



MAISHA COUNTY LEAGUE
KICK OUT HIV STIGMA
I AM AN ANTI HIV STIGMA CHAMPION

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Ministry of Health

KENYA AIDS RESPONSE PROGRESS REPORT 2018



National AIDS Control Council

The 2018 Kenya AIDS Response Progress Report is a milestone as it rides on the baseline provided by the first KARP Report. It provides an opportunity for self-assessment in the progress towards achieving the national targets as set-out in KASF and global targets as set-out in 2016 United Nations Political declaration on HIV and AIDS

Foreword



The Kenya AIDS Response Progress Report provides latest updates on the HIV and AIDS Response in Kenya and is based on the reviewed data for the period between 2015 and 2017. The report is hinged on the agreed indicators used as a pointer to the progress in addressing the epidemic globally and is aligned to the Kenya AIDS Strategic Framework (2014/15 – 2018/19) which seeks to make use of strategic information for HIV and AIDS Programming.

Kenya is a member of the Global Community hence a signatory to critical declarations and protocols that steer the HIV and AIDS Response. One such declaration is the 2011 UN Political Declaration on HIV and AIDS (General Assembly Resolution No. 65/277) which was adopted in June 2011 at the United Nations General Assembly High Level Meeting on AIDS, becoming the basis for the Global AIDS Progress Update Reports which Kenya subscribes to.

The 2018 Kenya AIDS Response Progress Report is a milestone as it rides on the baseline provided by the first KARP Report that was launched in 2016. It also provides an opportunity for self-assessment in the progress towards achieving the national targets as set-out in KASF and global targets as set-out in 2016 United Nations Political declaration on HIV and AIDS. It is a reflection of a resolve and concerted efforts towards meeting the national and Global targets for HIV and AIDS interventions.

The 2018 report contains tremendous achievements in all critical indicators. Reduction in new HIV infections across all age groups, except for children below 14 years, stands out. With the ART coverage scaled-up to 75%, the AIDS related deaths have been noted to have declined significantly to below 30,000, resulting in 635,600 deaths averted setting the country on the path towards achieving the 90-90-90. During the period under review no commodity stock outs were reported. The PMTCT coverage stood at 77% among HIV positive pregnant mothers to prevent mother-to-child transmission. Our surveillance mechanisms have been strengthened to ensure effective interventions yield results that the country desires.

With the release of this report, it is clear that we are on track to deliver on our HIV and AIDS targets/investments both national and county governments together with the goodwill of His Excellency the President and Her Excellency the First Lady and efforts of all stakeholders remain essential in this journey. Our eyes are trained on the achievements of the Goals of the KASF with a focus on Ending AIDS epidemic by 2030. The HIV response and achievements highlighted in this report will continue to add impetus towards attainment of universal healthcare targets (UHC).

A handwritten signature in black ink, appearing to read 'Sicily K. Kariuki', written over a large, simple line drawing of a face with two dots for eyes and a curved line for a mouth.

Sicily K. Kariuki (Mrs.), EGH,
Cabinet Secretary, Ministry of Health

Preface



The 2018 Kenya AIDS Response Progress Report has once again proved that it is a critical yard stick to gauge the interventions put in place to address HIV and AIDS epidemic in the country. With results (data) from the implementation of the Kenya AIDS Strategic Framework (KASF) pointing towards great progress, it is clear that Kenya is on track in realizing her obligations as enshrined in the mandate of the National AIDS Control Council.

The report is a reflection of joint efforts, working partnerships and high level political support that has been cultivated in our programming. The two-tier governments system has put in place the required supporting infrastructure for the implementation of the KASF with net result benefitting the target groups. The Synergy generated in the cordial working relationships between the National and County governments has contributed to the good results contained in this report.

Going forward the National AIDS Control Council will continue to play its role within its set mandate to coordinate the HIV and AIDS Response for the realization of the goals of the KASF and individual County AIDS Strategic Plans (CASP).

A handwritten signature in black ink, which appears to read 'Angeline Siparo'.

Angeline Yiamiton Siparo
Chairperson, National AIDS Control Council

Message from the Chief Administrative Secretary



The Ministry of Health recognizes the successes made in the HIV response. The Kenya HIV and AIDS response has been lauded as being effective, evidence driven and with constant innovation in data analytics, modelling and reporting like in the case of this 2018 KARP Report. HIV policies and interventions for health service delivery, but further those that facilitate responding to HIV beyond the health sector as social issue have been fundamental to our success. We are fully aware that having a multi-sector response where we draw on competencies of other Government agencies and Ministries to facilitate delivery of HIV prevention and control will continue to be guided by NACC.

The Kenya AIDS Strategic Framework 2014/2015 – 2018/19 outlines the targets to be attained in addressing HIV and AIDS. Continued investment in HIV program and utilization of information products for policy formulation and programming will continue to guide us. Strong partnership guided by this framework and accountability for results by different partners and stakeholders done by the state and non-state actors; compliments the investments and leadership by the Government. The lessons learnt from the HIV response that have seen the reversal of the HIV epidemic continue to inform the Ministry's approach to other growing epidemics as part of delivering for Universal Health Coverage.

The Ministry of Health therefore remains committed to implementation of evidence based policies and strategies and game changing innovations that seek to propel the country to zero HIV infections, zero HIV related deaths and zero HIV related stigma.

Dr. Rashid Aman

Chief Administrative Secretary, Ministry of Health

Message from the Principal Secretary



The 2018 Kenya AIDS Response Progress Report (KAPR) is the 3rd successive report the country has developed summarizing progress that HIV program in Kenya has made. It clearly demonstrates that our investments in the HIV response are yielding returns in terms of reduced new infections, HIV related co-morbidities and deaths over the last 5 years. We have reduced our new infections among adults by approximately 50%. We have initiated over 1.2 million Kenyans on life long ARV medication. We have reduced mother to child transmission of HIV from 14% to 11% among HIV positive pregnant women. Deaths have significantly dropped.

One of Kenya's targets as outlined in this report is to increase domestic funding for HIV to 50% by 2020. The Ministry recognizes the challenges of replacing external funding for HIV and AIDS, and has developed a domestic resource mobilization blue print. This will safeguard our health, UHC investments and mitigate the uncertainties of external funding, especially with our progress towards being a middle income country.

We appreciate the importance of this report as it allows us to review our performance as a country against our global and national targets, identifies gaps in our response and thus, points us towards where we must rethink our strategies. It also shows us where we have made progress, and thus where we need to redouble our efforts. Partnerships have been key in delivering of these results and strengthened collaboration will take us closer to our targets as outlined in the MTPIII and the AIDS Strategic Framework.

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

Peter K. Tum, OGW

Principal Secretary, Ministry of Health

Messages from other leaders



Dr. Kioko Jackson K. OGW
Director of Medical Services,
Ministry of Health

“ Indeed HIV and AIDS remains a critical public health challenges of our times. Timely identification, prompt treat adherence and retention in care remains the key to the fast track plan to end AIDS in Kenya and in line with the 90 90 90 cascade global targets. The results outlined in the progress report demonstrate the impact of our collective interventions together with our partners and stakeholder, but also recognize that we have a long way to go. We remain committed to achieving zero new HIV infections, zero AIDS related deaths and zero stigma.”



