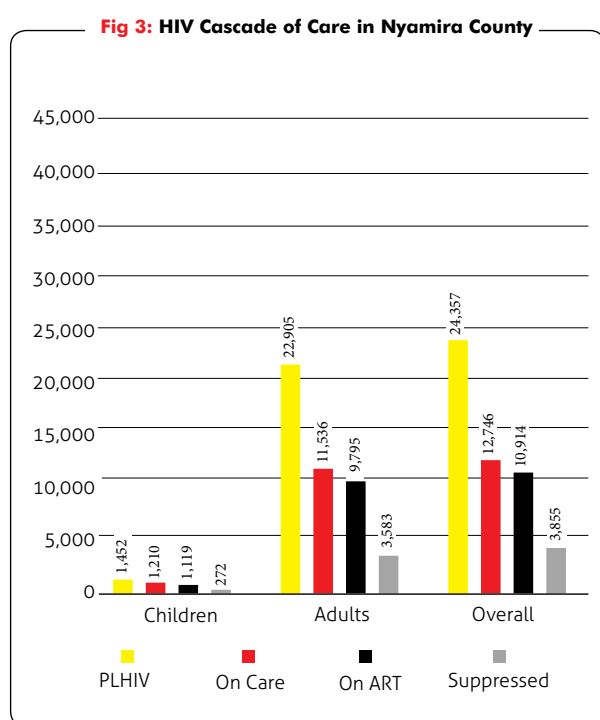
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,617	1,512		79,475
Number Receiving PMTCT	785	693	-12%	59,214
PMTCT Coverage	51%	46%	-10%	75%
County Ranking of PMTCT Coverage	25	45		
MTCT Coverage*	20.4%	24.8%	+21%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Nyamira County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 1,210 children on care 1,119 (92%) are on ART and of this 272 (24%) are virally suppressed. Among the 11,536 adults on care, 9,795 (85%) are on ART and of this 3,583 (37%) are virally suppressed.

Overall Nyamira County has an ART coverage of 86% and viral suppression of 35% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3)



The number of adults receiving ART increased by 52%, while ART coverage declined by 7% in 2015 compared to 2013 in Nyamira County. Similarly the number of children receiving ART increased by 10%, and ART coverage increased by 86% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Nyamira County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	14,386	19,310		1,245,106
Number receiving ART	6,886	10,496	+52%	826,097
ART Coverage	58%	54%	-7%	66%
County Ranking of ART Coverage*	30	30		
<b>Children</b>				
Need for ART	2,546	1,497		93,056
Number receiving ART	972	1,065	+10%	71,547
ART Coverage	38%	71%	+86%	77%
County Ranking of ART Coverage*	24	32		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Nyamira County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 14% of women and 24% of men in Nyamira County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 89% of women and 91% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).



### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Nyamira County about 40% of women and 48% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014 100% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 21% of women and 60% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that none of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 26% of women and 46% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Nyamira County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	14%	20	15%
Percent of men who have never been tested for HIV	24%	13	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	89%	1	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	91%	2	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	40%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	48%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	100%	1	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	21%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	60%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	0%	1	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	26%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	46%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Nyamira County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	1,891
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	1,891

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW. The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 15% in Nyamira County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	856	15%	133,675
MSM	118	-	13,019
PWID	8	-	18,327

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is 1.1 times higher than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite modest coverage of PMTCT services
- Majority of men and women expressed accepting attitudes towards people living with HIV
- About one in ten adult women and two in ten adult men had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# NYANDARUA COUNTY

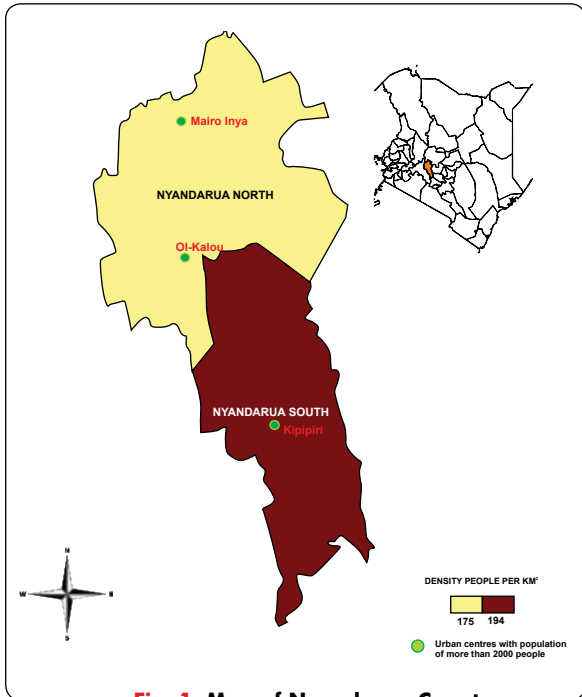
## Section 1: HIV Burden in Nyandarua County

**N**yandarua County has a population of 673,000, comprising of 333,307 males (50%) and 339,693 females (50%). Children below 15 years constitute 42% of the population, while youth aged 15-24 years constitute 18% of the population (2015 KNBS Population Projections).

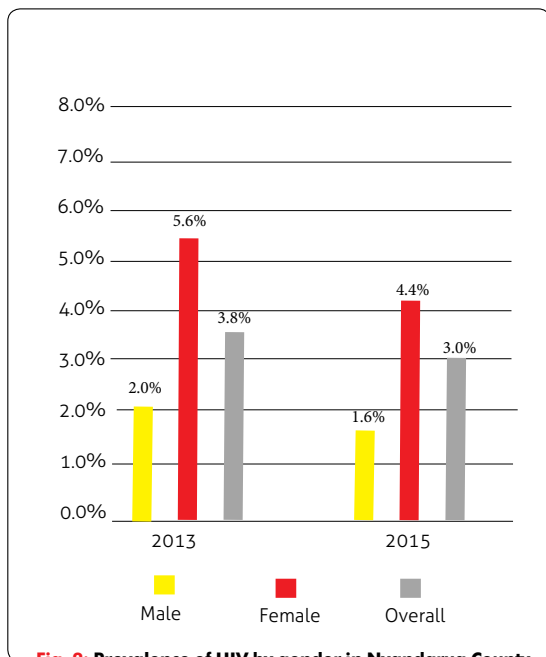
HIV prevalence in Nyandarua is lower than the national prevalence at 3.0% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (4.4%) than that of men (1.6%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Nyandarua County contributed to 0.8% of the total number of people living with HIV in Kenya, and is ranked twenty ninth nationally. By the end of 2015, a total of 12,754 people were living with HIV in the County with 10% being young people aged 15-24 years and 4% being children under the age of 15 years.

Approximately 14 children and 275 adults died of AIDS-related conditions in 2015. There was a decrease of 75% of HIV-related deaths among the children aged below 15 years and a decrease of 26% among adults aged 15 years and above since 2013 in the county. (Table 1).



**Fig. 1: Map of Nyandarua County**



**Fig. 2: Prevalence of HIV by gender in Nyandarua County**

Total Population

673,000

ART Coverage

92%

0.8%

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Nyandarua County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	1,305	471	-64%	11	98,170
No. of adults living with HIV (≥15 yrs)	13,000	12,283	-6%	19	1,419,537
No. of youth living with HIV (15-24 yrs)		1,267		14	268,586
No. of adolescents living with HIV (10-19 yrs)		543		12	133,455
Total number of people living with HIV*	14,305	12,754	-11%	19	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	55	14	-75%	6	5,004
Adult AIDS related deaths (≥15 yrs)	370	275	-26%	17	30,817
Youth AIDS related deaths (15-24 yrs)		17		10	3,853
Adolescent AIDS related deaths (10-19 yrs)		10		8	2,793
Total number of AIDS related deaths*	425	289	-32%	15	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Nyandarua County

### New HIV infections among adults and children

In 2015, Nyandarua County contributed to 0.2% and 1.1% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 8% and 28% of all new HIV infections in the County respectively. Compared to 2013 the County recorded a substantive decrease of 53% in the number of new HIV infections among children aged below 15 years and a decrease of 15% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Nyandarua County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
Incidence rate	0.20%	0.19%	-3%	27	0.27%
Annual new HIV infections among children (0-14 yrs)	29	14	-53%	5	6,613
Annual new HIV infections among adults (≥15 yrs)	899	768	-15%	26	71,034
Annual new HIV infections among youth (15-24 yrs)		216		18	35,776
Annual new HIV infections among adolescents (10-19 yrs)		63		14	18,004
Total annual new HIV infections	928	782	-16%	25	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 337 pregnant women living with HIV who were provided with PMTCT services out of a total need of 351 pregnant women yielding 96% PMTCT Coverage. There were 6.4% children who were infected with HIV in 2015, showing a 71% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV (Table 3).

**Table 3: PMTCT Services in Nyandarua County**

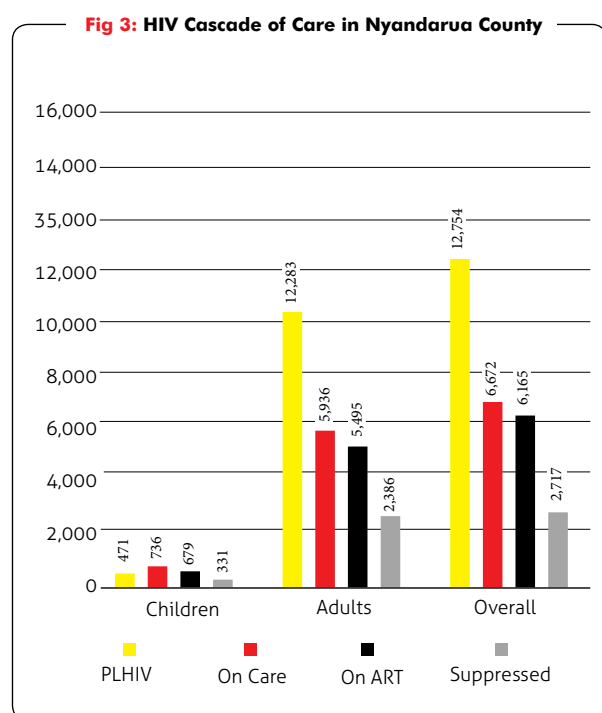
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	460	351		79,475
Number Receiving PMTCT	255	337	+32%	59,214
PMTCT Coverage	46%	96%	+107%	75%
County Ranking of PMTCT Coverage	28	10		
MTCT Coverage*	22.1%	6.4%	-71%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Nyandarua County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 736 children on care 670 (91%) are on ART and of this 331 (49%) are virally suppressed. Among the 5,936 adults on care, 5,495 (93%) are on ART and of this 2,386 (43%) are virally suppressed.

Overall Nyandarua County has an ART coverage of 92% and viral suppression of 44% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3)



The number of adults receiving ART increased by 1% while ART coverage declined by 32% in 2015 compared to 2013 in Nyandarua County. Similarly the number of children receiving ART increased by 3% and ART coverage increased by 44% in 2015 compared to 2013. (Table 4)

**Table 4: ART Uptake in Nyandarua County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	8,213	10,772		1,245,106
Number receiving ART	5,596	5,669	+1%	826,097
ART Coverage	77%	53%	-32%	66%
County Ranking of ART Coverage*	21	32		
<b>Children</b>				
Need for ART	932	663		93,056
Number receiving ART	592	607	+3%	71,547
ART Coverage	63%	92%	+44%	77%
County Ranking of ART Coverage*	9	10		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male Circumcision and Attitudes towards PLHIV in Nyandarua County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 11% of women and 32% of men in Nyandarua County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 52% of women and 63% of men had a comprehensive knowledge of HIV and AIDS (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Nyandarua County about 44% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014 93% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 6% of women and 16% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 4% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 30% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Nyandarua County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	11%	8	15%
Percent of men who have never been tested for HIV	32%	23	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	52%	27	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	63%	27	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	44%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	93%	34	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	6%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	16%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	4%	38	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	30%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Nyandarua County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	3,164
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	3,164

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 mapping and estimation exercise conducted by NASCOP did not include Nyandarua county and currently there are no programmes for key populations in the county (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	-	-	133,675
MSM	-	-	13,019
PWID	-	-	18,327

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is lower than the national average, but still slightly higher than the target of less than 5%
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and three in ten adult men had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys



# NYERI COUNTY

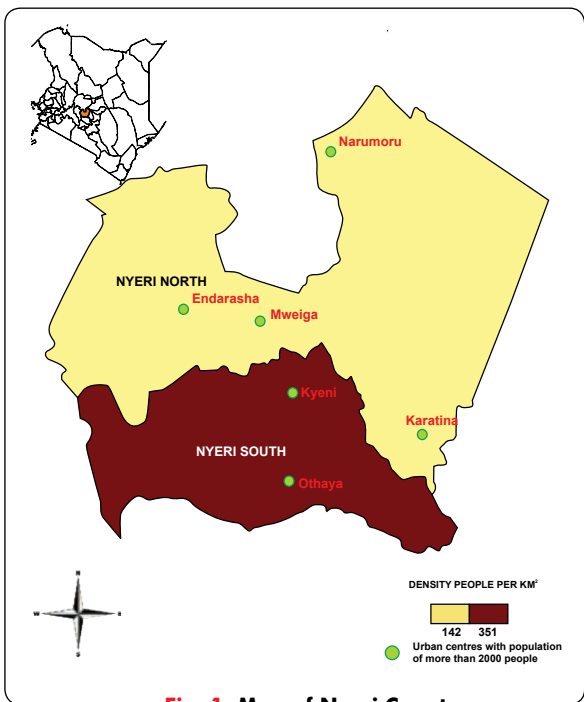
## Section 1: HIV Burden in Nyeri County

**N**yeri County has a population of 782,864 comprising of 388,514 males (50%) and 394,350 females (50%). Children below 15 years constitute 33% of the population, while youth aged 15-24 years constitute 18% of the population (2015 KNBS Population Projections).

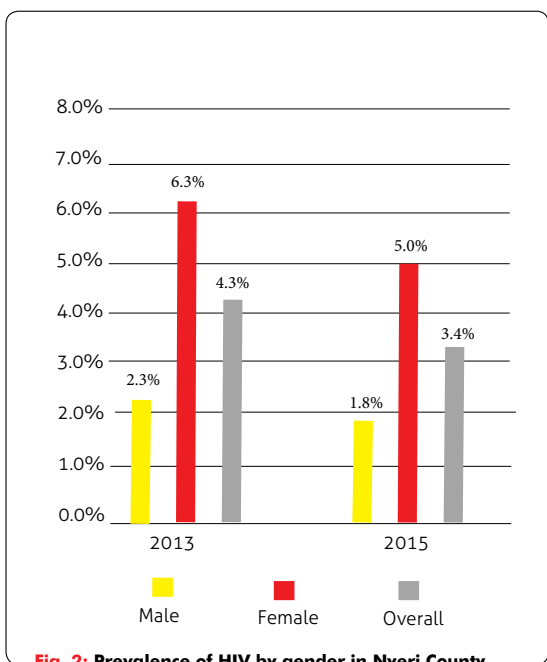
HIV prevalence in Nyeri is lower than the national prevalence at 3.4% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (5.0%) than that of men (1.8%), indicating that women are more vulnerable to HIV infection than men in the County.

Nyeri County contributed to 1.2% of the total number of people living with HIV in Kenya, and is ranked the twenty sixth nationally. By the end of 2015, a total of 18, 662 people were living with HIV in the County, with 10% being young people aged 15-24 years and 4% being children under the age of 15 years.

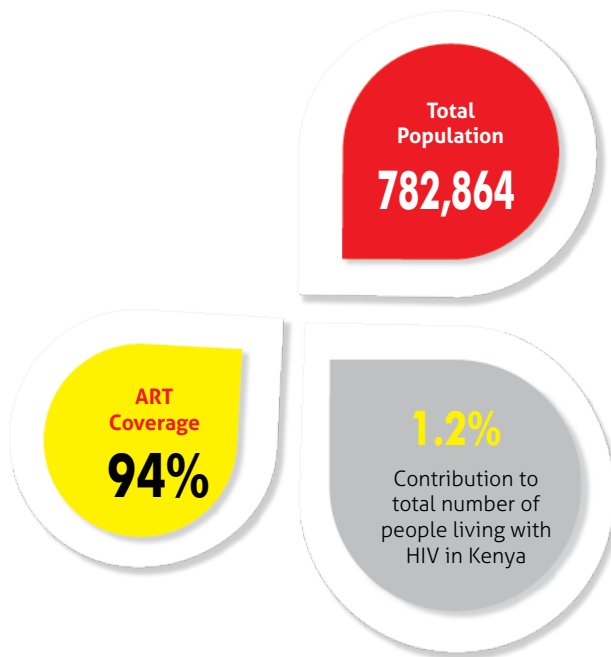
Approximately 20 children and 402 adults died of AIDS-related conditions in 2015. There was a decrease of 75% of HIV-related deaths among the children aged below 15 years and a decrease of 25% among adults aged 15 years and above since 2013 in the County. (Table 1).



**Fig. 1: Map of Nyeri County**



**Fig. 2: Prevalence of HIV by gender in Nyeri County**



**Table 1: HIV burden in Nyeri County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	1,897	689	-64%	15	98,170
No. of adults living with HIV (≥15 yrs)	18,900	17,973	-5%	23	1,419,537
No. of youth living with HIV (15-24 yrs)		1,854		18	268,586
No. of adolescents living with HIV (10-19 yrs)		795		15	133,455
Total number of people living with HIV*	20,797	18,662	-10%	22	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	80	20	-75%	9	5,004
Adult AIDS related deaths (≥15 yrs)	538	402	-25%	21	30,817
Youth AIDS related deaths (15-24 yrs)		24		14	3,853
Adolescent AIDS related deaths (10-19 yrs)		15		11	2,793
Total number of AIDS related deaths*	618	423	-32%	21	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Nyeri County

### New HIV infections among adults and children

In 2015, Nyeri County contributed to 0.3% and 1.6% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 28% and 8% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decline of 53% in the number of new HIV infections among children aged below 15 years and an increase of 14% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Nyeri County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.21%	0.21%	0%	30	0.27%
Annual new HIV infections among children (0-14 yrs)	43	20	-53%	11	6,613
Annual new HIV infections among adults (≥15 yrs)	1,307	1,124	-14%	29	71,034
Annual new HIV infections among youth (15-24 yrs)		315		27	35,776
Annual new HIV infections among adolescents (10-19 yrs)		93		18	18,004
Total annual new HIV infections	1,349	1,144	-15%	28	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 508 pregnant women living with HIV who were provided with PMTCT services out of a total need of 514 pregnant women yielding 99% PMTCT Coverage. There were 5.3% children who were infected with HIV in 2015, showing a 71% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Nyeri County**

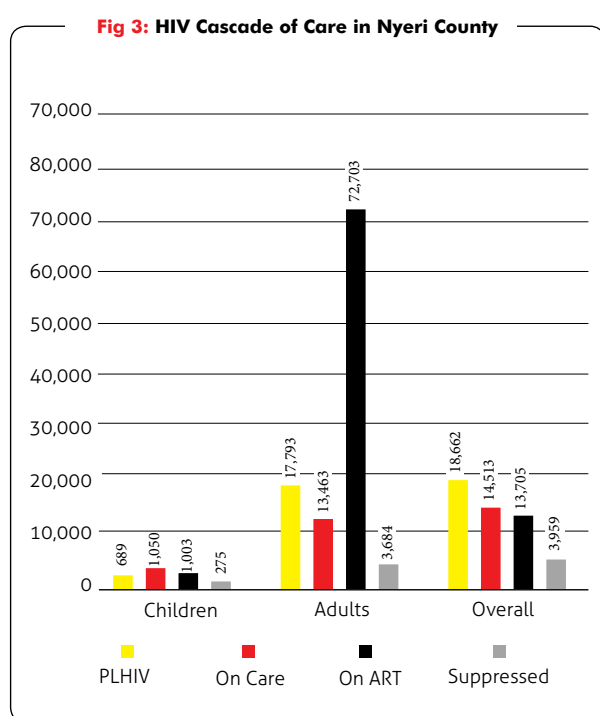
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	669	514		79,475
Number Receiving PMTCT	463	508	10%	59,214
PMTCT Coverage	58%	99%	70%	75%
County Ranking of PMTCT Coverage	17	6		
MTCT Coverage*	18.0%	5.3%	-71%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Nyeri County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 1,050 children on care 1,003 (96%) are on ART and of this 275(27%) are virally suppressed. Among 13,463 adults on care 72,703 (540%) are on ART and of this, 3,684(5%) are virally suppressed.

Overall Nyeri County has an ART coverage of 94% and viral suppression of 29% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3)



The number of adults receiving ART increase by 32%, while ART coverage decreased by 11% in 2015 compared to 2013 in Nyeri County. Similarly, the number of children receiving ART decreased by a paltry 1%, while ART coverage increased by 34% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Nyeri County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	11,941	15,763		1,245,106
Number receiving ART	10,471	13,837	32%	826,097
ART Coverage	99%	88%	-11%	66%
County Ranking of ART Coverage*	6	5		
<b>Children</b>				
Need for ART	1,355	1,020		93,056
Number receiving ART	924	934	+1%	71,547
ART Coverage	68%	92%	+34%	77%
County Ranking of ART Coverage*	4	10		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Nyeri County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 12% of women and 22% of men in Nyeri County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 55% of women and 69% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Nyeri County about 44% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 99% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 6% of women and 16% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 1% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 53% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Nyeri County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	12%	9	15%
Percent of men who have never been tested for HIV	22%	10	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	55%	24	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	69%	14	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	44%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	99%	9	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	6%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	16%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	1%	10	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	53%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Nyeri County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	3,041
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	3,041

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 22% and low among MSM at 14% against the national targets of 80% in Nyeri County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	988	22%	133,675
MSM	9	14%	13,019
PWID	62	-	18,327

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is lower than the national average, but still slightly higher than the target of less than 5%
- Less than two-thirds of men and three-quarters of women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and two in ten adult men had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# SAMBURU COUNTY

## Section 1: HIV Burden in Samburu County

Samburu County has a population of 273,804, comprising of 136,581 males (50%) and 137,223 females (50%). Children below 15 years constitute 48% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

HIV prevalence in Samburu is lower than the national prevalence at 2.2% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (3.1%) than that of men (1.8%), indicating that women are more vulnerable to HIV infection than men in the County.

Samburu County contributed to 0.2% of the total number of people living with HIV in Kenya, and is ranked the forty second nationally. By the end of 2015, a total of 2,965 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

Approximately 15 children and 87 adults died of AIDS-related conditions in 2015. There was a decrease of 70% of HIV-related deaths among the children aged below 15 years and a decrease of 75% among adults aged 15 years and above since 2013 in the county. (Table 1).

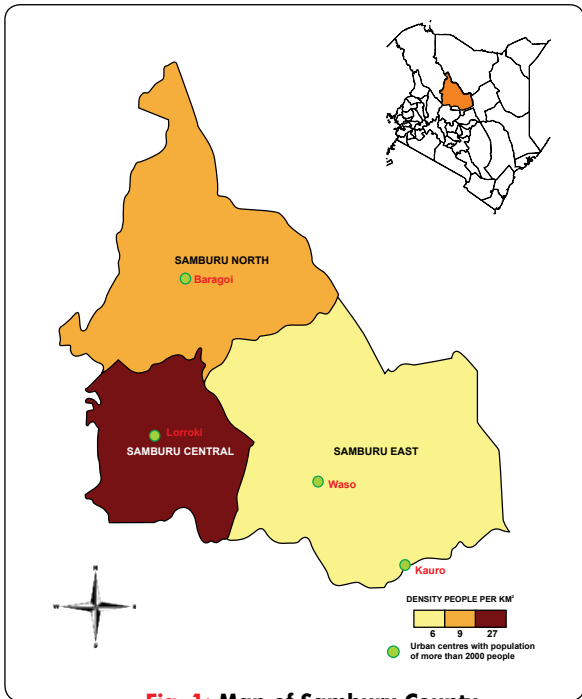


Fig. 1: Map of Samburu County

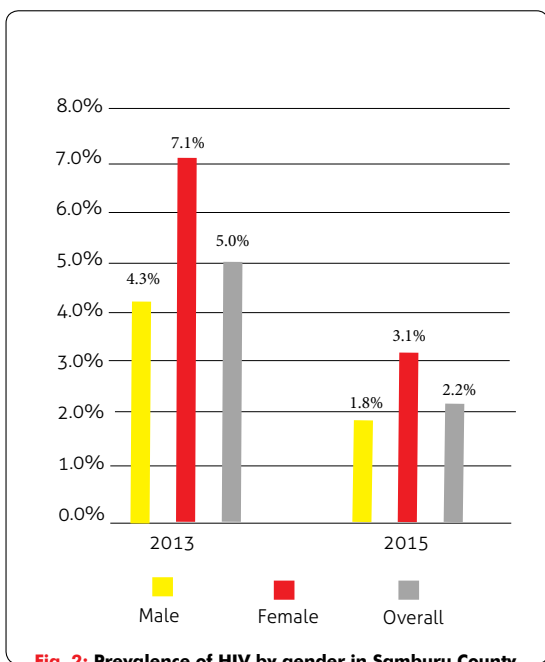
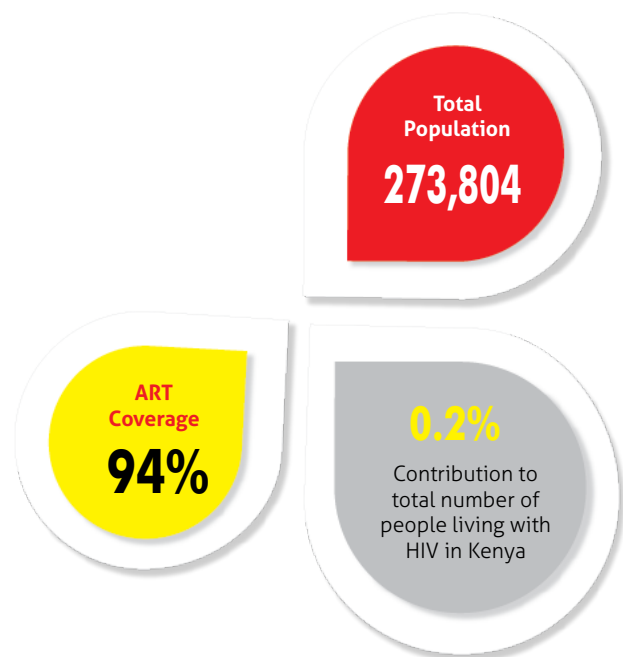


Fig. 2: Prevalence of HIV by gender in Samburu County



**Table 1: HIV burden in Samburu County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	883	280	-68%	6	98,170
No. of adults living with HIV (≥15 yrs)	6,000	2,685	-55%	6	1,419,537
No. of youth living with HIV (15-24 yrs)		444		3	268,586
No. of adolescents living with HIV (10-19 yrs)		291		5	133,455
Total number of people living with HIV*	6,883	2,965	-57%	6	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	48	15	-70%	7	5,004
Adult AIDS related deaths (≥15 yrs)	342	87	-75%	5	30,817
Youth AIDS related deaths (15-24 yrs)		10		5	3,853
Adolescent AIDS related deaths (10-19 yrs)		9		5	2,793
Total number of AIDS related deaths*	390	101	-74%	6	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Samburu County

### New HIV infections among adults and children

In 2015, Samburu County contributed to 0.2% and 0.1% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a decrease of 46% in the number of new HIV infections among children aged below 15 years and a substantive decrease of 88% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Samburu County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.05%	0.04%	-25%	7	0.27%
Annual new HIV infections among children (0-14 yrs)	22	12	-46%	2	6,613
Annual new HIV infections among adults (≥15 yrs)	461	58	-88%	3	71,034
Annual new HIV infections among youth (15-24 yrs)		33		3	35,776
Annual new HIV infections among adolescents (10-19 yrs)		17		3	18,004
Total annual new HIV infections	483	69	-86%	2	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 93 pregnant women living with HIV who were provided with PMTCT services out of a total need of 166 pregnant women yielding 56% PMTCT Coverage. There were 21.1% children who were infected with HIV in 2015, showing a 36% decrease from 2013, which implies that more efforts are needed in order to reduce mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Samburu County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	352	166		79,475
Number Receiving PMTCT	50	93	86%	59,214
PMTCT Coverage	15%	56%	286%	75%
County Ranking of PMTCT Coverage	43	39		
MTCT Coverage*	32.9%	21.1%	-36%	8.3%

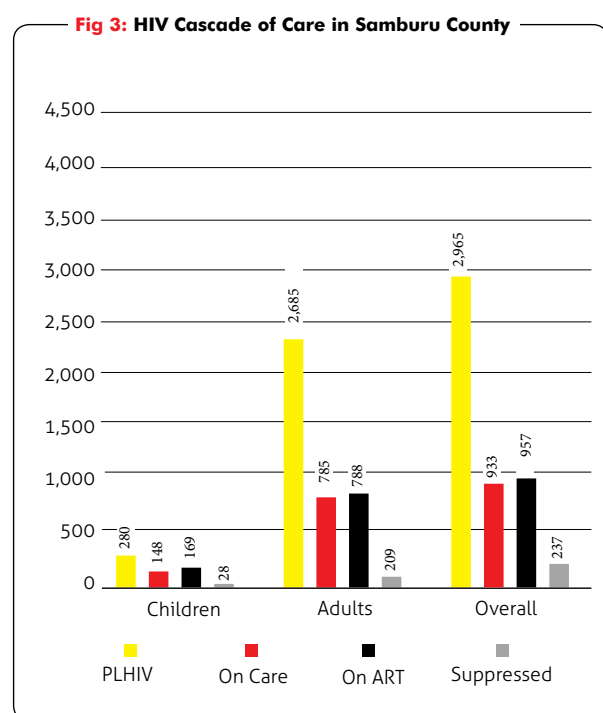
\*Note: Elimination of mother-to-child transmission is pegged at 5%



### Section 3: Expanding Access to Treatment in Samburu County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 148 children on care 169 (114%) are on ART and of this 38 (17%) are virally suppressed. Among the 785 adults on care, 788 (100%) are on ART and of this 209 (27%) are virally suppressed.

Overall Samburu County has an ART coverage of 103% and viral suppression of 25% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 18%, and ART coverage increased by 42% in 2015 compared to 2013 in Samburu County. Similarly the number of children receiving ART and ART coverage increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Samburu County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	3,555	2,444		1,245,106
Number receiving ART	700	827	18%	826,097
ART Coverage	24%	34%	42%	66%
County Ranking of ART Coverage*	45	43		
<b>Children</b>				
Need for ART	621	237		93,056
Number receiving ART	55	162	195%	71,547
ART Coverage	9%	68%	671%	77%
County Ranking of ART Coverage*	45	35		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Samburu County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 27% of women and 30% of men in Samburu County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 46% of women and 47% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Samburu County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5)

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 86% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS, 2014). The survey revealed that 1% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Samburu County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	27%	42	15%
Percent of men who have never been tested for HIV	30%	20	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	46%	35	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	47%	40	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	86%	42	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	1%	11	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Samburu County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,668
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	2,668

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 mapping and estimation exercise conducted by NASCOP did not include Samburu county and currently there are no programmes for key populations in the county (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	-	-	133,675
MSM	-	-	13,019
PWID	-	-	18,327

### Key Facts and Priorities

#### KEY FACTS

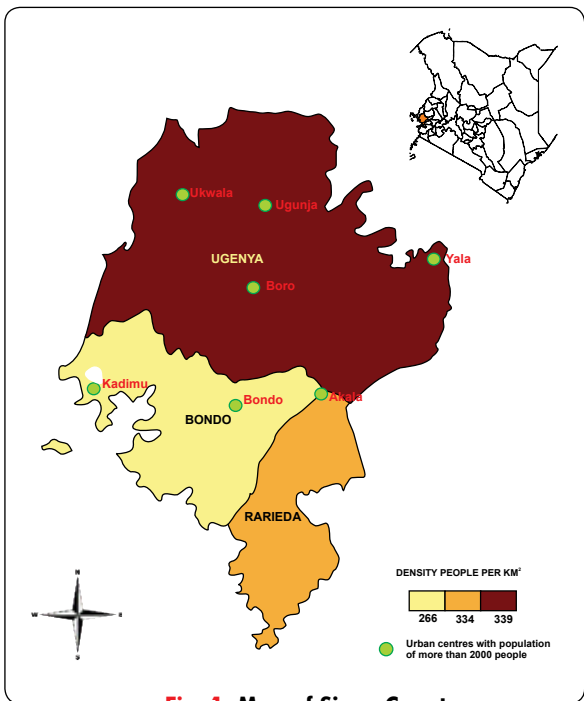
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite modest coverage of PMTCT services
- Less than half of men and women have a comprehensive knowledge of HIV and AIDS
- About three in ten adult men and women had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# SIAYA COUNTY

## Section 1: HIV Burden in Siaya County



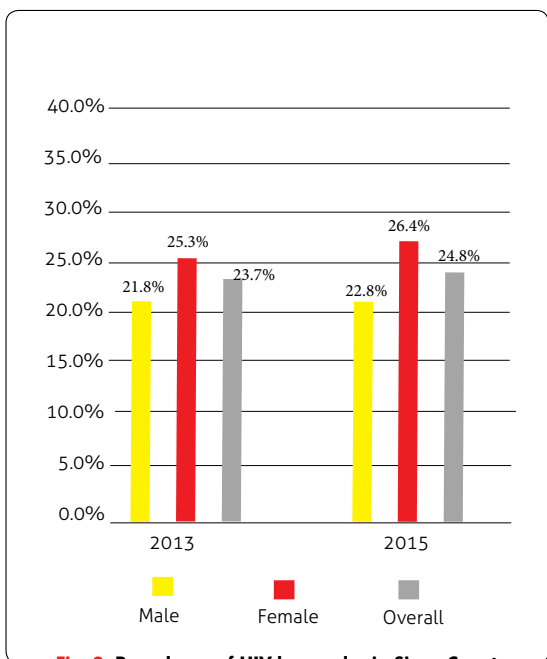
**Fig. 1: Map of Siaya County**

Siaya County has a population of 963,007, comprising of 457,215 males (47%) and 505,792 females (53%). Children below 15 years constitute 44% of the population, while youth aged 15-24 years constitute 20% of the population (2015 KNBS Population Projections).