Dr. Kigen Baltirol
Head NASCOP,
Ministry of Health

“ This report and the progress we have made clearly demonstrate that our investments in the HIV response are yielding returns in terms of reduced new infections, HIV related comorbidities and deaths. The response remained robust leading to unprecedented reduction in the number of Kenyans who are newly infected, vertical transmission of HIV and AIDS related mortality. More than one million Kenyans living with HIV are now on life saving ARV treatment and HIV positive mothers are on prophylactic treatment.”



Mr. Nelson Otuoma
National coordinator,
NEPHAK

“ Kenya has made significant progress as captured in this report. For the communities of persons living with HIV, the scale up of HIV testing services and treatment roll-out remain central towards attaining 90-90-90. More work remains to be done, especially on stigma and discrimination. We acknowledge the inclusion of HIV services as part of UHC, and commit to supporting Government to achieve the goals of UHC.”



Dr. Jantine Jacobi
Country Director,
UNAIDS

“ Kenya has made great progress in the HIV response but still has miles to go. The UN therefore remains committed to support Kenya's multisectoral HIV response that includes a strong community component.”



Dr. Tamu Daniel
PEPFAR Kenya,
Country Coordinator

“ Kenya working closely with the development partners has made great progress in the 90 90 90 targets. PEPFAR commits to support the country with innovative approaches that will lead to epidemic control.”

Acknowledgement



On behalf of the National AIDS Control Council (NACC), I take this opportunity to acknowledge the contribution of implementing and development partners who worked tirelessly and dedicated their time, technical skills and financial resources to compile data from different sources that is presented in the 2018 Kenya AIDS Response Progress Report (KARP).

Special mention goes to the institutions represented in the Kenya AIDS Strategic Framework (KASF) - Strategic Information Working Group, convened by NACC that include; The Ministry of Health, National AIDS and STIs Control Program (NASCO) and Health Management Information Systems (HMIS); Kenya National Bureau of Statistics (KNBS); Joint United Nations Programme on HIV and AIDS (UNAIDS); United Nations Children Fund (UNICEF); World Health Organization (WHO); the U.S. Government (USG) Centre for Disease Control (CDC); Kenya AIDS NGOs Consortium (KANCO); National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK), among others.

Sincere gratitude goes to the representatives of the 47 County Governments who compiled county level data, provided technical support and participated in the validation process. Special thanks go to Strategic Information Task Team members involved in the development of the report: John Kamigwi, Joshua Gitonga (coordinator of this effort) and Kennedy Mutai (NACC); Joyce Wamicwe and Dorcas Mangoli (NASCO); Onesmus Mlewa (KANCO); Dr. Richard Banda (WHO); Henry Damisoni, Winnie Wachiuri and Gloria Bille (UNAIDS); Wellington Mbithi (UNICEF); Peter Young, Dr. Samwel Mwalili and Dr. Davis Kimanga (CDC) and Nelson Otwoma (NEPHAK). We acknowledge the consultant Dr. Barbara Burmen for compiling the report and Peter Cheseret the designer. We thank UNAIDS for the technical and financial support in the development of the report.

Appreciation goes to stakeholders and partners; Development partners, communities of persons living with HIV, the faith constituencies, public and private sector, civil society, implementing partners and the vibrant adolescents and young people, whose contributions, tireless efforts and diligence are the backbone of the successes and lessons outlined in this report.

Finally, I wish to specially recognize the Ministry of Health for the commitment, attention to HIV and support to the entire response that provides the enabling environment and resources for the achievements we have made.

A handwritten signature in black ink, appearing to read 'Nduku Kilonzo', written over a horizontal line.

Dr. Nduku Kilonzo

Chief Executive Officer, National AIDS Control Council

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
ART	Anti Retroviral Therapy
CAPR	Community AIDS Programme Reporting
CBO	Community Based Organization
CHV	Community Health Volunteer
CIDP	County Integrated Development Plan
DHIS	District Health Information Systems
DICE	Drop In Center
ECDE	Early Childhood Development Education
EID	Early Infant Diagnosis
EIMC	Early Infant Male Circumcision
FBO	Faith Based Organization
FSW	Female Sex Workers
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IBBS	Integrated Bio Behavioral Survey
KAIS	Kenya AIDS Indicator Survey
KARPR	Kenya AIDS Response Progress Report
KARSCOM	Kenya AIDS Research Coordinating Mechanism
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic and Health Survey
KENPHIA	Kenya Population-based HIV Impact Assessment
KEPH	Kenya Essential Package for Health
KNASP	Kenya National AIDS Strategic Plan
LMIS	Laboratory Management Information Systems
MNCH	Maternal Neonatal and Child Health
MSM	Men who have Sex with Men
MTEF	Mid Term Expenditure Framework
NACC	National AIDS Control Council
NACOSTI	National Commission for Science and Technology Innovation
NASCOP	National AIDS and STI Control Program
NGO	Non Governmental Organization
OVC	Orphans and Vulnerable Children
PLHIV	People Living With HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PoC	Point of Care
PrEP	Pre Exposure Prophylaxis
PWID	People Who Inject Drugs
RRI	Rapid Results Initiative
STI	Sexually Transmitted Infections
VMMC	Voluntary Medical Male Circumcision
WRA	Women of Reproductive Age

Executive Summary of the KASF Strategic Directions and highlights of Key Achievements¹⁵



KASF Strategic Direction	Targets by 2019	Highlights of Key Achievements
SD1: Reduction in New HIV Infections	<ul style="list-style-type: none"> • Reduce new HIV infections among adults by 75% • Reduce HIV MTCT rates 14% to < 5% 	<ul style="list-style-type: none"> • Incidence decreased from 3.2 to 1.8 per 1000 between 2014 & 2017 • 18 months MTCT rates reduced from 14% to 11.5% between 2014 & 2017
SD2: Improve health Outcomes & wellness of PLHIV	<ul style="list-style-type: none"> • Increased linkage to care within 3 months of HIV diagnosis to 90% • Increased ART Coverage to 90% • Increased month 12 ART retention to 90% • Increased viral suppression to 90% in children (< 15 years), adolescents and adults (15+ years) 	<ul style="list-style-type: none"> • Online platforms for adults and adolescents and young person to provide HIV-specific information & appointment reminders • Collection of age-specific pre-ART data • 75% ART coverage among adults & young people; and 84% ART Coverage among children • 90% Retention in care at month 12 • 77% of PLHIV on ART achieved viral suppression
SD3: Using a human rights-based approach to facilitate access to services	<ul style="list-style-type: none"> • Reduced self-reported stigma and discrimination related to HIV & AIDS by 50% • Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 50% • Increased protection of human rights and access to justice for PLHIV, key populations and other priority groups including women, men, boys and girls • Reduced social exclusion for PLHIV, key populations, women, men, boys & girls by 50% 	<ul style="list-style-type: none"> • Decrease in proportion of persons with stigma towards PLHIV from 33% in 2008 to 26% in 2014; National PLHIV stigma index assessment is planned for 2018 • Cases at the HIV tribunal increased from 123 in 2016 to 167 in 2018 • Decrease in proportion of women aged 15-49 years who have ever experienced sexual violence from 20% in 2008 to 14% in 2014 • Decrease in cases of violence reported among key populations from 1067 to 938 and increase in cases addressed from 847 to 958 between 2016 and 2017 • OVCs supported by cash transfers through social support programs; this includes 422,969 Females 446,172 males
SD4: Strengthen Integration of Community and Health Systems	<ul style="list-style-type: none"> • Improved health workforce for the HIV response at county and national level by 40% • Increased number of health facilities ready to provide KEPH-defined HIV and AIDS services from 67% to 90% • Strengthened HIV commodity management Strengthened community-level AIDS Competency 	<ul style="list-style-type: none"> • Increase in ART sites from 2700 to 3,325 and integration of ART services in MNCH for pregnant women and children from 5,155 to 5,765 between 2015 & 2017 • Strengthened HIV commodity management through KEMSA • Reduced number of patient visits through the Differentiated Care Model and Community Dispensing Model • Rollout of CAPR system - 2,883 CBOs engaged in HIV work with 50% reporting rate