HIV prevalence in Siaya is nearly 4.2 times higher than the national prevalence at 24.8% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (26.4%) than that of men (22.8%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Siaya County contributed to 8.3% of the total number of people living with HIV in Kenya, and is ranked the fourth highest. By the end of 2015, a total of 126,411 people were living with HIV in the County, with 22% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 439 children and 2,206 adults died of AIDS-related conditions in 2015. There was a decrease of 56% of HIV-related deaths among the children aged below 15 years and a decrease of 19% among adults aged 15 years and above since 2013 in the County. (Table 1)



**Fig. 2: Prevalence of HIV by gender in Siaya County**

Total Population

963,007

ART Coverage

91%

8.3%

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Siaya County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	15,568	7,533	-52%	44	98,170
No. of adults living with HIV (≥15 yrs)	113,000	118,877	+5%	44	1,419,537
No. of youth living with HIV (15-24 yrs)		27,838		45	268,586
No. of adolescents living with HIV (10-19 yrs)		12,253		45	133,455
Total number of people living with HIV*	128,568	126,411	-2%	44	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	992	439	-56%	45	5,004
Adult AIDS related deaths (≥15 yrs)	2,728	2,206	-19%	45	30,817
Youth AIDS related deaths (15-24 yrs)		331		45	3,853
Adolescent AIDS related deaths (10-19 yrs)		190		45	2,793
Total number of AIDS related deaths*	3,720	2,645	-29%	45	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Siaya County

### New HIV infections among adults and children

In 2015, Siaya County contributed to 12.0% of the total new HIV infections among children and 10.8% of new HIV infections among adults in Kenya. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 28% and 52% of all new HIV infections in Siaya respectively. Compared to 2013, the County recorded a substantive decrease of 64% in the number of new HIV infections among children aged below 15 years and a decrease of 22% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Siaya County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	1.90%	1.68%	-12%	46	0.27%
Annual new HIV infections among children (0-14 yrs)	2190	796	-64%	45	6,613
Annual new HIV infections among adults (≥15 yrs)	9,869	7,700	-22%	45	71,034
Annual new HIV infections among youth (15-24 yrs)		4,377		45	35,776
Annual new HIV infections among adolescents (10-19 yrs)		2,355		45	18,004
Total annual new HIV infections	12,058	8,496	-30%	45	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 4,500 pregnant women living with HIV who were provided with PMTCT services out of a total need of 7,846 pregnant women yielding 57% PMTCT Coverage. There were 20.6% children who were infected with HIV in 2015, showing over 100% increase from 2013, which implies that more efforts are needed in order to reduce mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Siaya County**

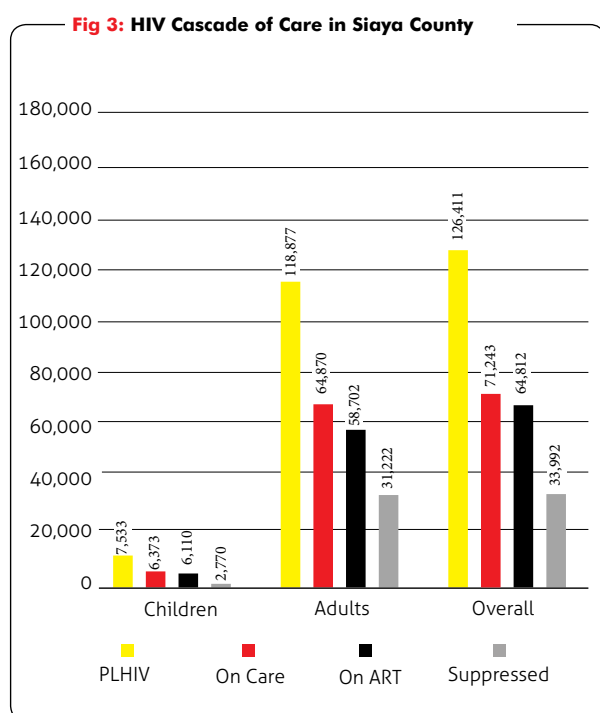
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	7,775	7,846		79,475
Number Receiving PMTCT	5,547	4,500	-19%	59,214
PMTCT Coverage	108%	57%	-47%	75%
County Ranking of PMTCT Coverage	5	38		
MTCT Coverage*	3.8%	20.6%	+441%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Siaya County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 6,373 children on care 6,110 (96%) are on ART and of this 2,770 (45%) are virally suppressed. Among the 64,870 adults on care, 58,702 (90%) are on ART and of this 31,222 (53%) are virally suppressed.

Overall Siaya County has an ART coverage of 91% and viral suppression of 52% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3)



The number of adults receiving ART increased by 36%, while ART coverage decreased by 23% in 2015 compared to 2013 in Siaya County. Similarly, the number of children receiving ART increased by 10%, and ART coverage increased by 73% in 2015 compared to 2013 (Table 4).

**Table 4: ART Uptake in Siaya County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	69,176	100,218		1,245,106
Number receiving ART	46,413	62,901	+36%	826,097
ART Coverage	82%	63%	-23%	66%
County Ranking of ART Coverage*	20	24		
<b>Children</b>				
Need for ART	12,244	7,770		93,056
Number receiving ART	5,285	5,803	+10%	71,547
ART Coverage	43%	75%	+73%	77%
County Ranking of ART Coverage*	20	28		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Siaya County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 11% of women and 10% of men in Siaya County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 63% of women and 66% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Siaya County about 40% of women and 48% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5)

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 56% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 21% of women and 60% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 3% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 26% of women and 46% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Siaya County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	11%	7	15%
Percent of men who have never been tested for HIV	10%	1	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	63%	12	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	66%	23	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	40%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	48%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	56%	46	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	21%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	60%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	3%	32	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	26%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	46%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).



## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Siaya County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	6,062
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	6,062

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 27% and moderate among MSM at 63% against the national targets of 80% in Siaya County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	2,149	27%	133,675
MSM	618	63%	13,019
PWID	57	-	18,327

### Key Facts and Priorities

#### KEY FACTS

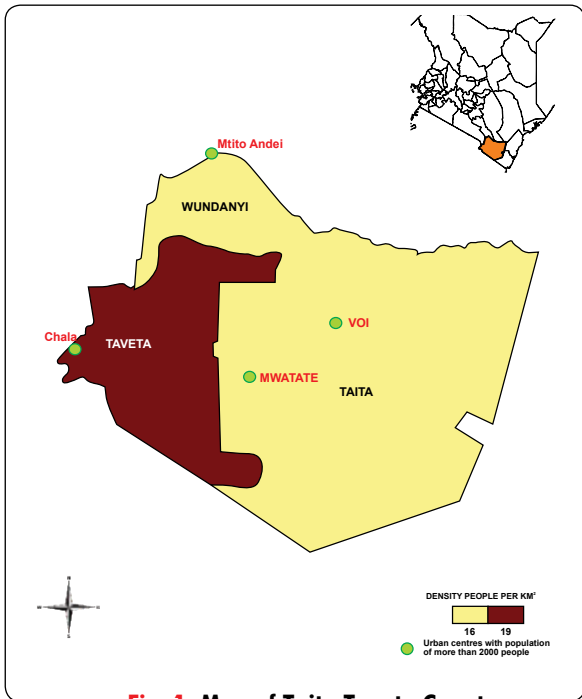
- HIV prevalence is about 4 times higher than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite modest coverage of PMTCT services
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult men and women had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# TAITA TAVETA COUNTY

## Section 1: HIV Burden in Taita Taveta County



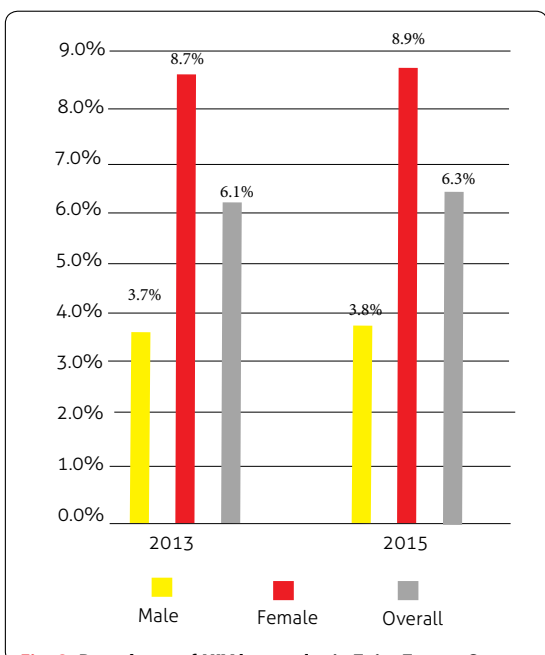
**Fig. 1: Map of Taita Taveta County**

Taita Taveta County has a population of 347,195, comprising of 176,785 males (51%) and 170,410 females (49%). Children below 15 years constitute 37% of the population, while youth aged 15-24 years constitute 19% of the population (2015 KNBS Population Projections).

HIV prevalence in Taita Taveta is slightly higher than the national prevalence at 6.3% (Kenya HIV Estimates 2015). The HIV prevalence among women in county is higher (8.9%) than that of men (3.8%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Taita Taveta County contributed to 0.8% of the total number of people living with HIV in Kenya, and is ranked the thirty first nationally. By the end of 2015, a total of 11,788 people were living with HIV in the County, with 19% being young people aged 15-24 years and 7% being children under the age of 15 years.

Approximately 55 children and 260 adults died of AIDS-related conditions in 2015. There was an decrease of 24% of HIV-related deaths among the children aged below 15 years and a decrease of 37% among adults aged 15 years and above since 2013 in the County. (Table 1)



**Fig. 2: Prevalence of HIV by gender in Taita Taveta County**

Total Population

**347,195**

ART Coverage

**81%**

**0.8%**

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Taita Taveta County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	1,409	864	-39%	18	98,170
No. of adults living with HIV (≥15 yrs)	9,800	10,924	+11%	17	1,419,537
No. of youth living with HIV (15-24 yrs)		2,193		19	268,586
No. of adolescents living with HIV (10-19 yrs)		1,086		17	133,455
Total number of people living with HIV*	11,209	11,788	+5%	17	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	72	55	-24%	20	5,004
Adult AIDS related deaths (≥15 yrs)	410	260	-37%	14	30,817
Youth AIDS related deaths (15-24 yrs)		34		18	3,853
Adolescent AIDS related deaths (10-19 yrs)		26		19	2,793
Total number of AIDS related deaths*	482	315	-35%	17	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Taita Taveta County

### New HIV infections among adults and children

In 2015, Taita Taveta County contributed to 1.0% and 0.7% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of 98% in the number of new HIV infections among children aged below 15 years and an increase of 60% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Taita Taveta County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
Incidence rate	0.30%	0.23%	-22%	33	0.27%
Annual new HIV infections among children (0-14 yrs)	35	69	+98%	24	6,613
Annual new HIV infections among adults (≥15 yrs)	330	527	+60%	22	71,034
Annual new HIV infections among youth (15-24 yrs)		278		23	35,776
Annual new HIV infections among adolescents (10-19 yrs)		148		26	18,004
Total annual new HIV infections	365	596	+63%	20	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 407 pregnant women living with HIV who were provided with PMTCT services out of a total need of 683 pregnant women yielding 60% PMTCT Coverage. There were 19.7% children who were infected with HIV in 2015, comparable to the rate at 2013, which implies that more efforts are needed in order to reduce mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Taita Taveta County**

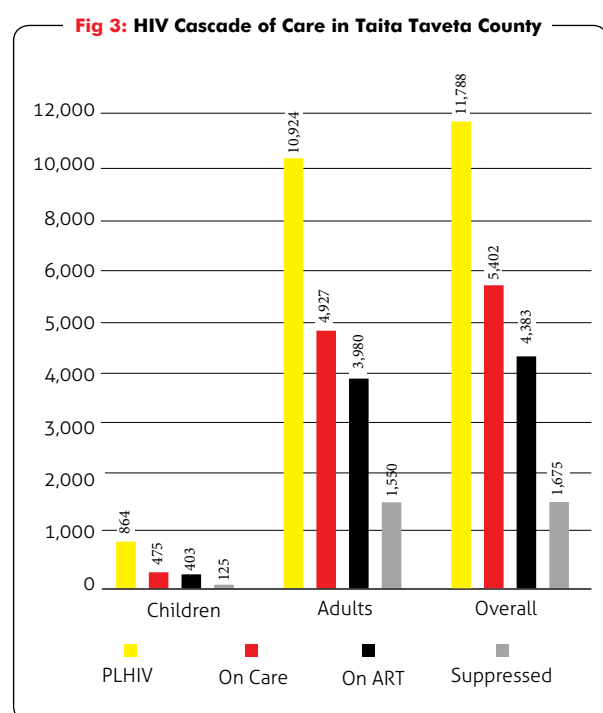
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	557	683		79,475
Number Receiving PMTCT	341	407	+19%	59,214
PMTCT Coverage	52%	60%	+14%	75%
County Ranking of PMTCT Coverage	22	35		
MTCT Coverage*	20.0%	19.7%	-1%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Taita Taveta County

Timely HIV diagnosis, optimal linkage and retention in care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 475 children on care 403 (85%) are on ART and of this 125 (31%) are virally suppressed. Among the 4,927 adults on care, 3,980 (81%) are on ART and of this 1,550 (39%) are virally suppressed.

Overall Taita Taveta County has ART coverage of 81% and viral suppression of 38% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 36%, while ART coverage decrease by 22% in 2015 compared to 2013 in Taita Taveta County. Similarly, the number of children receiving ART increased by 89% and ART coverage increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Taita Taveta County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	6,558	9,714		1,245,106
Number receiving ART	2,903	3,945	+36%	826,097
ART Coverage	52%	41%	-22%	66%
County Ranking of ART Coverage*	35	39		
<b>Children</b>				
Need for ART	988	797		93,056
Number receiving ART	194	367	+89%	71,547
ART Coverage	20%	46%	+135%	77%
County Ranking of ART Coverage*	34	40		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Taita Taveta County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 13% of women and 22% of men in Taita Taveta County had never tested for HIV (Table 5).The county needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS .The survey revealed that 64% of women and 67% of men had a comprehensive knowledge of HIV and AIDS .(Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Taita Taveta County about 27% of women and 32% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 98% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 9% of women and 55% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). About 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (KDHS, 2014). (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The survey revealed that 16% of women and 44% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Taita Taveta County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	13%	13	15%
Percent of men who have never been tested for HIV	22%	9	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	64%	10	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	66%	23	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	27%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	32%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	98%	18	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	9%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	55%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	20	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	16%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	44%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Taita Taveta County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,681
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	2,681

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 Mapping and estimation exercise conducted by NASCOP estimated 1389 FSW in Taita Taveta County, however currently there are no programmes for key populations in the county. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	1,389	-	133,675
MSM	6	-	13,019
PWID	0	-	18,327

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is comparable to the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- About two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and two in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# TANA RIVER COUNTY

## Section 1: HIV Burden in Tana River County

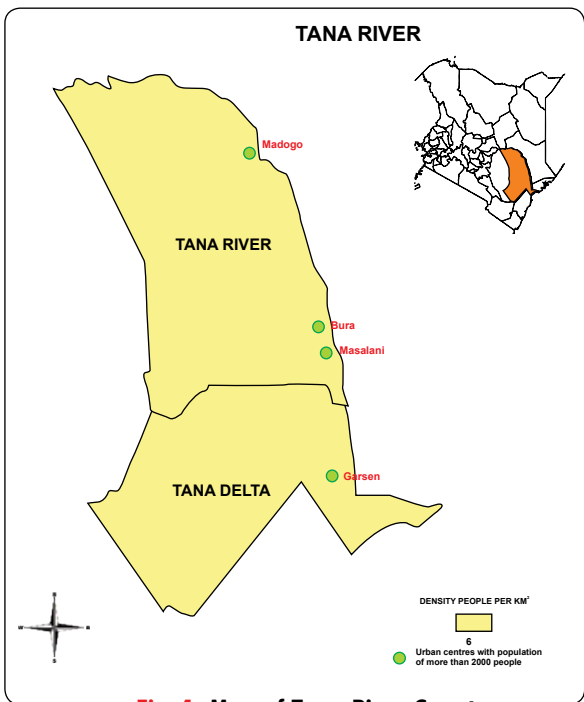


Fig. 1: Map of Tana River County

Tana River County has a population of 292,885, comprised of 146,006 males (50%) and 146,879 females (50%). Children below 15 years constitute 50% of the population, while youth aged 15-24 years constitute 18% of the population (2015 KNBS Population Projections).

HIV prevalence in Tana River is lower than the national prevalence at 1.9% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (2.7%) than that of men (1.2%), indicating that women are more vulnerable to HIV infection than men in Tana River County. (Figure 2).

Tana River County contributed to 0.2% of the total number of people living with HIV in Kenya, and is ranked the forty fourth nationally. By the end of 2015, a total of 2,792 people were living with HIV in the County, with 19% being young people aged 15-24 years and 7% being children under the age of 15 years.

Approximately 13 children and 62 adults died of AIDS-related conditions in 2015. There was an increase of 47% of HIV-related deaths among the children aged below 15 years and an increase of 23% among adults aged 15 years and above since 2013 in the County. (Table 1).

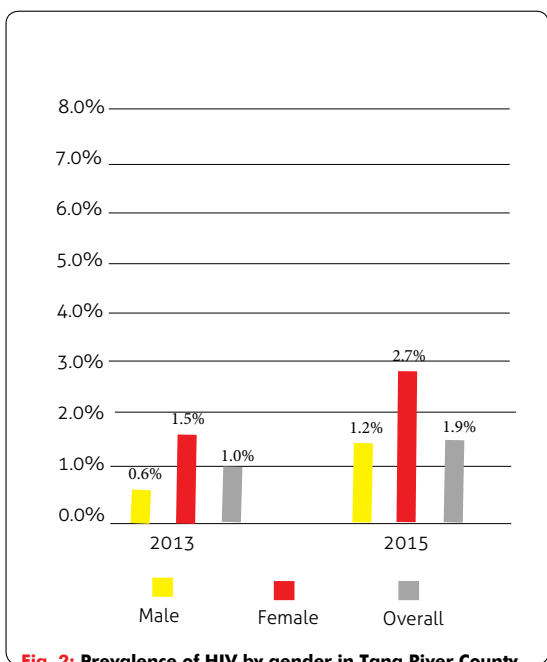


Fig. 2: Prevalence of HIV by gender in Tana River County

Total Population

**292,885**

ART Coverage

**91%**

**1.9%**

Contribution to total number of people living with HIV in Kenya



**Table 1: HIV burden in Tana River County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	172	205	+19%	4	98,170
No. of adults living with HIV (≥15 yrs)	1,200	2,587	+116%	4	1,419,537
No. of youth living with HIV (15-24 yrs)		519		5	268,586
No. of adolescents living with HIV (10-19 yrs)		257		3	133,455
Total number of people living with HIV*	1,372	2,792	+103%	4	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	9	13	+47%	4	5,004
Adult AIDS related deaths (≥15 yrs)	50	62	+23%	2	30,817
Youth AIDS related deaths (15-24 yrs)		8		3	3,853
Adolescent AIDS related deaths (10-19 yrs)		6		3	2,793
Total number of AIDS related deaths*	59	75	+26%	2	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Tana River County

### New HIV infections among adults and children

In 2015, Tana River County contributed to 0.2% of the total new HIV infections in Kenya among both children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of over 100% in the number of new HIV infections among children aged below 15 years and among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Tana River County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.09%	0.07%	-20%	17	0.27%
Annual new HIV infections among children (0-14 yrs)	4	16	+283%	7	6,613
Annual new HIV infections among adults (≥15 yrs)	40	125	+209%	9	71,034
Annual new HIV infections among youth (15-24 yrs)		66		9	35,776
Annual new HIV infections among adolescents (10-19 yrs)		35		9	18,004
Total annual new HIV infections	45	141	+216%	9	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 106 pregnant women living with HIV who were provided with PMTCT services out of a total need of 162 pregnant women yielding 66% PMTCT Coverage. There were 17.5% children who were infected with HIV in 2015, showing a 25% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Tana River County**

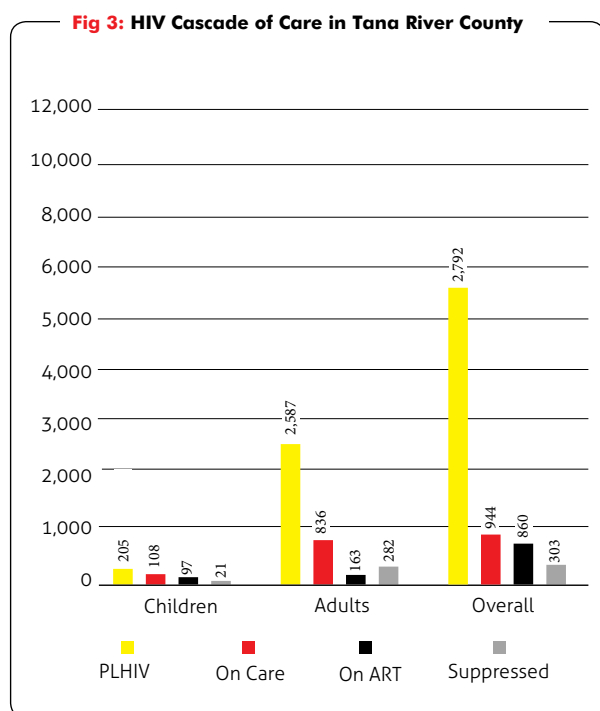
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	68	162		79,475
Number Receiving PMTCT	61	106	+75%	59,214
PMTCT Coverage	42%	66%	+55%	75%
County Ranking of PMTCT Coverage	30	31		
MTCT Coverage*	23.5%	17.5%	-25%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Tana River County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 108 children on care 97 (90%) are on ART and of this 21 (22%) are virally suppressed. Among the 836 adults on care, 163 (19%) are on ART and of this 282 (173%) are virally suppressed.

Overall Tana River County has an ART coverage of 91% and viral suppression of 35% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 23% while ART coverage decrease of 63% compared to 2013 in Tana River County. Similarly, the number of children receiving ART increased by over 100%, and ART coverage increased by 88% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Tana River County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	803	2,301		1,245,106
Number receiving ART	660	815	+23%	826,097
ART Coverage	97%	35%	-63%	66%
County Ranking of ART Coverage*	9	42		
<b>Children</b>				
Need for ART	121	189		93,056
Number receiving ART	31	91	+194%	71,547
ART Coverage	26%	48%	+88%	77%
County Ranking of ART Coverage*	33	39		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Tana River County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 18% of women and 42% of men in Tana River County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 36% of women and 64% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Tana River County about 27% of women and 32% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 100% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 9% of women and 55% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). About 1% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (KDHS, 2014). (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against those living with HIV and AIDS can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). About 16% of women and 44% of men in the age group 15-49 expressed accepting attitudes towards people with HIV and AIDS (KDHS, 2014). Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Tana River County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	18%	33	15%
Percent of men who have never been tested for HIV	42%	41	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	36%	39	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	64%	25	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	27%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	32%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	100%	7	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	9%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	55%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	1%	8	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	16%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	44%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Tana River County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,089
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	2,089

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 mapping and estimation exercise conducted by NASCOP did not include Tana River County and currently there are no programmes among key populations in the county. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	-	-	133,675
MSM	-	-	13,019
PWID	-	-	18,327

### Key Facts and Priorities

#### KEY FACTS

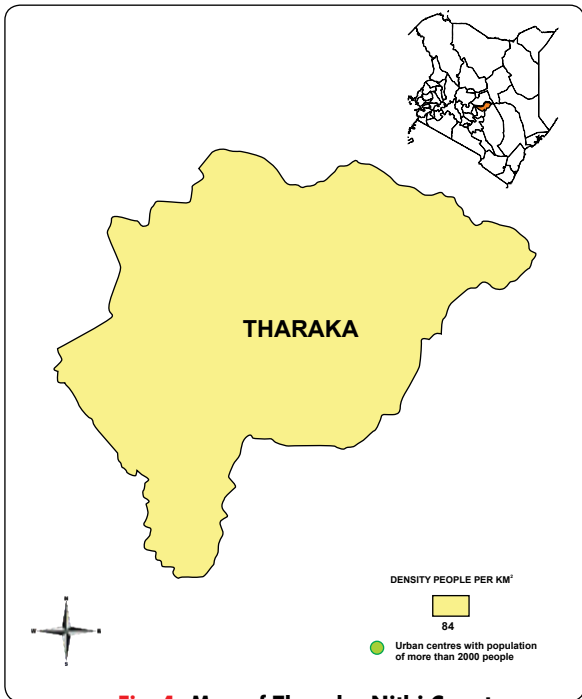
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than half of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and four in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# THARAKA NITHI COUNTY

## Section 1: HIV Burden in Tharaka Nithi County



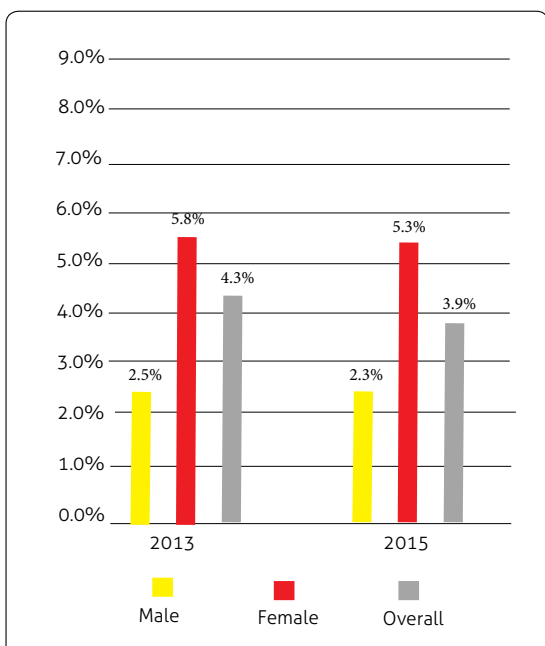
**Fig. 1: Map of Tharaka Nithi County**

Tharaka Nithi County has a population of 392,097, comprising of 193,581 males (49%) and 198,516 females (51%). Children below 15 years constitute 39% of the population, while youth aged 15-24 years constitute 29% of the population (2015 KNBS Population Projections).

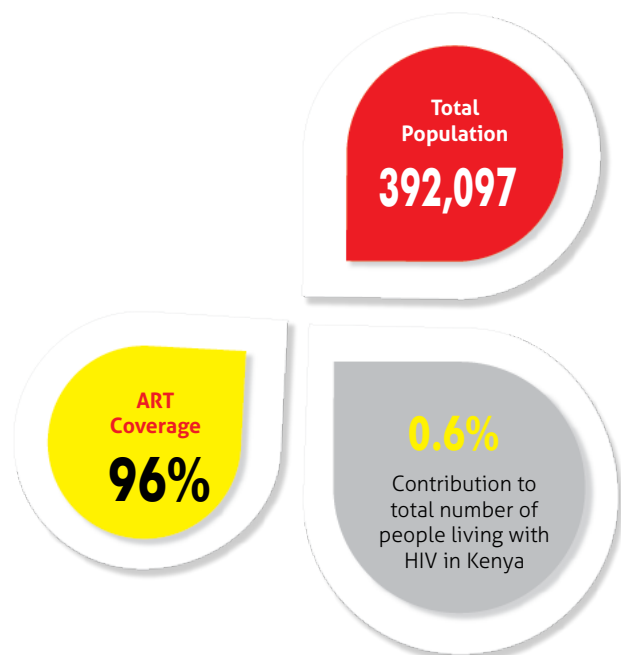
HIV prevalence in Tharaka Nithi is lower than the national prevalence at 3.9% (Kenya HIV Estimates 2015). The HIV prevalence among women in Tharaka Nithi is higher (5.3%) than that of men (2.3%), indicating that women are more vulnerable to HIV infection than men in Tharaka Nithi County. (Figure 2).

Tharaka Nithi County contributed to 0.6% of the total number of people living with HIV in Kenya, and is ranked the thirty fifth nationally. A total of 9,093 people were living with HIV in the County by the end of 2015, with 20% being young people aged 15-24 years and 6% being children under the age of 15 years.

Approximately 24 children and 223 adults died of AIDS-related conditions in 2015. There was a decrease of 51% of HIV-related deaths among the children aged below 15 years and a decrease of 14% among adults aged 15 years and above since 2013 in the County. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Tharaka Nithi County**



**Table 1: HIV burden in Tharaka Nithi County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	1,160	580	-50%	14	98,170
No. of adults living with HIV (≥15 yrs)	7,600	8,512	+12%	13	1,419,537
No. of youth living with HIV (15-24 yrs)		1,807		17	268,586
No. of adolescents living with HIV (10-19 yrs)		887		16	133,455
Total number of people living with HIV*	8,760	9,093	+4%	13	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	50	24	-51%	12	5,004
Adult AIDS related deaths (≥15 yrs)	258	223	-14%	12	30,817
Youth AIDS related deaths (15-24 yrs)		24		13	3,853
Adolescent AIDS related deaths (10-19 yrs)		16		12	2,793
Total number of AIDS related deaths*	308	247	-20%	11	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Tharaka Nithi County

### New HIV infections among adults and children

In 2015, Tharaka Nithi County contributed to 0.5% and 0.7% of total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 26% and 49% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of 60% in the number of new HIV infections among children aged below 15 years and an increase of 19% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Tharaka Nithi County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
Incidence rate	0.24%	0.20%	-15%	29	0.27%
Annual new HIV infections among children (0-14 yrs)	22	36	+60%	15	6,613
Annual new HIV infections among adults (≥15 yrs)	410	486	+19%	19	71,034
Annual new HIV infections among youth (15-24 yrs)		257		22	35,776
Annual new HIV infections among adolescents (10-19 yrs)		137		25	18,004
Total annual new HIV infections	433	522	+21%	18	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 266 pregnant women living with HIV who were provided with PMTCT services out of a total need of 397 pregnant women yielding 67% PMTCT Coverage. There were 17.0% children who were infected with HIV in 2015, showing a 38% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Tharaka Nithi County**

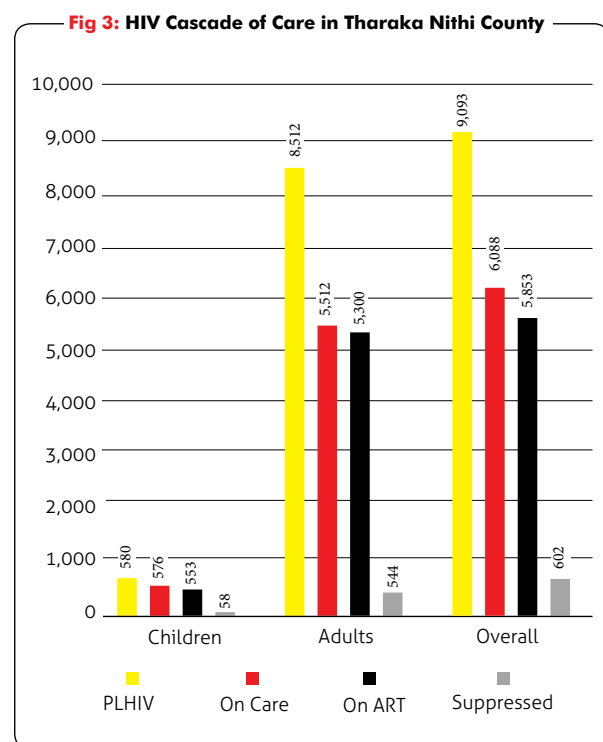
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	353	397	+13%	79,475
Number Receiving PMTCT	172	266	+54%	59,214
PMTCT Coverage	31%	67%	+119%	75%
County Ranking of PMTCT Coverage	38	30		
MTCT Coverage*	27.4%	17.0%	-38%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Tharaka Nithi County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 576 children on care 553 (96%) are on ART and of this 58 (10%) are virally suppressed. Among the 5,512 adults on care, 5,300 (96%) are on ART and of this 544 (10%) are virally suppressed.