KASF Strategic Direction	Targets by 2019	Highlights of Key Achievements
<p>SD5: Strengthen Research Innovation and information management to reach KASF goals</p>	<ul style="list-style-type: none"> • Resource and implement the HIV research agenda informed by KASF • Increase evidence-based planning, programming and policy changes 50% • Increased capacity to conduct HIV research at country and county levels by 10% 	<ul style="list-style-type: none"> • MAISHA Maarifa Research hub online HIV research repository with 1,324 studies on HIV/TB reported • County Research teams established to approve research conducted per NACOSTI standards • 9 counties trained in MAISHA Maarifa hub • 5 webinars conducted in 2017 with approximately 70 people participating in each
<p>SD6: Promote utilization of strategic information for research, M & E to enhance programming</p>	<ul style="list-style-type: none"> • Increased availability of strategic information to inform HIV response at national and county level- • Planned evaluations, reviews and surveys implemented & disseminated in timely manner • M & E information hubs established at national and county level to provide comprehensive information package on key KASF indicators for decision making- 	<ul style="list-style-type: none"> • HIV Situation Room Operationalised in all 47 counties. • Ongoing population-based surveys e.g., <ul style="list-style-type: none"> – Kenya Population-based HIV Impact Assessment (KENPHIA) – Kenya Adolescents Health Survey – Key population Polling Booth Survey (2017) – Key Population size estimation • Operational Health Management Information systems established
<p>SD7: Increase domestic financing for sustainable HIV response</p>	<ul style="list-style-type: none"> • Increase domestic financing for the HIV response to 50% 	<ul style="list-style-type: none"> • 2017 - 31% • 2015 - 25% • 2013 - 17%
<p>SD8: Promote accountable leadership for delivery of KASF results by all sectors</p>	<ul style="list-style-type: none"> • An enabling policy, legal and regulatory framework for the multi-sectoral HIV response aligned to the constitution • Good governance practices and accountable leadership entrenched for the multi-sectoral HIV response at all levels • Effective and well-functioning stakeholder co-ordination and accountability mechanisms at national and county levels 	<ul style="list-style-type: none"> • President's Big Four Agenda 2017 includes universal healthcare to be implemented by counties and national government • Development and operationalization of the KASF delivery structures in the country • Majority of the counties have mapped out the stakeholders • Regular HIV ICC meetings with reporting by PEPFAR, Global Fund, and GoK performance • HE. The First Lady leadership on eMTCT • HE. The President of the Republic of Kenya as a champion for adolescents and young people • 47 County HIV Committees functional

Progress made towards the 2016 Global United Nations Political Declaration on AIDS targets ¹

1

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020^{1,2}

No ART stock outs were recorded in 2017

62% of PLHIV know their status by 2017

75% ART Coverage amongst PLHIV by 2017

77% of PLHIV on ART achieved HIV viral suppression by 2017

52% reduction in number of AIDS related Deaths (2011 – 2017)

2

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018²

38% reduction in new HIV infections among children aged 0-14 years from 2011-2017

61% reduction in new HIV infections identified among pregnant women

MTCT rates at 18 months reduced from 14% to **11.5%** (including full breastfeeding)

86,323 (84% ART coverage) children < 15 years on ART in 2017

3

Ensure access to combination prevention options including pre-exposure prophylaxis, VMMC, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high prevalence countries and key populations-gay men, other MSM, transgender people, sex workers and their clients, PWID and prisoners^{1,3,4}

53,291 persons received PreP for HIV at least once in 2017

1,502,565 VMMC performed since 2013; VMMC program surpassed its targets in 2017

88% PWID used sterile equipment & 189 needles distributed per person per year in 2017

13.5% of PWID covered with opioid substitution therapy programs

75% (Three quarters) of PWID used condoms during sexual intercourse in 2017

92% Sex workers used condoms in 2017

79% MSM used condoms in 2017

Less than **50%** of persons reporting multiple sex partners used condom



4

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, PLHIV and key populations by 2020

In 2014 Proportion of women who were ever married who had experienced spousal violence or sexual violence was **35%** & **14%** respectively³

Fewer girls in primary and secondary school compared to ECDE enrolment rates between 2011 and 2014.

In 2014 Parity index of girls to boys in ECDE (1.05), Primary (0.97) & Secondary (0.92)⁵

5

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves for HIV and have access to sexual reproductive health services by 2020, in order to reduce number of new HIV infections among adolescent girls and young women to below 100,000 per year^{1,3}

64% and **57%** of young males % females with comprehensive HIV knowledge in 2014

40% reduction in new HIV infections among young persons aged 15-24 years from 2013 (29352) to 2017 (17667) ; 46% and 58% in young women & young men respectively

6

Ensure that 75% of PLHIV at risk of HIV or affected by HIV benefit from HIV-sensitive social protection by 2020⁶

422,969 Female & **446,172** male OVCs supported by cash transfers

7

Ensure that at least 30% of all service delivery is community led^{7,8}

Development and roll out of community AIDS reporting system to capture non-health facility based HIV activities at community level by NGOs, FBOs and CBOs in 2017

Introduction of the Differentiated ART Care Model for Community ART delivery in 2017

8

Ensure that HIV investments increase to US\$26 billion by 2020 including 25% for HIV prevention and 6% for social enablers^{1,9}

Total HIV expenditure has increased though 70% externally funded

2016/2017- KSh 121.33 billion (US\$ 1,201 Million); Only 8% (25% recommended) allocated to prevention & 5% (13% recommended) allocated to social inclusion, Human rights and gender as proxy for social enablers

9

Empower PLHIV, at risk of HIV or affected by HIV to know their rights and to access justice and legal services to prevent and challenge violation of human rights^{10,11}

Kenya has no restrictions on entry, stay and residence of PLHIV.

2006-HIV AIDS Act Launched

2011-Kenya established the first HIV tribunal to facilitate access to justice for PLHIV and guard against institutionalized discrimination based on HIV status with 176 cases filled in 2017

10

Commit to taking HIV AIDS out of isolation through people centered systems to improve universal health coverage including treatment for tuberculosis, cervical cancer and Hepatitis B and C

96% of TB cases that were tested for HIV in 2017 ; 95% of TB/HIV co-infected patients received ART & 45% of PLHV received TB preventive Therapy with IPT¹²

Cervical Cancer screening introduced in 2015 for HIV-infected Women of Reproductive Age (WRA)¹³

Management of HIV/HBV & HIV/HBC prevention and management integrated¹⁴

A Background

The Kenya AIDS Strategic Framework (KASF) 2014/15- 2018/19 serves as the strategic guide for the country's HIV response both at the national and county levels. It was developed to address the drivers of the epidemic subsequent to the country's Medium Term Plan and the Vision 2030 blue print. KASF is aligned to the constitution of Kenya 2010 that created new governance structures for enhanced planning and implementation of services to the citizens. These services included a response to HIV and AIDS. This altered the HIV response into a decentralized, results-oriented; evidence based multi-sectoral approach. It is also aligned to international, regional and national obligations, commitments and targets related to HIV.