Overall Tharaka Nithi County has an ART coverage of 96% and viral suppression of 10% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 36%, while ART coverage decreased by 21% in 2015 compared to 2013 in Tharaka Nithi County. Similarly, the number of children receiving ART decreased by 3%, while ART coverage increased by 43% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Tharaka Nithi County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	5,214	7,528		1,245,106
Number receiving ART	4,177	5,679	+36%	826,097
ART Coverage	95%	75%	-21%	66%
County Ranking of ART Coverage*	10	14		
<b>Children</b>				
Need for ART	828	564		93,056
Number receiving ART	538	524	-3%	71,547
ART Coverage	65%	93%	+43%	77%
County Ranking of ART Coverage*	7	8		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male Circumcision and Attitudes towards PLHIV in Tharaka Nithi County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 14% of women and 27% of men in Tharaka Nithi County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps. .

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 49% of women and 61% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).



### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Tharaka Nithi County about 42% of women and 50% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 92% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 11% of women and 58% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). About 2% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months (KDHS, 2014). (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS, 2014). The survey revealed that 19% of women and 35% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Tharaka Nithi County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	14%	16	15%
Percent of men who have never been tested for HIV	27%	17	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	49%	31	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	61%	30	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	42%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	50%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	92%	37	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	11%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	58%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	2%	18	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	19%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	35%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Tharaka Nithi County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	1,306
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	1,306

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 mapping and estimation conducted by NASCOP did not include Tharaka Nithi county however, the KP community estimates 3150 FSW and 100 MSM. The programme currently has reached 1442 FSW and 111 MSM in the quarter (April – June 2016). HIV testing among key populations is low among FSW at 26% and moderate among MSM at 45% against the national targets of 80% (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	3150	26%	133,675
MSM	100	45%	13,019
PWID	0	-	18,327

### Key Facts and Priorities

#### KEY FACTS

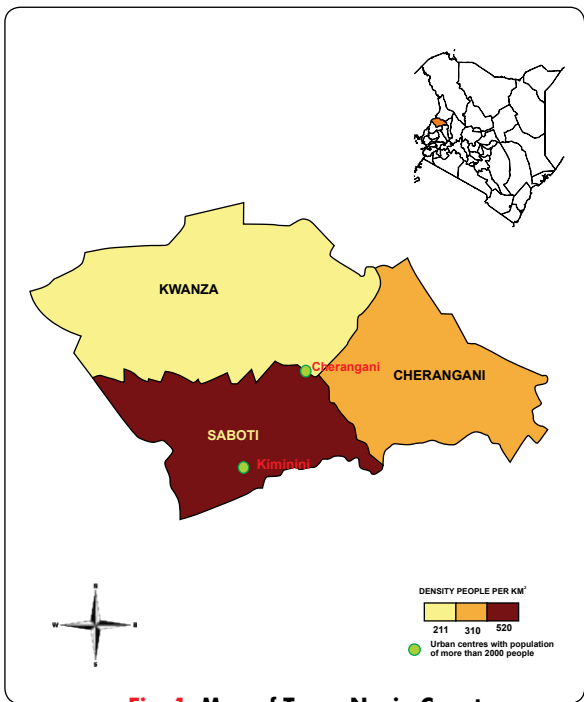
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- About half of women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and three in ten adult men had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# TRANS NZOIA COUNTY

## Section 1: HIV Burden in Trans Nzoia County



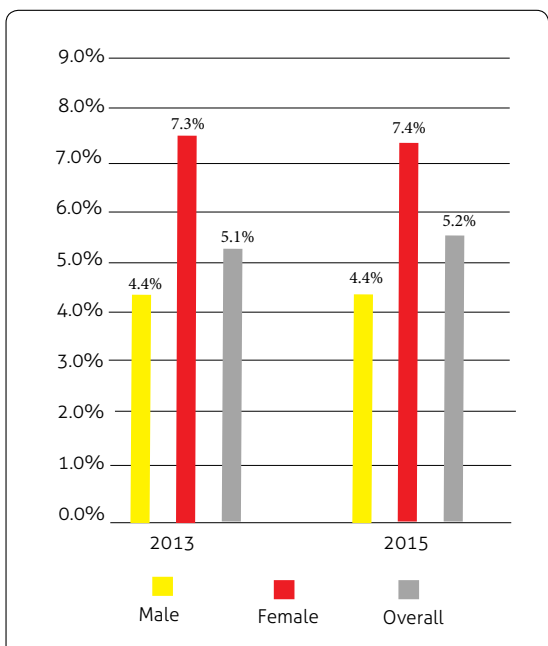
**Fig. 1: Map of Trans Nzoia County**

Trans Nzoia County has a population of 1,001,005, comprised of 496,966 males (50%) and 504,039 females (50%). Children below 15 years constitute 45% of the population, while youth aged 15-24 years constitute 21% of the population (2015 KNBS Population Projections).

HIV prevalence in Trans Nzoia is lower than the national prevalence at 5.2% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (7.4%) than that of men (4.4%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Trans Nzoia County contributed to 1.7% of the total number of people living with HIV in Kenya, and is ranked the nineteenth nationally. By the end of 2015, a total of 26,164 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

Approximately 128 children and 765 adults died of AIDS-related conditions in 2015. There was a decrease of 34% of HIV-related deaths among the children aged below 15 years and a decrease of 45% among adults aged 15 years and above since 2013 in the county. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Trans Nzoia County**

Total Population

**1,001,005**

ART Coverage

**86%**

**1.7%**

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Trans Nzoia County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	3,574	2,471	-31%	36	98,170
No. of adults living with HIV (≥15 yrs)	24,300	23,693	-2%	28	1,419,537
No. of youth living with HIV (15-24 yrs)		3,915		27	268,586
No. of adolescents living with HIV (10-19 yrs)		2,567		30	133,455
Total number of people living with HIV*	27,874	26,164	-6%	29	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	194	128	-34%	36	5,004
Adult AIDS related deaths (≥15 yrs)	1,387	765	-45%	36	30,817
Youth AIDS related deaths (15-24 yrs)		87		33	3,853
Adolescent AIDS related deaths (10-19 yrs)		80		36	2,793
Total number of AIDS related deaths*	1,581	893	-44%	37	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Trans Nzoia County

### New HIV infections among adults and children

In 2015, Trans Nzoia County contributed to 1.6% and 0.7% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in Trans Nzoia respectively. Compared to 2013, the County recorded an increase of 17% in the number of new HIV infections among children aged below 15 years and a substantive decline of 73% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Trans Nzoia County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
Incidence rate	0.12%	0.09%	-29%	18	0.27%
Annual new HIV infections among children (0-14 yrs)	90	105	+17%	31	6,613
Annual new HIV infections among adults (≥15 yrs)	1,867	508	-73%	20	71,034
Annual new HIV infections among youth (15-24 yrs)		289		24	35,776
Annual new HIV infections among adolescents (10-19 yrs)		154		28	18,004
Total annual new HIV infections	1,957	613	-69%	21	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 850 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,465 pregnant women yielding 58% PMTCT Coverage. There were 20.3% children who were infected with HIV in 2015, showing a 31% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Trans Nzoia County**

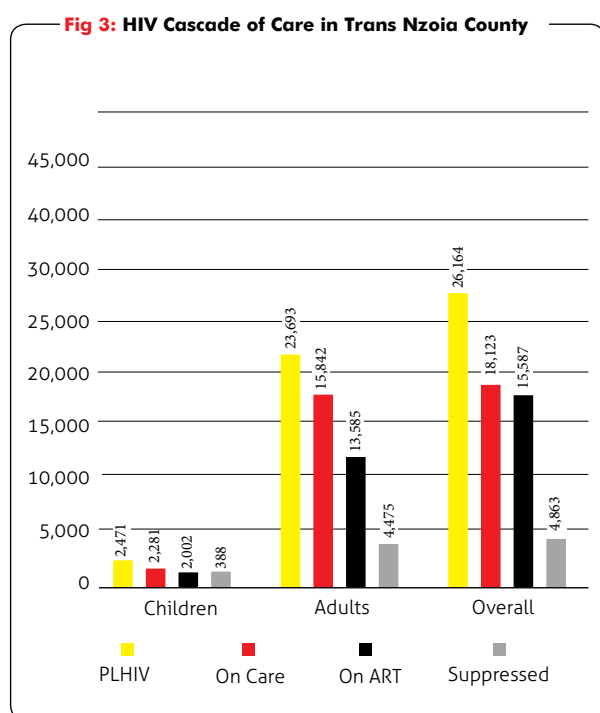
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,427	1,465		79,475
Number Receiving PMTCT	464	850	+83%	59,214
PMTCT Coverage	24%	58%	+139%	75%
County Ranking of PMTCT Coverage	42	37		
MTCT Coverage*	29.6%	20.3%	-31%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Trans Nzoia County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 2,281 children on care 2,002 (88%) are on ART and of this 388 (19%) are virally suppressed. Among the 15,842 adults on care, 13,585 (86%) are on ART and of this 4,475 (33%) are virally suppressed.

Overall Trans Nzoia County has an ART coverage of 86% and viral suppression of 31% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by over 100% and ART coverage increased by 21% in 2015 compared to 2013 in Trans Nzoia County. Similarly, the number of children receiving ART and ART coverage increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Trans Nzoia County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	14,396	21,564		1,245,106
Number receiving ART	6,618	14,584	+120%	826,097
ART Coverage	56%	68%	+21%	66%
County Ranking of ART Coverage*	31	20		
<b>Children</b>				
Need for ART	2,515	2,094		93,056
Number receiving ART	725	1,884	+160%	71,547
ART Coverage	29%	90%	+212%	77%
County Ranking of ART Coverage*	32	17		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Trans Nzoia County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 23% of women and 36% of men in Trans Nzoia County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 62% of women and 60% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Trans Nzoia County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 95% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 3% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people with HIV and AIDS (KDHS, 2014). Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Trans Nzoia County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	23%	39	15%
Percent of men who have never been tested for HIV	36%	33	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	62%	14	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	60%	32	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	95%	31	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	3%	33	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Trans Nzoia County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	3,774
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	3,774

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW. The quarterly (April – June 2016) HIV testing among key populations is low among FSW at 25% against the national targets of 80% in Trans Nzoia County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	815	25%	133,675
MSM	13	-	13,019
PWID	8	-	18,327

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and four in ten adult men had not tested for HIV in the past twelve months.

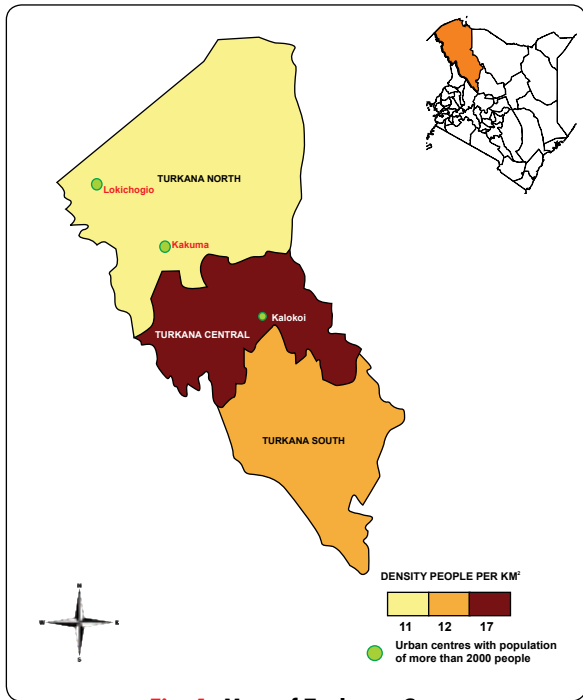
#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys



# TURKANA COUNTY

## Section 1: HIV Burden in Turkana County



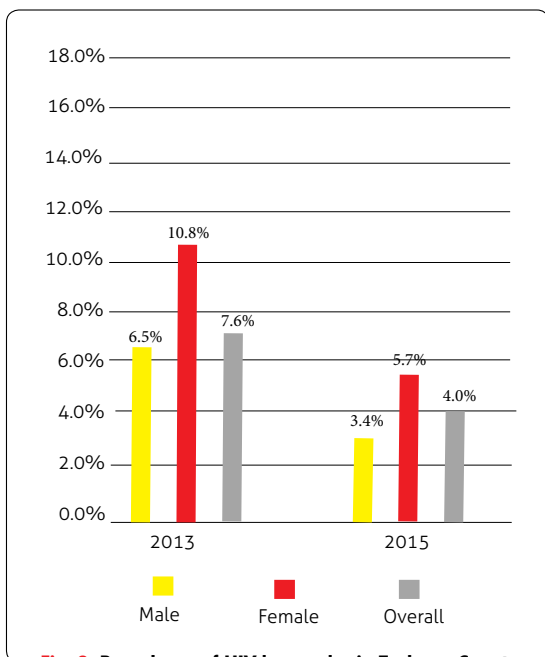
**Fig. 1: Map of Turkana County**

Turkana County has a population of 1,045,579, comprising of 542,658 males (52%) and 502,921 females (48%). Children below 15 years constitute 43% of the population, while youth aged 15-24 years constitute 24% of the population (2015 KNBS Population Projections).

HIV prevalence in Turkana is lower than the national prevalence at 4.0% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (5.7%) than that of men (3.4%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Turkana County contributed to 1.5% of the total number of people living with HIV in Kenya, and is ranked the twenty third nationally. By the end of 2015, a total of 22,523 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

Approximately 110 children and 658 adults died of AIDS-related conditions in 2015. There was a decrease of 65% of HIV-related deaths among the children aged below 15 years and a decrease of 70% among adults aged 15 years and above since 2013 in the county. (Table 1)



**Fig. 2: Prevalence of HIV by gender in Turkana County**

Total  
Population

1,045,579

ART  
Coverage

85%

1.5%

Contribution to  
total number of  
people living with  
HIV in Kenya

**Table 1: HIV burden in Turkana County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	5,736	2,127	-63%	33	98,170
No. of adults living with HIV (≥15 yrs)	39,000	20,396	-48%	25	1,419,537
No. of youth living with HIV (15-24 yrs)		3,370		26	268,586
No. of adolescents living with HIV (10-19 yrs)		2,210		27	133,455
Total number of people living with HIV*	44,736	22,523	-50%	25	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	311	110	-65%	33	5,004
Adult AIDS related deaths (≥15 yrs)	2,226	658	-70%	31	30,817
Youth AIDS related deaths (15-24 yrs)		75		29	3,853
Adolescent AIDS related deaths (10-19 yrs)		69		34	2,793
Total number of AIDS related deaths*	2,538	769	-70%	31	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Turkana County

### New HIV infections among adults and children

In 2015, Turkana County contributed 1.4% and 0.6% to the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decrease of 37% in the number of new HIV infections among children aged below 15 years and a decrease of 85% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Turkana County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
Incidence rate	0.10%	0.07%	-29%	14	0.27%
Annual new HIV infections among children (0-14 yrs)	144	90	-37%	28	6,613
Annual new HIV infections among adults (≥15 yrs)	2,997	438	-85%	18	71,034
Annual new HIV infections among youth (15-24 yrs)		249		20	35,776
Annual new HIV infections among adolescents (10-19 yrs)		133		23	18,004
Total annual new HIV infections	3,141	528	-83%	19	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 578 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,261 pregnant women yielding 46% PMTCT Coverage. There were 24.8% children who were infected with HIV in 2015, showing a 25% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Turkana County**

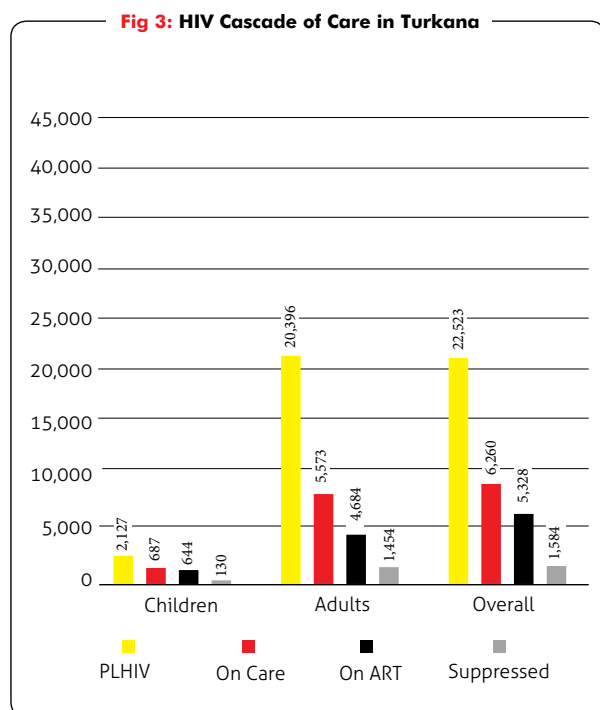
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	2,291	1,261		79,475
Number Receiving PMTCT	409	578	41%	59,214
PMTCT Coverage	14%	46%	219%	75%
County Ranking of PMTCT Coverage	44%	44		
MTCT Coverage*	33.0%	24.8%	-25%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in Turkana County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 687 children on care 644 (94%) are on ART and of this 130 (20%) are virally suppressed. Among the 5,573 adults on care, 4,684 (84%) are on ART and of this 1,454 (31%) are virally suppressed.