HIV has been described as one of the country's "greatest threat to economic development". The HIV program in Kenya aims to contribute to the country's targets documented in "Kenya's Vision 2030" through universal access to comprehensive HIV prevention, care and treatment. It envisages a Kenya free of HIV infections through the reduction of HIV infections, AIDS related mortality and HIV related stigma and increasing domestic financing for the HIV

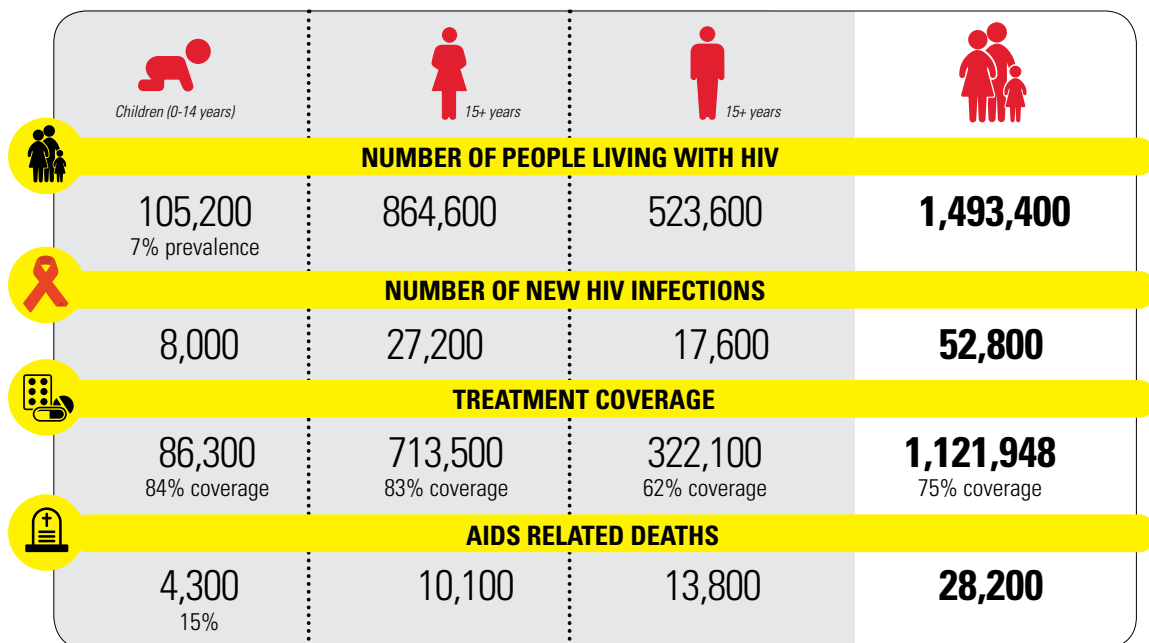
response. It aims to accomplish the KASF's vision of a Kenya free of HIV infections; stigma and AIDS related deaths through the eight strategic directions. Each Strategic Direction has clear targets and recommended actions in each of the intervention areas to enable their accomplishment. The Kenya AIDS Monitoring and Evaluation framework (KMEF) is used to track the country's performance in achieving these targets (Appendix 1).

Different documents have been published to document milestones gained and progress towards achieving the goals of the KASF. These include the Kenya National Epidemic update 2012 and the Kenya AIDS Response Progress Report 2016. This report documents the progress made by the HIV response and gaps to be addressed to attain the goals of the KASF.

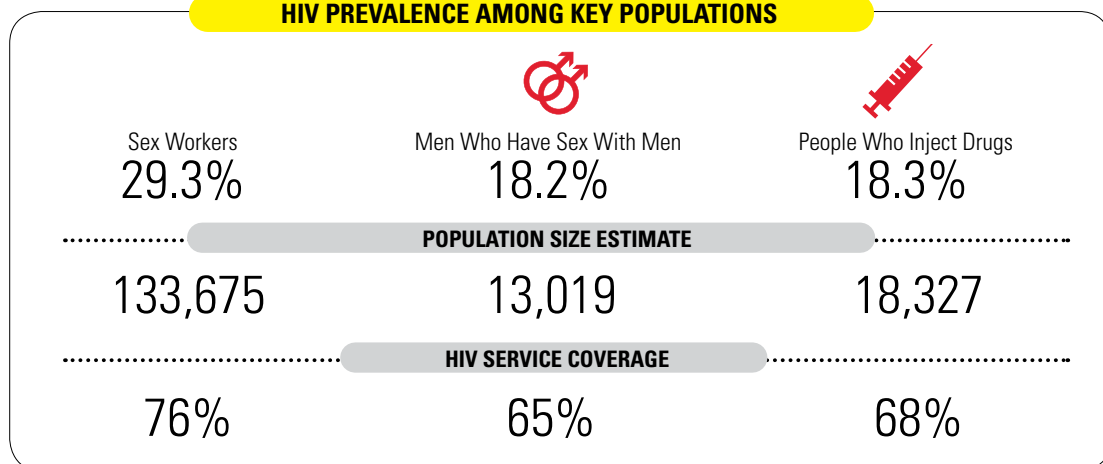
Development of this report coincides with the Mid-Term review of the Kenya AIDS Strategic Framework (KASF) 2014/15-2018/19. The progress is based on interventions in KASF and the indicators and targets that are outlined in the Kenya HIV Monitoring and Evaluation Framework (KMEF).



Summary



HIV PREVALENCE AMONG KEY POPULATIONS



Source: NASCOP Programme Data and MARPS Size Estimate Consensus Report

HIV AMONG YOUNG PEOPLE (15-24 YEARS)

New HIV infections
17,667

Living with HIV
184,719

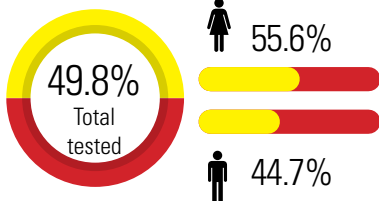
HIV related deaths
2,830



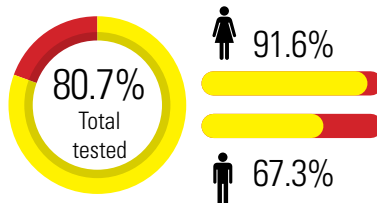
▲ Young people (15-24 years) contributed 40% of adult new HIV infections in 2017

HIV TESTING AMONG YOUNG PEOPLE

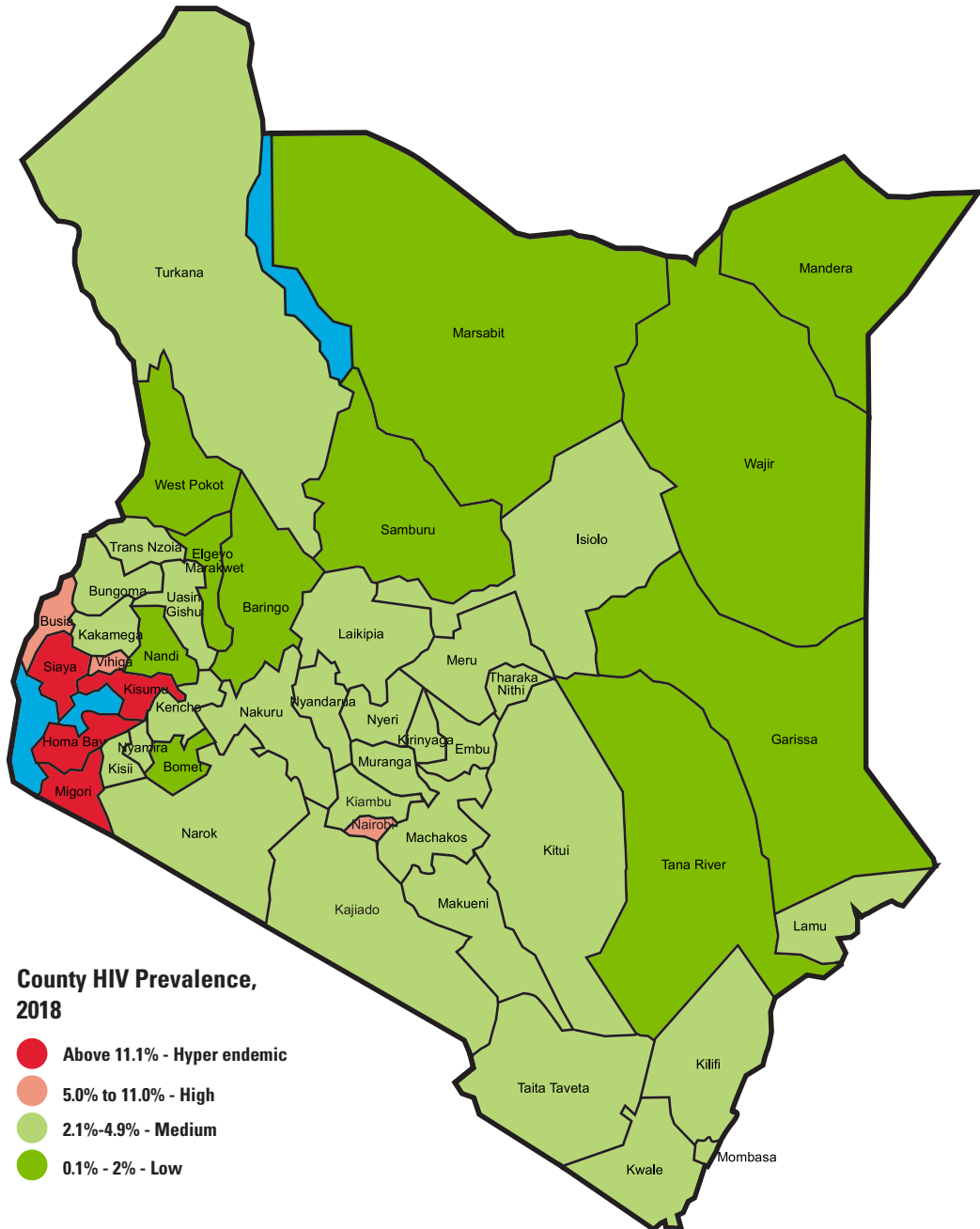
15-19 years



20-24 years



HIV Prevalence, by County



B Strategic Direction and Intervention areas

SD1

Strategic Direction One: Reducing new HIV infections



1.1 Introduction

This section highlights achievements that have been made guided by Strategic Direction 1 on reducing new HIV infections by 75% by 2019 among adults, children, young people, adolescents and key populations as documented in the Kenya AIDS Strategic Framework (KASF). New HIV infections have reduced from 101,600 to 52,767 between 2014 and 2018; the reduction among all adults (49%) was higher than among young persons (40%). PMTCT rates reduced from 14% to 11.5% between 2014 and 2017 and coverage of HIV prevention interventions increased among key populations.^{2,4,15}

Early Infant Male Circumcision (EIMC) was introduced in 2014 to target traditionally non-circumcising communities who have now embraced Voluntary Male Medical Circumcision (VMMC).¹⁶

1.2 2019 KASF targets¹⁵



Reduce annual new HIV infections among adults by 75% by 2019



Reduce HIV transmission rates from mother to child from 14% to less than 5%

1.3 Intervention areas¹⁵

- Granulate the HIV epidemic to intensify HIV prevention efforts to priority geographies and populations
- Adapt and scale-up cost-effective evidence-based HIV combination prevention
- Maximize efficiency in service delivery through integration
- Leverage opportunities through creation of synergies with other sectors

1.4 Country progress as per the key intervention areas

1.4.1 Granulate HIV epidemic to intensify HIV prevention efforts to priority geographies & populations^{2,4}

Between 2014 and 2018, HIV estimates among PLHIV illustrate:

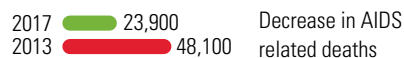
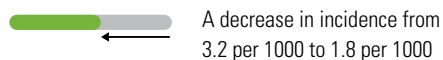
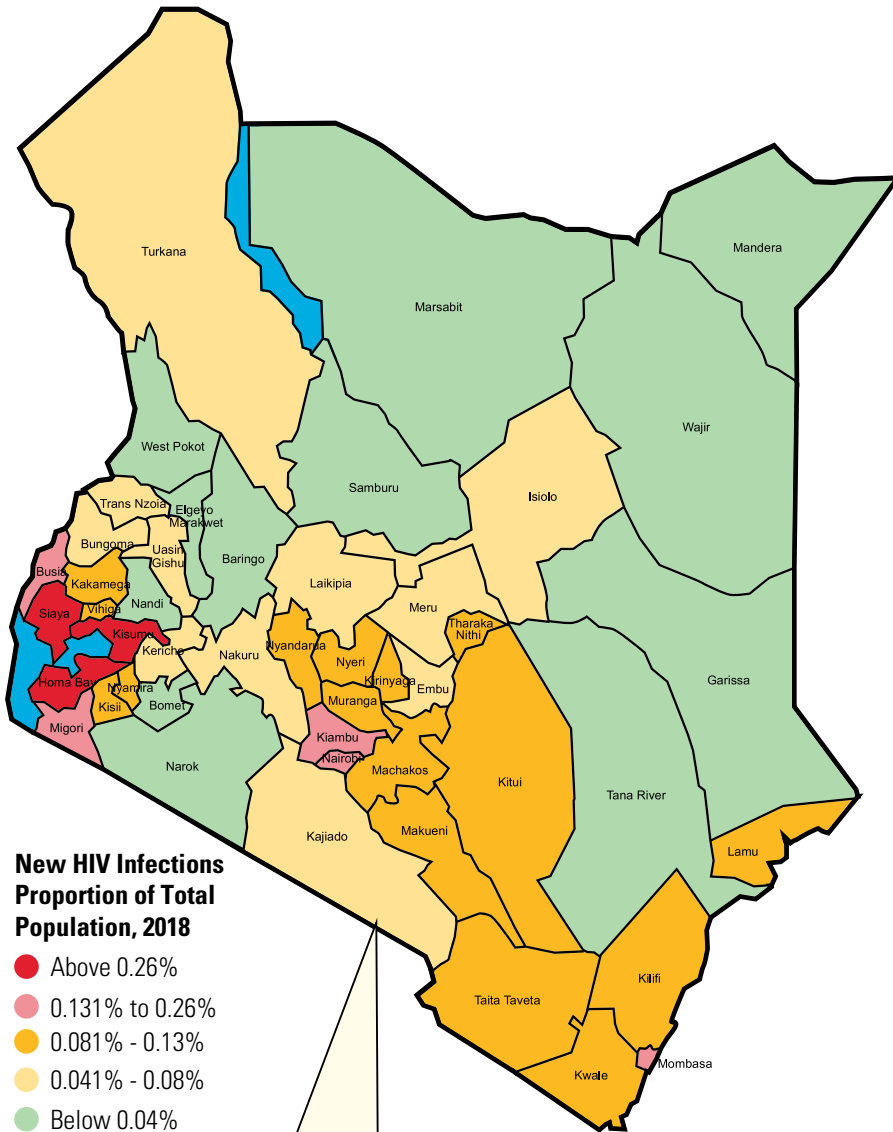