Overall Turkana County has an ART coverage of 85% and viral suppression of 30% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increase by 32%, and ART coverage increase of 36% in the in 2015 compared to 2013 in Turkana County. Similarly, the number of children receiving ART declined by 22%, while ART coverage increase of 74% in the in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Turkana County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	23,104	18,563		1,245,106
Number receiving ART	3,791	5,019	32%	826,097
ART Coverage	20%	27%	36%	66%
County Ranking of ART Coverage*	46%	45		
<b>Children</b>				
Need for ART	4,036	1,802		93,056
Number receiving ART	778	606	-22%	71,547
ART Coverage	19%	34%	74%	77%
County Ranking of ART Coverage*	35	44		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Turkana County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 30% of women and 33% of men in Turkana County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 24% of women and 2% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Turkana County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 26% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 1% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Turkana County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	30%	43	15%
Percent of men who have never been tested for HIV	33%	27	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	24%	44	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	2%	47	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	26%	47	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	1%	9	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Turkana County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	1,953
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	1,953

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 Mapping and estimation exercises conducted by NASCOP did not include Turkana. However, the key population community estimates 724 FSW in the county. The County has programmes with FSW. The quarterly (April – June 2016) HIV testing among key populations is moderate among FSW at 50% against the national targets of 80% in Turkana County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	724	50%	133,675
MSM	0	-	13,019
PWID	0	-	18,327

### Key Facts and Priorities

#### KEY FACTS

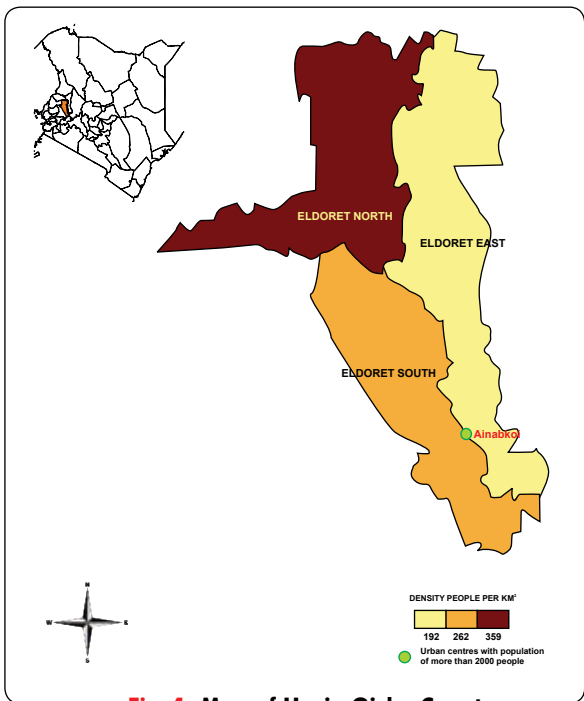
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than a quarter of men and women have a comprehensive knowledge of HIV and AIDS
- About three in ten adult men and women had not tested for HIV in the past twelve months

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# UASIN GISHU COUNTY

## Section 1: HIV Burden in Uasin Gishu County



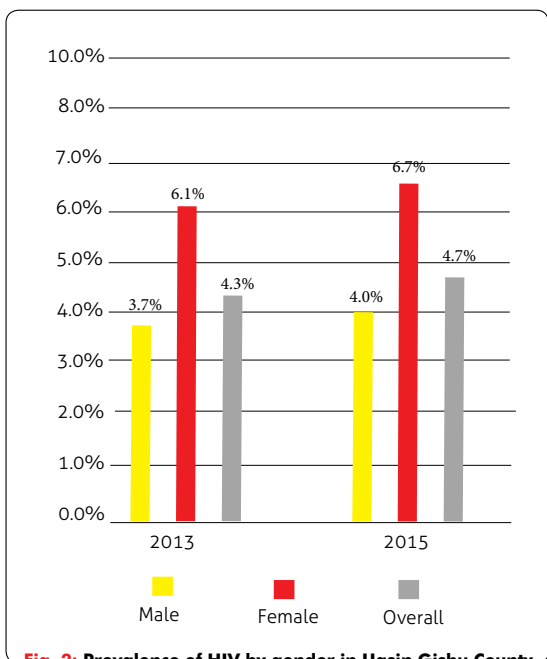
**Fig. 1: Map of Uasin Gishu County**

**U**asin Gishu County has a population of 1,092,803, comprising of 549,000 males (50%) and 543,803 females (50%). Children below 15 years constitute 39% of the population, while youth aged 15-24 years constitute 23% of the population (2015 KNBS Population Projections).

HIV prevalence in Uasin Gishu County is lower than the national prevalence at 4.7% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (6.7%) than that of men (4.0%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Uasin Gishu County contributed to 1.8% of the total number of people living with HIV in Kenya, and is ranked the eighteenth nationally. By the end of 2015, a total of 26,771 people were living with HIV in the county by the end of 2015, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

Approximately 131 children and 782 adults died of AIDS-related conditions in 2015. There was a decrease of 34% of HIV-related deaths among the children aged below 15 years and a decrease of 45% among adults aged 15 years and above since 2013 in the county. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Uasin Gishu County**

**Total Population**

**1,092,803**

**ART Coverage**

**86%**

**1.8%**

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Uasin Gishu County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	3,677	2,528	-31%	37	98,170
No. of adults living with HIV (≥15 yrs)	25,000	24,243	-3%	29	1,419,537
No. of youth living with HIV (15-24 yrs)		4,006		28	268,586
No. of adolescents living with HIV (10-19 yrs)		2,627		31	133,455
Total number of people living with HIV*	28,677	26,771	-7%	30	1,517,707

**Mortality**

Child AIDS related deaths (0-14 yrs)	200	131	-34%	37	5,004
Adult AIDS related deaths (≥15 yrs)	1,427	782	-45%	37	30,817
Youth AIDS related deaths (15-24 yrs)		89		35	3,853
Adolescent AIDS related deaths (10-19 yrs)		82		37	2,793
Total number of AIDS related deaths*	1,627	914	-44%	38	35,821

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Uasin Gishu County

### New HIV infections among adults and children

In 2015, Uasin Gishu County contributed to 1.6% and 0.7% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the county recorded an increase of 16% in the number of new HIV infections among children aged below 15 years and a substantive decrease of 73% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections in Uasin Gishu County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
Incidence rate	0.11%	0.07%	-34%	16	0.27%
Annual new HIV infections among children (0-14 yrs)	92	107	+16%	32	6,613
Annual new HIV infections among adults (≥15 yrs)	1,921	520	-73%	21	71,034
Annual new HIV infections among youth (15-24 yrs)		295		25	35,776
Annual new HIV infections among adolescents (10-19 yrs)		158		29	18,004
Total annual new HIV infections	2,014	627	-69%	22	77,647

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 1,022 pregnant women living with HIV who were provided with PMTCT services out of a total need of 1,499 pregnant women yielding 68% PMTCT Coverage. There were 16.6% children who were infected with HIV in 2015, showing a 41% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Uasin Gishu County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	1,469	1,499		79,475
Number Receiving PMTCT	466	1,022	119%	59,214
PMTCT Coverage	29%	68%	135%	75%
County Ranking of PMTCT Coverage	39	28		
MTCT Coverage*	28.0%	16.6%	-41%	8.3%

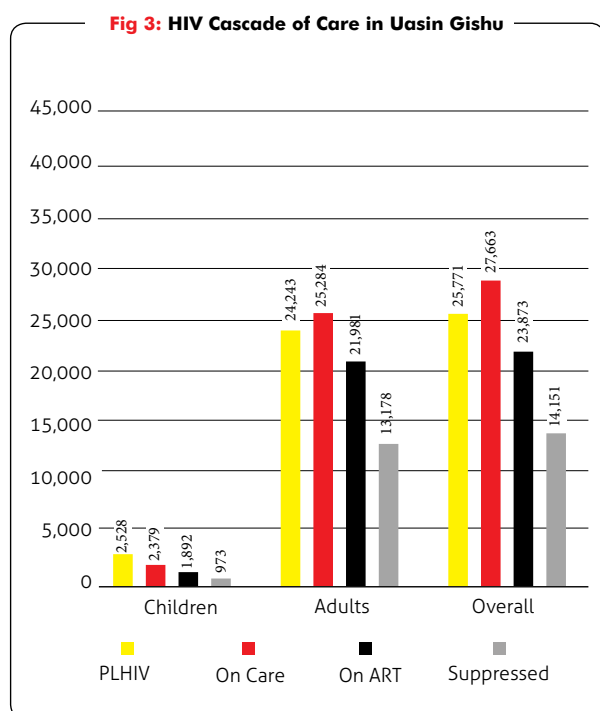
\*Note: Elimination of mother-to-child transmission is pegged at 5%



### Section 3: Expanding Access to Treatment in Uasin Gishu County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 2,379 children on care 1,892 (80%) are on ART and of this 973 (51%) are virally suppressed. Among the 25,284 adults on care, 21,981 (87%) are on ART and of this 13,178 (60%) are virally suppressed.

Overall Uasin Gishu County has an ART coverage of 86% and viral suppression of 59% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART in 2015 increased by 24%, while ART coverage declined by 31% in 2015 compared to 2013 in Uasin Gishu County. Similarly, the number of children receiving ART declined by 10%, while ART coverage increased by 9% in 2015 compared to 2013. (Table 4)

**Table 4: ART Uptake in Uasin Gishu County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	14,810	22,065		1,245,106
Number receiving ART	17,614	21,912	24%	826,097
ART Coverage	144%	99%	-31%	66%
County Ranking of ART Coverage*	2	1		
<b>Children</b>				
Need for ART	2,587	2,142		93,056
Number receiving ART	1,895	1,713	-10%	71,547
ART Coverage	73%	80%	9%	77%
County Ranking of ART Coverage*	3	25		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Uasin Gishu County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 10% of women and 16% of men in Uasin Gishu County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counseling.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 67% of women and 68% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Uasin Gishu County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 93% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 3% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: Testing and Counselling, and Prevention Indicators in Uasin Gishu County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	10%	4	15%
Percent of men who have never been tested for HIV	16%	6	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	67%	4	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	68%	16	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	26%	47	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	3%	30	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Uasin Gishu County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,092
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	2,092

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key populations is moderate among FSW at 45% and low among MSM at 18% against the national targets of 80% in Uasin Gishu County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	2,442	45%	133,675
MSM	95	18%	13,019
PWID	32	-	18,327

### Key Facts and Priorities

#### KEY FACTS

- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than three-quarters of men and women have a comprehensive knowledge of HIV and AIDS
- About one in ten adult women and two in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# VIHIGA COUNTY

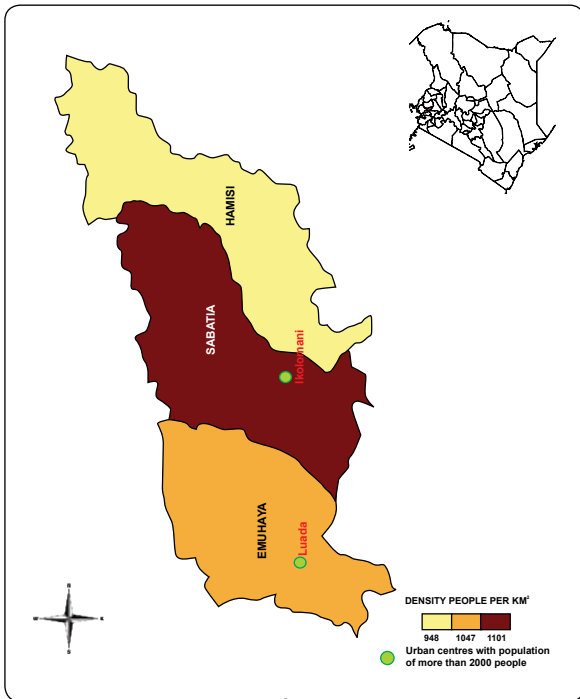
## Section 1: HIV Burden Vihiga County

Vihiga County has a population of 615,734, comprising of 293,529 males (44%) and 322,205 females (52%). Children below 15 years constitute 44% of the population, while youth aged 15-24 years constitute 19% of the population (2015 KNBS Population Projections).

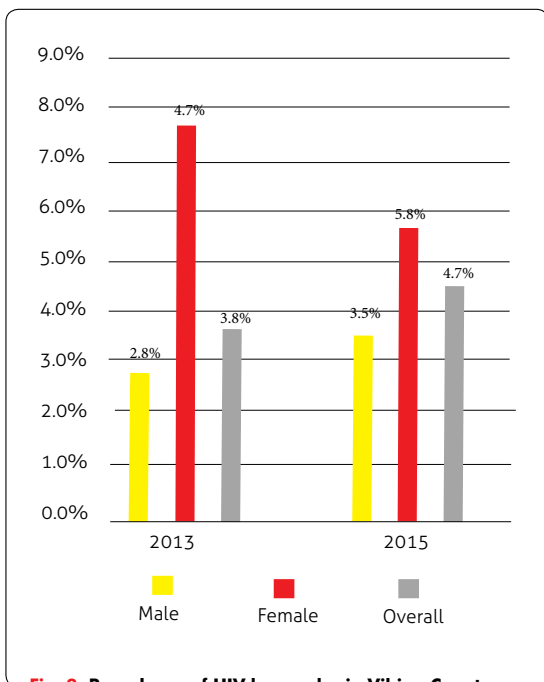
HIV prevalence in Vihiga is lower than the national prevalence at 4.7% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (5.8%) than that of men (3.5%), indicating that women are more vulnerable to HIV infection than men in the County (figure 2).

Vihiga County contributed to 1.3% of the total number of people living with HIV in Kenya, and is ranked the twenty fifth nationally. By the end of 2015, a total of 19,381 people were living with HIV in the County, with 14% being young people aged 15-24 years and 8% being children under the age of 15 years.

Approximately 68 children and 349 adults died of AIDS-related conditions in 2015. There was a decrease of 28% of HIV-related deaths among the children aged below 15 years and an increase of 7% among adults aged 15 years and above since 2013 in the county. (Table 1).