Table 1: Status of Kenya AIDS Epidemic and Response

Indicator	Year	Total population	Children (0-14 years)	Adults (15+)	Males (15+ years)	Females (15+ years)
PLHIV	2017	1,493,400	105,200 (7%)	1,388,200 (93%)	523,600	864,600
	2014	1,517,700	98,200 (6%)	1,419,500 (94%)	589,300	830,200
	2013	1,599,600	191,800 (12%)	1,407,600 (88%)	592,000	815,600
HIV prevalence (15-49)	2017	4.9% (M=3.5%;F=6.2%)				
	2014	5.9% (M=4.8%;F=7.0%)				
	2013	6.04%				
HIV incidence per 1000 (15-49)	2017	1.8				
	2014	2.7				
	2013	3.2				
New infections	2017	52,800	8,000 (15%)	44,789 (85%)	17,600	27,200
	2014	77,600	6,600 (9%)	71,000 (91%)	31,200	39,900
	2013	101,600	12,900 (13%)	88,600 (87%)	38,100	50,500
ART Coverage	2017	1,121,900 (75%)	86,300 (84%)	1,035,600 (75%)	322,100 (62%)	713,500 (83%)
	2014	897,600 (67%)	71,500 (79%)	826,100 (66%)	262,800 (52%)	563,300(75%)
	2013	656,400 (73%)	60,100 (42%)	596,200 (66%)	258,700 (80%)	337,500 (77%)
AIDS-related deaths	2017	28,200	4,300 (15%)	23,900 (85%)	13,800	10,100
	2014	35,800	5,000 (14%)	30,800 (86%)	20,100	10,700
	2013	58,500	10,400 (18%)	48,100 (82%)	20,800	27,300



Figure 1: Total New Infections, by County



Country HIV incidence for adults and adolescents

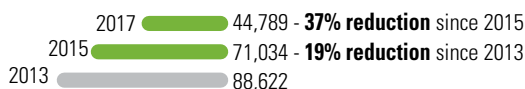
- 5 counties had HIV incidence >2.61 per 1000
- 17 counties had HIV incidence 1.31-2.60 per 1000
- 7 counties had HIV incidence 0.810-0.130 per 1000
- 12 counties had HIV incidence 0.410-0.800 per 1000
- 6 counties had HIV incidence <0.400 per 1000

▲ The five counties with the highest HIV incidence were Busia, Migori, Kisumu, Homa Bay and Siaya. All except Busia County were among the five counties with the leading HIV incidence in 2015. Nairobi which was among the highest incidence counties in 2015, was ranked 7th among all counties in HIV incidence in 2017.

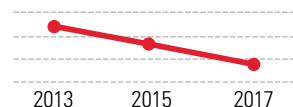
HIV in Adults and Adolescents



49% overall reduction
in absolute numbers of new HIV
infections from 2013 to 2017



56% reduction in HIV
incidence between 2013 and
2017 using the incidence ratio



2017 - 1.8 per 1000 (ratio 0.67) - overall from 2013 ratio 0.56
2015 - 2.7 per 1000 (ratio 0.84)
2013 - 3.2 per 1000

Sources: National HIV Estimate Report 2015 and 2018

Table 2: Changes in HIV infections among Adults and Adolescents

Increase in HIV infections 2013-2017	Decrease in 2015 then increase in 2017	Increase in 2015 then decrease in 2017	Decrease in HIV infections 2013-2017	
1 county	8 counties	19 Counties	19 counties	
<ul style="list-style-type: none"> Nairobi 	<ul style="list-style-type: none"> Nakuru Narok Uasin Gishu Kajiado Nandi Laikipia West Pokot Vihiga 	<ul style="list-style-type: none"> Machakos Makueni Kiambu Meru Embu Tharaka Nithi Mombasa Isiolo Kakamega 	<ul style="list-style-type: none"> Bungoma Busia Kwale Kilifi Lamu Taita Taveta Kitui Marsabit Tana river Wajir 	<ul style="list-style-type: none"> Migori Homabay Siaya Kisumu Kisii Turkana Bomet Nyamira Transzoia Kericho Muranga Baringo Samburu Nyeri E. Marakwet Nyandarua Kirinyaga Mandera Garissa

Source: National HIV Estimates 2018

Table 3: Change in HIV infections among Children

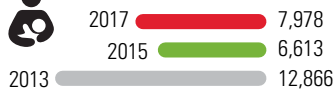
Increase in HIV infections 2013-2017	Decrease in 2015 then increase in 2017	Increase in 2015 then decrease in 2017	Decrease in HIV infections 2013-2017
12 counties	18 counties	11 Counties	6 counties
<ul style="list-style-type: none"> Kajiado Kericho Uasin Gishu Transzoia Vihiga Busia Embu Machakos Tharaka Nithi Meru Isiolo Makueni 	<ul style="list-style-type: none"> Muranga Nyeri Nyandarua Bomet Kirinyaga Samburu Turkana Baringo West Pokot Kakamega 	<ul style="list-style-type: none"> Narok Nandi Bungoma Kiambu Nairobi Nakuru Laikipia Elgeyo Marakwet Wajir 	<ul style="list-style-type: none"> Mombasa Taita Taveta Kitui Kwale Kilifi Garissa Marsabit Lamu Mandera Tana river Kisii Nyamira, Migori, Homabay, Siaya, Kisumu

About 12 counties experienced an increase in HIV infections among children compared to one county for the adults between 2013 and 2017. Similarly, 19 counties experienced a decrease in adults and adolescent new HIV infections compared to 6 counties that experienced decrease in children. This could be attributed to high MTCT rates attributed to the industrial action by health workers

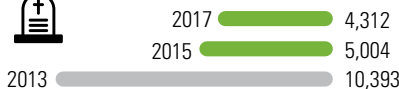
HIV in Children



38% reduction in number of new child HIV infections



61% reduction in HIV-attributable deaths among children aged 0-14 years

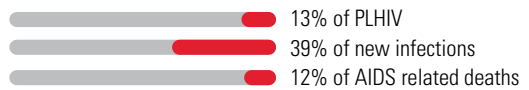


19 counties experienced a decrease in adults and adolescent new HIV infections compared to 6 counties that experienced decrease in children

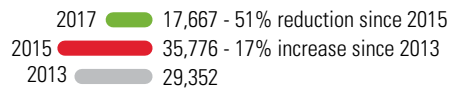
HIV in Young people



Among adults aged **15 years** and older, young people contribute to



40% overall reduction in new infections among young persons aged 15-24 years



46% Reductions in infections among young women (15-24 years)



58% Reductions in infections among young men (15-24 years)





Table 4: HIV estimates among Young Persons

Indicator	Year	Adults 15+	Young persons (15-24 years)	Proportion YP (15-24) to Adults 15+	Males (15-24 years)	Females (15-24 years)
PLHIV	2017	1,388,200	184,700	13%	62,500	122,200
	2015	1,419,500	268,600	19%	96,700	171,900
HIV prevalence (15-49 years)	2017	4.9%	2.0%	-	1.3%	2.6%
	2015	5.9%	3.1%	-	2.3%	4.0%
New infections	2017	45,000	17,700	39%	5,200	12,500
	2015	71,000	35,800	50%	12,500	23,300
AIDS-related deaths	2017	23,900	2,800	12%	1,400	1,400
	2015	30,800	3900	13%	1,900	1,900

HIV in Key populations

Table 5: HIV indicators Among Key Populations

	Sex workers	MSM 	PWID 
Population estimate	133,675	13,019	18,327
HIV prevalence	29.3%	18.2%	18.3%

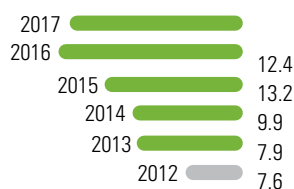
Source: NASCOP Programme Data and MARPS Size Estimate Consensus Report

1.4.2 Scale up Combination Prevention interventions in adults and adolescents^{3,16-20}

HIV in Adults and Adolescents

HIV Testing and Counseling Services (HTS) program

- Number of people counseled and tested for HIV.



(Source: Programme Data, DHIS)

HIV Viral load Point of Care Testing - HIV Viral load Point of Care Testing introduced in 2017

Innovations in 2017:

- **Self-testing** - Initiated in a few counties
- **Partner Notification Strategy** - At pilot stage not fully rolled out

Voluntary Medical Male Circumcision (VMMC) program

VMMC program surpassed its targets in 2017.

About 1,502,565 VMMC performed since 2013. Table 7 below outlines VMMC performance against the annual targets.

In 2011 the Kenyan government aimed to increase the proportion of men aged 15-49 years who are circumcised from 84% to 94% by 2013.

Table 6: VMMC Targets Vs Actual VMMCs procedures performed

	Targets	Actual	Coverage
2014	220,387	199,644	91%
2015	210,368	209,078	99%
2016	200,351	220,315	110%
2017	190,333	239,001	126%

Post Exposure Prophylaxis (PEP)



3,300 received PEP for HIV prevention in 2017

HIV Testing among Young people

Innovations in 2017: HTC RRI (Targeting Youth in and out of school)¹⁴ - Population and geography specific appropriate HTC approaches were adopted. In 2017, a youth specific RRI initiative conducted between September and December 2017 for HIV Counselling and Testing amongst the adolescents and young people targeting tertiary institutions (Universities, colleges and higher institutions of learning) for those in school and also youth out of school: A total 86, 857 (Male 40,798 and female 46, 059) youth were tested.

Age of Sexual Debut

Table 7: Percentage of person's aged 15-24 who had sexual intercourse before age 15 years

		
2008	22%	11%
2014	21%	12%
2017	No new data	No new data

Knowledge about HIV and AIDS

Table 8: Percentage of person's aged 15-24 with comprehensive knowledge on HIV prevention



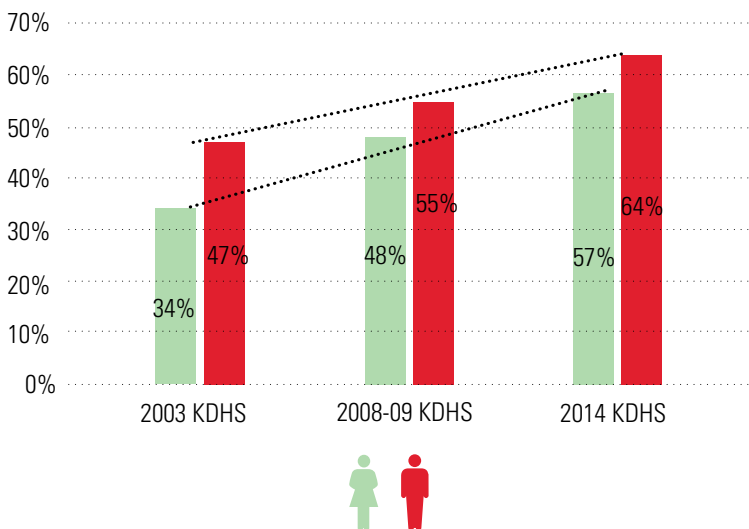
		
2008	55%	48%
2014	82%	73%
2017	No new data	No new data



Figure 2: Proportion of young people with comprehensive knowledge about AIDS



64% of young males and **57%** of young females with comprehensive HIV knowledge in 2014

HIV in Children



Reduced HIV transmission from Mother to Child from **14% to 11.5%** in 2013 and 2017 respectively

There has been a decrease in number of counties achieving PMTCT coverage of at least 80% from 22 to 11. The number of infections in children reduced from 12,941 in 2013 to 7,878 in 2017 could be attributed to the long-standing health workers' strike in the intervening years.

2017



57% of pregnant women were tested for HIV

76% of HIV infected pregnant women received ART for PMTCT

11.5% of HIV infected pregnant women transmitted HIV to their babies

Table 9: PMTCT Cascade

	Estimated Number of Pregnant Women	Antenatal Testing for HIV	HIV infected women identified at ANC	Need for PMTCT	PMTCT coverage	MTCT Rates
2014	1,655,305	1,158,245 (69.9%)	64787	79036	70%	14%
2015	1,675,820	1,204,046 (71.8%)	63942	79475	74.5%	
2016	1,785,417	1,213,720 (67.9%)				8.3%
2017	1,926,104	1,094,334 (56.8%)	54623	69497	76%	11.5%

WHO's Four-pronged strategy for PMTCT

Figure 3: HIV infections identified in Pregnancy



28% reduction in new HIV infections identified among pregnant women (including prior positives)