**Fig. 1: Map of Vihiga County**



**Fig. 2: Prevalence of HIV by gender in Vihiga County**

Total Population

615,734

ART Coverage

94%

1.3%

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Vihiga County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	1,929	1,489	-23%	23	98,170
No. of adults living with HIV (≥15 yrs)	9,900	17,892	81%	22	1,419,537
No. of youth living with HIV (15-24 yrs)		2,669		23	268,586
No. of adolescents living with HIV (10-19 yrs)		1,857		24	133,455
<b>Total number of people living with HIV*</b>	<b>11,829</b>	<b>19,381</b>	<b>64%</b>	<b>23</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	94	68	-28%	22	5,004
Adult AIDS related deaths (≥15 yrs)	328	349	7%	20	30,817
Youth AIDS related deaths (15-24 yrs)		51		22	3,853
Adolescent AIDS related deaths (10-19 yrs)		54		30	2,793
<b>Total number of AIDS related deaths*</b>	<b>422</b>	<b>417</b>	<b>-1%</b>	<b>20</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Vihiga County

### New HIV infections among adults and children

In 2015, Vihiga County contributed to 0.7% and 1.0% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 10% and 32% of all new HIV infections in the County respectively. Compared to 2013, the County recorded an increase of 28% in the number of new HIV infections among children aged below 15 years and an increase of over 100% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections Vihiga County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.24%	0.21%	-11%	31	0.27%
Annual new HIV infections among children (0-14 yrs)	35	45	28%	20	6,613
Annual new HIV infections among adults (≥15 yrs)	31	737	2248%	24	71,034
Annual new HIV infections among youth (15-24 yrs)		250		21	35,776
Annual new HIV infections among adolescents (10-19 yrs)		77		17	18,004
<b>Total annual new HIV infections</b>	<b>67</b>	<b>783</b>	<b>1072%</b>	<b>26</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 773 pregnant women living with HIV who were provided with PMTCT services out of a total need of 971 pregnant women yielding 80% PMTCT Coverage. There were 12.4% children who were infected with HIV in 2015, showing a 24% decrease from 2013 which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Vihiga County**

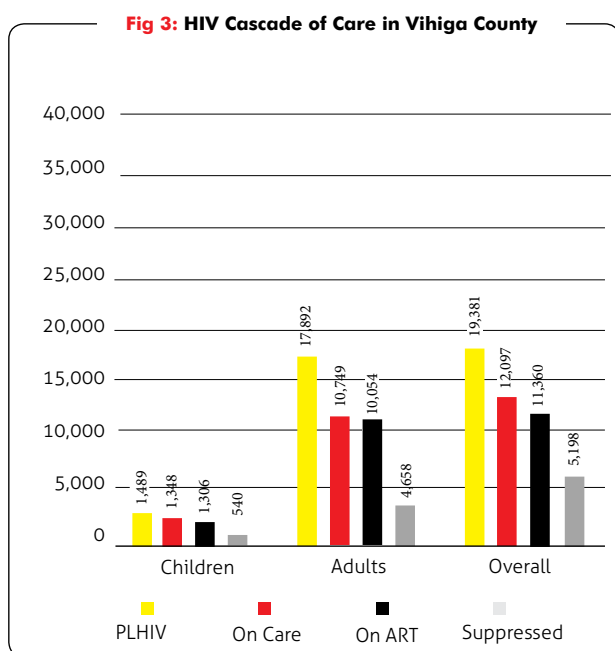
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	569	971		79,475
Number Receiving PMTCT	680	773	14%	59,214
PMTCT Coverage	63%	80%	26%	75%
County Ranking of PMTCT Coverage	12	22		
MTCT Coverage*	16.3%	12.4%	-24%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Vihiga County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 1,348 children on care 1,306 (97%) are on ART and of this 540 (41%) are virally suppressed. Among the 10,749 adults on care, 10,054 (94%) are on ART and of this 4,658 (46%) are virally suppressed.

Overall Vihiga County has an ART coverage of 94% and viral suppression of 46% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 70%, while ART coverage decreased by 31% in 2015 compared to 2013 in Vihiga County. Similarly, the number of children receiving ART increased by 62%, while ART coverage decreased by 76% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Vihiga County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	7,868	16,189		1,245,106
Number receiving ART	6,324	10,773	70%	826,097
ART Coverage	97%	67%	-31%	66%
County Ranking of ART Coverage*	8	21		
<b>Children</b>				
Need for ART	1,357	1,251		93,056
Number receiving ART	769	1,248	62%	71,547
ART Coverage	57%	100%	76%	77%
County Ranking of ART Coverage*	13	2		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male circumcision and Attitudes towards PLHIV in Vihiga County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 17% of women and 45% of men in Vihiga County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

#### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 60% of women and 66% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In Vihiga County about 27% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 97% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 12% of women and 58% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 6% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 25% of women and 44% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counseling, and Prevention Indicators in Vihiga County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	17%	31	15%
Percent of men who have never been tested for HIV	45%	44	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	60%	18	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	66%	24	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	27%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	97%	20	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	12%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	58%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	6%	45	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	25%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	44%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).



## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Vihiga County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	5,296
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	5,296

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The County has programmes with FSW and MSM. The quarterly (April – June 2016) HIV testing among key populations is high among FSW at 99% and moderate among MSM at 66% against the national targets of 80% in Vihiga County. (Table 7). The achievement is also high because even though Vihiga county has an estimate of 2749 FSW, the funding target is only 280 FSW in the county.

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	2,749	99%	133,675
MSM	151	66%	13,019
PWID	109	-	18,327

### Key Facts and Priorities

#### KEY FACTS

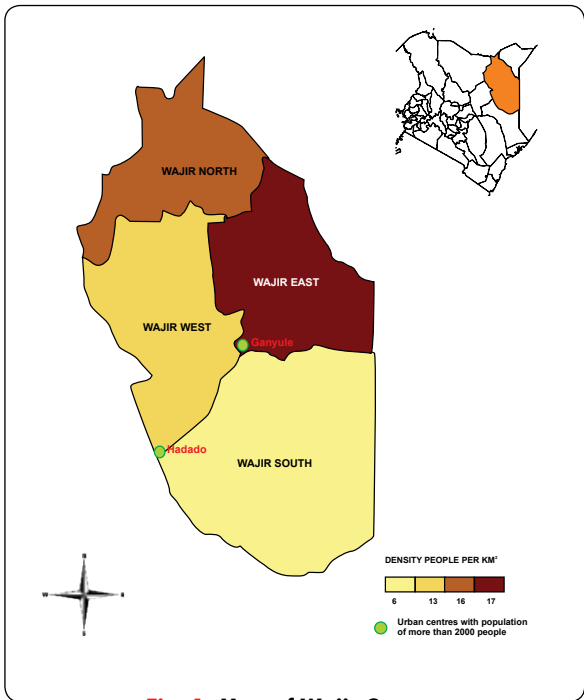
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than two-thirds of men and women have a comprehensive knowledge of HIV and AIDS
- About two in ten adult women and four in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# WAJIR COUNTY

## Section 1: HIV Burden Wajir County



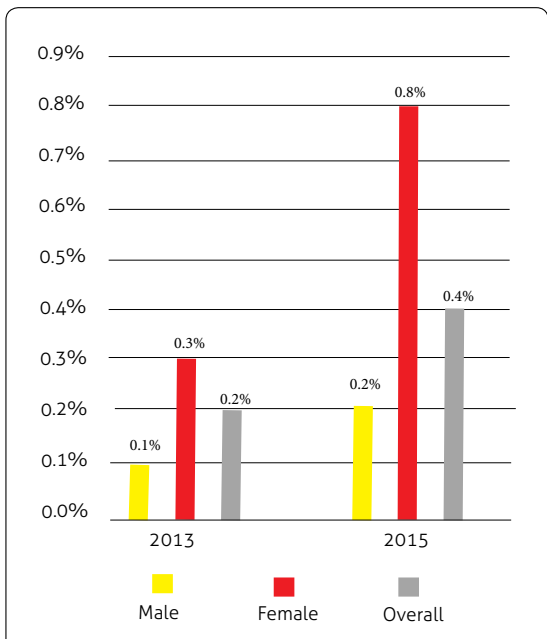
**Fig. 1: Map of Wajir County**

**W**ajir County has a population of 450,385 comprising of 234,961 males (52%) and 215,424 females (48%). Children below 15 years constitute 43% of the population, while youth aged 15-24 years constitute 22% of the population (2015 KNBS Population Projections).

HIV prevalence in Wajir is less than the national prevalence at 0.4% (Kenya HIV Estimates 2015). The HIV prevalence among women in the County is higher (0.8%) than that of men (0.2%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

Wajir County contributed to 0.1% of the total number of people living with HIV in Kenya, and is ranked the forty seventh nationally. By the end of 2015, a total of 1,278 people were living with HIV in the County, with 19% being young people aged 15-24 years and 15% being children under the age of 15 years.

Approximately 16 children and 82 adults died of AIDS-related conditions in 2015. There was an increase of 52% of HIV-related deaths among children aged below 15 years and an increase of 3% among adults aged 15 years and above since 2013 in the County. (Table 1).



**Fig. 2: Prevalence of HIV by gender in Wajir County**

Total Population

450,385

ART Coverage

95%

0.1%

Contribution to total number of people living with HIV in Kenya

**Table 1: HIV burden in Wajir County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
<b>Morbidity</b>					
No. of children living with HIV (0-14 yrs)	163	189	+16%	3	98,170
No. of adults living with HIV (≥15 yrs)	500	1,089	+118%	1	1,419,537
No. of youth living with HIV (15-24 yrs)		246		1	268,586
No. of adolescents living with HIV (10-19 yrs)		184		1	133,455
<b>Total number of people living with HIV*</b>	<b>663</b>	<b>1,278</b>	<b>+93%</b>	<b>1</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	10	16	+52%	8	5,004
Adult AIDS related deaths (≥15 yrs)	79	82	+3%	4	30,817
Youth AIDS related deaths (15-24 yrs)		10		6	3,853
Adolescent AIDS related deaths (10-19 yrs)		10		6	2,793
<b>Total number of AIDS related deaths*</b>	<b>89</b>	<b>97</b>	<b>+9%</b>	<b>4</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in Wajir County

### New HIV infections among adults and children

In 2015, Wajir County contributed to 0.3% and 0.04% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 19% and 35% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive increase of over 100% in the number of new HIV infections among children aged below 15 years and an increase of 56% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections Wajir County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
Incidence rate	0.01%	0.01%	-13%	1	0.27%
Annual new HIV infections among children (0-14 yrs)	2	18	+742%	9	6,613
Annual new HIV infections among adults (≥15 yrs)	18	28	+56%	1	71,034
Annual new HIV infections among youth (15-24 yrs)		16		1	35,776
Annual new HIV infections among adolescents (10-19 yrs)		9		1	18,004
<b>Total annual new HIV infections</b>	<b>20</b>	<b>46</b>	<b>+131%</b>	<b>1</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 2 pregnant women living with HIV who were provided with PMTCT services out of a total need of 72 pregnant women yielding 3% PMTCT Coverage. There were 40.6% children who were infected with HIV in 2015, showing a 7% increase from 2013, which implies that more efforts are needed in order to reduce mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in Wajir County**

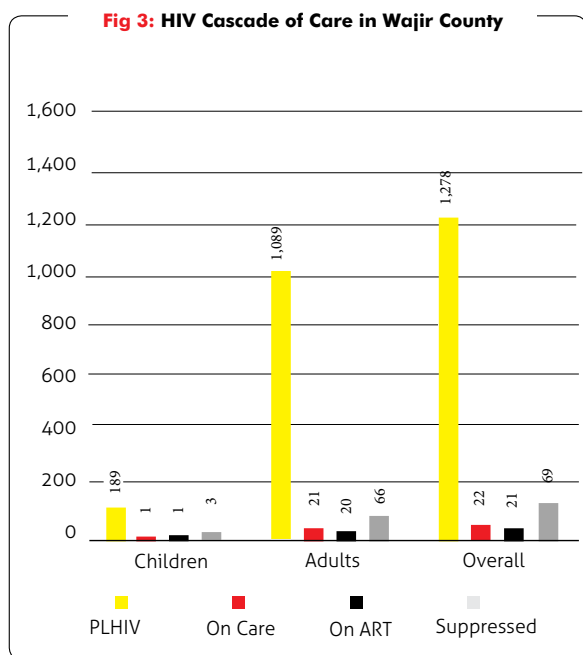
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	33	72		79,475
Number Receiving PMTCT	0	2	*	59,214
PMTCT Coverage	0%	3%	*	75%
County Ranking of PMTCT Coverage	47	47		
MTCT Coverage*	37.9%	40.6%	7%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

### Section 3: Expanding Access to Treatment in Wajir County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. The county had only one child on care, started on ART and achieved viral suppression. Among the 21 adults on care, 20 (95%) are on ART and of this, 66 (330%) are virally suppressed.

Overall Wajir County has an ART coverage of 95% and viral suppression of 329% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART decreased by 68%, and ART coverage decreased by 92% in 2015 compared to 2013 in Wajir County. Similarly the number of children receiving ART decreased by 80%, and ART coverage decreased by 83% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in Wajir County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	364	970		1,245,106
Number receiving ART	66	21	-68%	826,097
ART Coverage	26%	2%	-92%	66%
County Ranking of ART Coverage*	44	47		
<b>Children</b>				
Need for ART	114	137		93,056
Number receiving ART	5	1	-80%	71,547
ART Coverage	4%	1%	-83%	77%
County Ranking of ART Coverage*	46	46		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

### Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male Circumcision and Attitudes towards PLHIV in Wajir County

#### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 44% of women and men in Wajir County had never tested for HIV (Table 5). The county needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps

#### Comprehensive knowledge about AIDS

According to the KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 8% of women and 9% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. Even so the figures on condom use were not computed for Wajir County in KDHS 2014, with the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 100% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 7% of women and 46% of men reported sexual debut before age 15 in the County (KDHS 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 1% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 3% of women and 31% of men in the age group 15-49 expressed accepting attitudes towards people with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in Wajir County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	44%	45	15%
Percent of men who have never been tested for HIV	44%	43	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	8%	46	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	9%	45	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	*		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	100%	1	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	7%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	46%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	1%	13	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	3%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	31%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in Wajir County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan	2,462
Poor households with an orphan	
Cash transfer beneficiaries- poor households with an orphan	2,462

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. The 2012 mapping and estimation conducted did not include Wajir and currently there are no programmes reaching key populations in the county. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	-	-	133,675
MSM	-	-	13,019
PWID	-	-	18,327

### Key Facts and Priorities

#### KEY FACTS

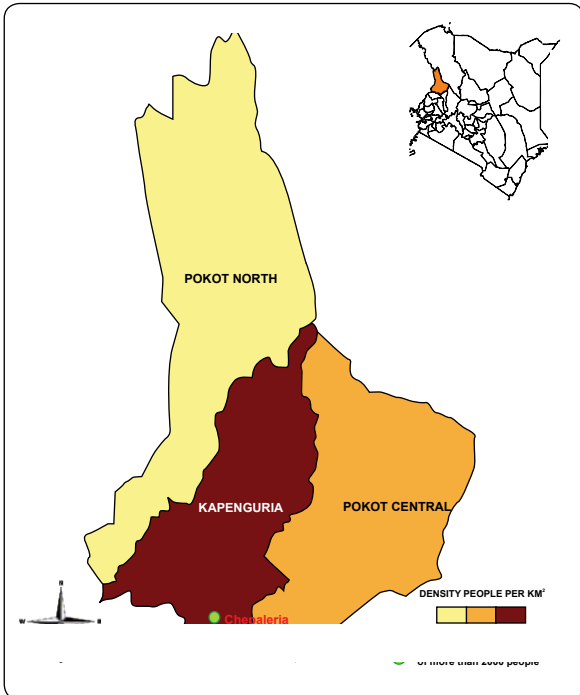
- HIV prevalence is lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than a tenth of men and women have a comprehensive knowledge of HIV and AIDS
- About four in ten adult men and women had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

# WEST POKOT COUNTY

## Section 1: HIV Burden West Pokot County



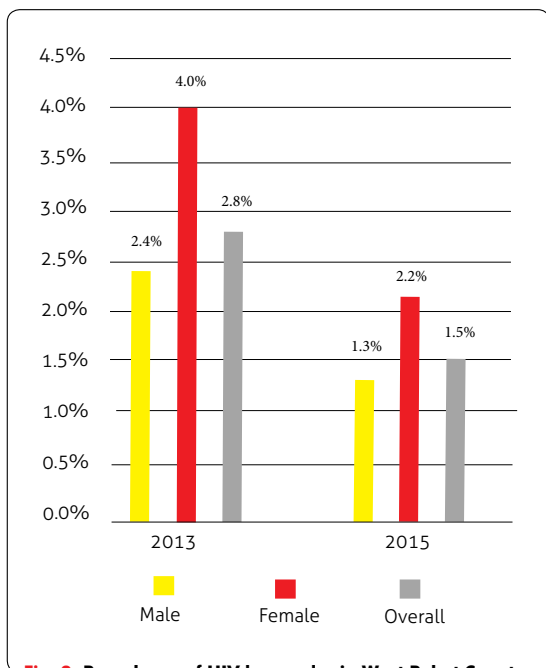
**Fig. 1: Map of West Pokot County**

**W**est Pokot County has a population of 626,832, comprising of 310,742 males (50%) and 316,090 females (50%). Children below 15 years constitute 50% of the population, while youth aged 15-24 years constitute 20% of the population (2015 KNBS Population Projections).

HIV prevalence in West Pokot is lower than the national prevalence at 1.5% (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (2.2%) than that of men (1.3%), indicating that women are more vulnerable to HIV infection than men in the County. (Figure 2).

West Pokot County contributed to 0.3% of the total number of people living with HIV in Kenya, and is ranked the thirty eighth nationally. By the end of 2015, a total of 4,790 people were living with HIV in the County, with 15% being young people aged 15-24 years and 9% being children under the age of 15 years.

Approximately 23 children and 140 adults died of AIDS-related conditions in 2015. There was a decrease of 61% of HIV-related deaths among the children aged below 15 years and a decrease of 67% among adults aged 15 years and above since 2013 in the county. (Table 1).



**Fig. 2: Prevalence of HIV by gender in West Pokot County**

Total  
Population

626,832

ART  
Coverage

94%

0.3%

Contribution to  
total number of  
people living with  
HIV in Kenya



**Table 1: HIV burden in West Pokot County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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**Morbidity**

No. of children living with HIV (0-14 yrs)	1,103	452	-59%	9	98,170
No. of adults living with HIV (≥15 yrs)	7,500	4,338	-42%	10	1,419,537
No. of youth living with HIV (15-24 yrs)		717		9	268,586
No. of adolescents living with HIV (10-19 yrs)		470		9	133,455
<b>Total number of people living with HIV*</b>	<b>8,603</b>	<b>4,790</b>	<b>-44%</b>	<b>10</b>	<b>1,517,707</b>

**Mortality**

Child AIDS related deaths (0-14 yrs)	60	23	-61%	11	5,004
Adult AIDS related deaths (≥15 yrs)	428	140	-67%	8	30,817
Youth AIDS related deaths (15-24 yrs)		16		8	3,853
Adolescent AIDS related deaths (10-19 yrs)		15		10	2,793
<b>Total number of AIDS related deaths*</b>	<b>488</b>	<b>163</b>	<b>-67%</b>	<b>8</b>	<b>35,821</b>

\*Total number includes Children aged 0-14 years and adults aged 15 years and above. This excludes numbers for adolescents and young people since their age group overlaps with the Children and numbers, hence already included in the total numbers.

## Section 2: Reducing HIV Transmission in West Pokot County

### New HIV infections among adults and children

In 2015, West Pokot County contributed to 0.3% and 0.1% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively. Compared to 2013, the County recorded a substantive decrease of 31% in the number of new HIV infections among children aged below 15 years and a decrease of 84% among adults aged 15 years and above. (Table 2).

**Table 2: New HIV Infections West Pokot County**

Indicator	2013 Annual Estimates	2015 Annual Estimates	% Change	County Ranking in 2015	National Estimate in 2015
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Incidence rate	0.03%	0.03%	-23%	4	0.27%
Annual new HIV infections among children (0-14 yrs)	28	19	-31%	10	6,613
Annual new HIV infections among adults (≥15 yrs)	576	93	-84%	6	71,034
Annual new HIV infections among youth (15-24 yrs)		53		6	35,776
Annual new HIV infections among adolescents (10-19 yrs)		28		6	18,004
<b>Total annual new HIV infections</b>	<b>604</b>	<b>112</b>	<b>-81%</b>	<b>5</b>	<b>77,647</b>

### Elimination of Mother-to-Child Transmission

With increased investments by the county, introduction of Option B+ through Bring Back the Mothers campaign, free maternity and Beyond Zero, there have been significant results in PMTCT. There were about 148 pregnant women living with HIV who were provided with PMTCT services out of a total need of 268 pregnant women yielding 55% PMTCT Coverage. There were 21.4% children who were infected with HIV in 2015, showing a 27% decrease from 2013, which is a marked improvement in reducing mother to child transmission of HIV. (Table 3).

**Table 3: PMTCT Services in West Pokot County**

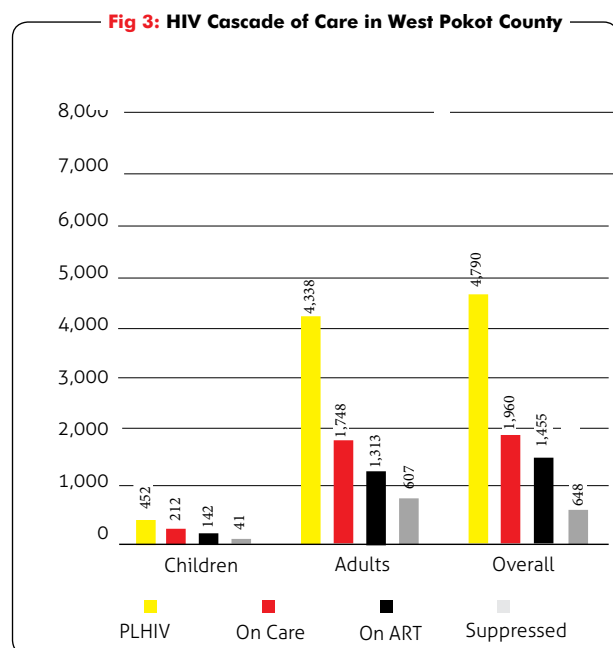
Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
Need for PMTCT	441	268		79,475
Number Receiving PMTCT	92	148	61%	59,214
PMTCT Coverage	25%	55%	117%	75%
County Ranking of PMTCT Coverage	41	40		
MTCT Coverage*	29.2%	21.4%	-27%	8.3%

\*Note: Elimination of mother-to-child transmission is pegged at 5%

## Section 3: Expanding Access to Treatment in West Pokot County

Timely HIV diagnosis, optimal linkage and retention to care for persons diagnosed with HIV, increased coverage of ART and viral suppression are essential for improving the health outcomes and wellness of people living with HIV. Of the 212 children on care 142 (67%) are on ART and of this 41 (29%) are virally suppressed. Among the 1,748 adults on care, 1,313 (75%) are on ART and of this 607 (46%) are virally suppressed.

Overall West Pokot County has an ART coverage of 74% and viral suppression of 45% According to the routine programme data. The County needs more improvement in the cascade of care to achieve the unmet gaps of 90:90:90 in identification, linkage, and viral suppression. (Figure 3).



The number of adults receiving ART increased by 32% and ART coverage increased by 23% in 2015 compared to 2013 in West Pokot County. Similarly, the number of children receiving ART increased by 13%, and ART coverage increased by over 100% in 2015 compared to 2013. (Table 4).

**Table 4: ART Uptake in West Pokot County**

Indicator	2013 Annual Estimate	2015 Annual Estimate	% Change	National Estimates in 2015
<b>Adults</b>				
Need for ART	4,443	3,948		1,245,106
Number receiving ART	1,062	1,407	32%	826,097
ART Coverage	29%	36%	23%	66%
County Ranking of ART Coverage*	43	41		
<b>Children</b>				
Need for ART	776	383		93,056
Number receiving ART	121	137	13%	71,547
ART Coverage	16%	36%	129%	77%
County Ranking of ART Coverage*	42	42		

\*In this ART coverage ranking, the county with the highest coverage is 1 while the county with the lowest coverage is 47

## Section 4: HIV Counseling and Testing, Sexual Behaviour, Voluntary Medical Male Circumcision and Attitudes towards PLHIV in West Pokot County

### Coverage of HIV Counseling and Testing

The KDHS 2014 revealed that 25% of women and 65% of men in West Pokot County had never tested for HIV (Table 5). The County needs more innovative strategies to improve on HIV testing and counselling to bridge the unmet gaps.

### Comprehensive knowledge about AIDS

According to KDHS 2014, comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS. The survey revealed that 24% of women and 43% of men had a comprehensive knowledge of HIV and AIDS. (Table 5).

### Condom use

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%. In West Pokot County about 41% of women and 51% of men who had reported two or more sexual partners did not use condom during their last sexual intercourse (KDHS, 2014). With the high probability of acquiring new HIV infection per sexual contact, condom use needs to be promoted. (Table 5).

### Voluntary Medical Male Circumcision

Male circumcision reduces the risk of female to male HIV transmission by about 60% (Bailey et al. 2007). Among men who participated in the KDHS 2014, 98% reported that they had been circumcised. Even in traditionally circumcising communities the practice should be carried out in a safe and hygienic condition and it should be encouraged before sexual debut. (Table 5).

### Behavioral Indicators

Behavioral factors like the age of sexual debut can determine vulnerability to HIV transmission. Approximately 14% of women and 59% of men reported sexual debut before age 15 in the County (KDHS, 2014).

Payment for sexual intercourse is associated with risk of contracting HIV and other sexually-transmitted infections due to compromised power relations that result in inconsistent condom use (KDHS 2014). The survey revealed that 4% of men in the age group 15-49 reported to have paid for sexual intercourse in the past 12 months. (Table 5).

### Attitudes towards People Living with HIV

Widespread stigma and discrimination against people living with HIV can adversely affect people's willingness to be tested and their adherence to antiretroviral therapy (KDHS 2014). The survey revealed that 30% of women and 47% of men in the age group 15-49 expressed accepting attitudes towards people living with HIV. Whereas the percentages are comparable to the national averages, there is still need for more anti-stigma messages in the county in order to encourage more people to know their HIV status and improve adherence to treatment among HIV-infected persons. (Table 5).

**Table 5: HIV Testing and Counselling, and Prevention Indicators in West Pokot County**

Indicator	% Change	County Ranking in 2015	National Estimate in 2015
<b>HIV Testing and Counseling</b>			
Percent of women who have never been tested for HIV	25%	41	15%
Percent of men who have never been tested for HIV	65%	46	28%
<b>Comprehensive knowledge about AIDS*</b>			
Percentage women (15-49yrs) with comprehensive knowledge about AIDS	24%	43	56%
Percentage of men (15-49yrs) with comprehensive knowledge about AIDS	43%	43	66%
<b>Condom use</b>			
Percentage of women who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	41%		40%
Percentage of men who reported using a condom during last sexual intercourse among those who had 2+ partners in the past 12 months	51%		44%
<b>Male Circumcision</b>			
Percentage of men age 15-49 who report having been circumcised	98%	15	93%
<b>Sexual Behaviour</b>			
Percentage of women age 15-24 who had sexual intercourse before age 15	14%		12%
Percentage of men age 15-24 who had sexual intercourse before age 15	59%		21%
Percentage of men in the age group 15-49 who reported to have paid for sexual intercourse in the past 12 months	4%	39	3%
<b>Stigma and Discrimination</b>			
Percentage expressing accepting attitudes towards people living with HIV-women	30%		26%
Percentage expressing accepting attitudes towards people living with HIV-Men	47%		44%

\*Comprehensive knowledge about HIV is a composite measure defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of contracting HIV, knowing that a healthy-looking person can have HIV, knowing that HIV cannot be transmitted by mosquito bites, and knowing that HIV cannot be contracted by sharing food with a person who has AIDS (KDHS, 2014).

## Section 5: Orphans and Social Welfare

**Table 6: Orphans and social welfare indicators in West Pokot County**

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan*	1,109
Poor households with an orphan**	
Cash transfer beneficiaries- poor households with an orphan ***	1,109

## Section 6: Key Populations

Key Populations identified as Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID), have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatised, and even criminalised. Though the 2012 mapping estimated 1004 FSW in the county, there has been no programme initiated among key populations in the West Pokot County. (Table 7).

**Table 7: Key Population Programmes**

Key Population	County KP size estimate	% tested for HIV against target	National KP size estimate
FSW	1,004	-	133,675
MSM	8	-	13,019
PWID	0	-	18,327

### Key Facts and Priorities

#### KEY FACTS

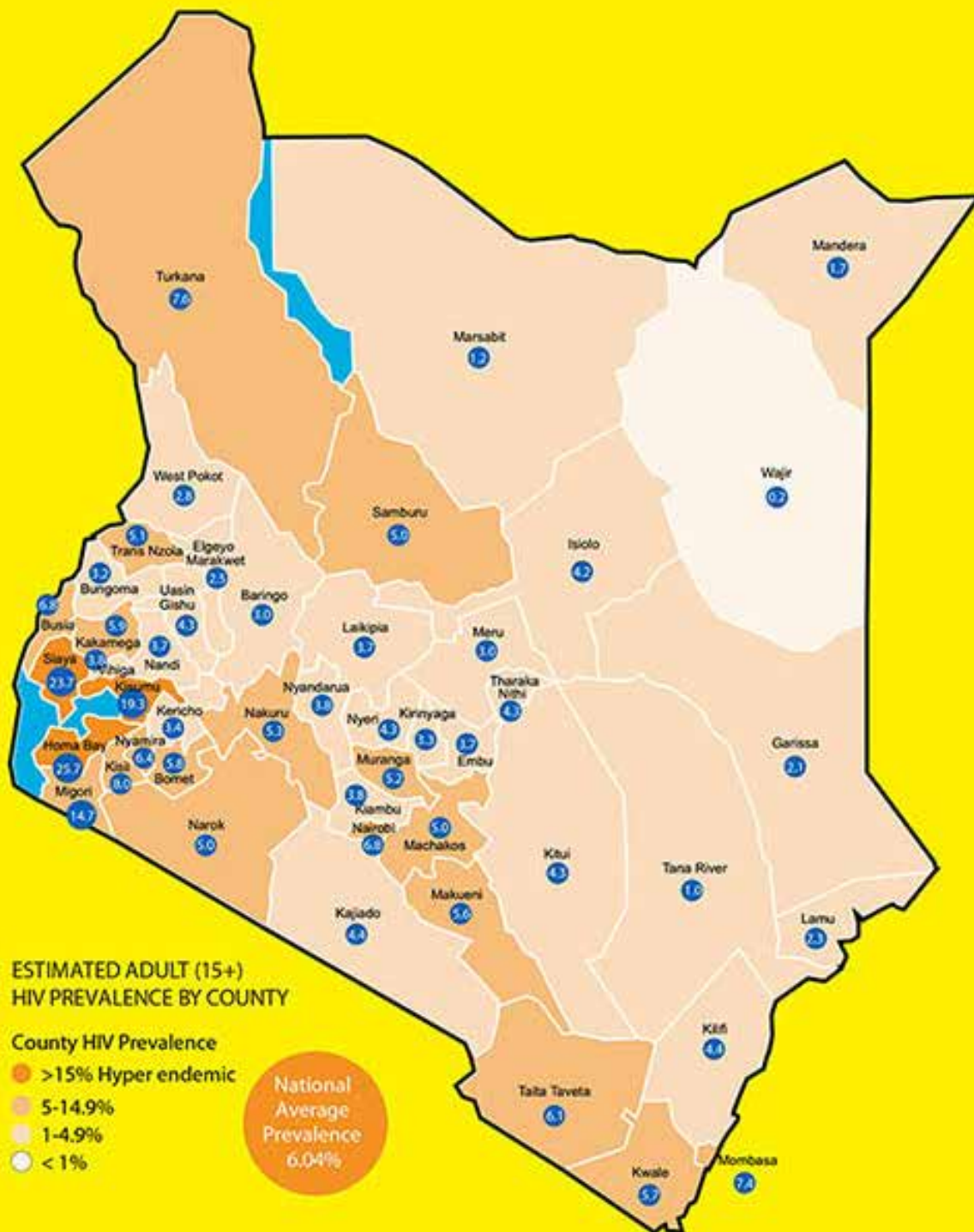
- HIV prevalence is nearly lower than the national prevalence
- Majority of all new adult HIV infections occur among people aged 15-24 years
- The HIV Mother-to-Child transmission rate is higher than the national average, despite high coverage of PMTCT services
- Less than half of men and women have a comprehensive knowledge of HIV and AIDS
- About three in ten adult women and six in ten adult men had not tested for HIV in the past twelve months.

#### PRIORITY AREAS

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV testing and treatment programmes towards achieving the 90-90-90 targets, and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Focus on reducing the Mother-to-Child Transmission Rate towards elimination of new Child HIV infections
- Invest in HIV prevention and stigma elimination, with special focus on adolescents and young people
- Increasing social welfare services to HIV-positive persons and others affected by HIV
- Invest in improving comprehensive knowledge of HIV and AIDS to reduce unsafe sexual practices
- Promote and scale up universal voluntary medical male circumcision among men and boys

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