Figure 4: ART for PMTCT



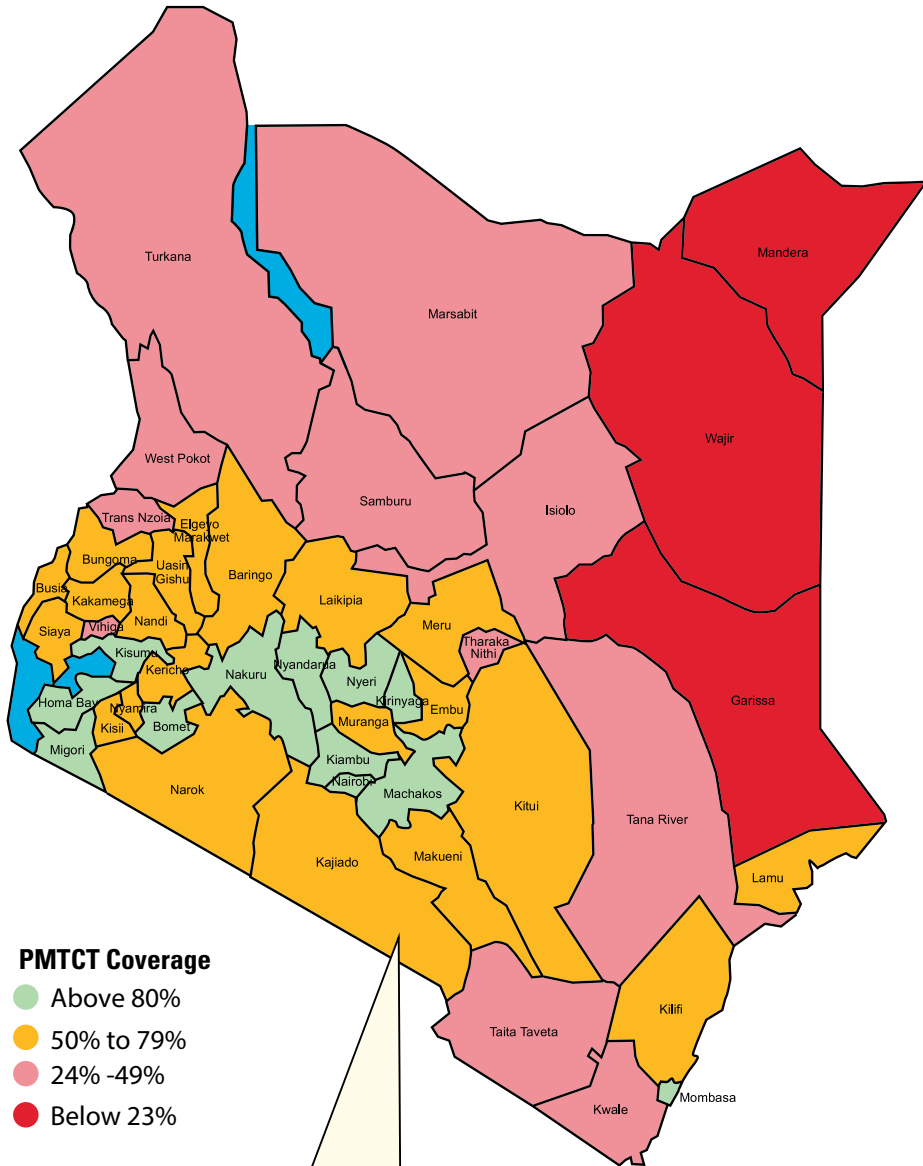
76% of HIV infected pregnant women **received ART for PMTCT** (on ART/in need of ART)

Figure 5: MTCT rates at month 18 (including breastfeeding period)



MTCT rates at 18 months reduced from 14% to **11.5%** for entire breastfeeding period that may exceed 18 months

Figure 6: PMTCT Coverage by County



PMTCT coverage by county 2018

12 counties PMTCT coverage >80%

21 counties PMTCT coverage 50-79%

11 counties PMTCT coverage 24-49%

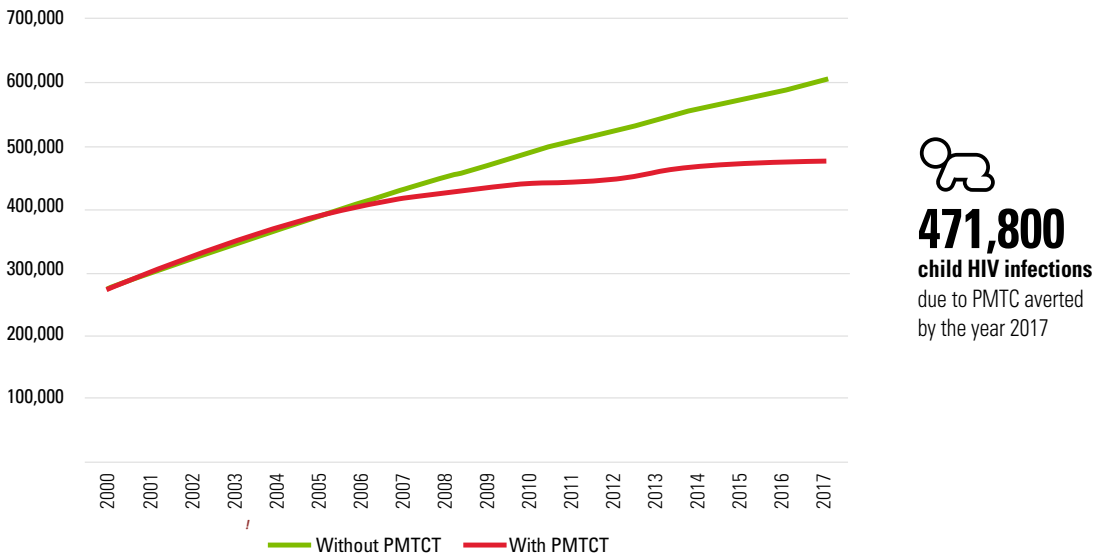
3 counties PMTCT coverage <23%

▲ 12 counties achieved Prevention of Mother to Child Transmission coverage of 80% and above

PMTCT Impact

The program to prevent mother-to-child transmission of HIV has been scaled up rapidly in the past few years. In 2017, about 53,236 women living with HIV received ARV prophylaxis to prevent transmission to their unborn/new born children. This represents about 77% of need. As indicated in Figure 2, cumulatively an estimated 471,800 child infections had been averted by the year 2017.

Figure 7: Cumulative Number of Child Infections Averted by PMTCT



471,800
child HIV infections
due to PMTCT averted
by the year 2017

Early Infant Diagnosis (EID) for HIV Exposed infants

Early infant diagnosis from program data-80% are covered by EID services as computed from the number of infants receiving 1st EID as a proportion of expected live births to a HIV positive mother (i.e. PMTCT need)

2017		35,466 (777 positive)
2016		38,789 (1111 positive)
2015		36,608 (1243 positive)
2014		38,977 (1622 positive)
2013		33,392 (1670 positive)
2012		33,777 (1886 positive)

Early Infant Diagnosis (EID) at Point of Care (POC)
– started in 2017

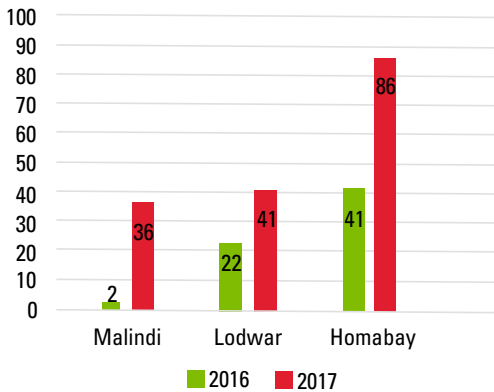
This intervention targeted high HIV burden hard-to-reach areas in order to improve turnaround time for results. In 2016, EID uptake was poor in some areas due to prolonged turn around time and poor referral systems.

Increased uptake of viral load services turnaround time

HIV Viral Load and Testing Labs for Early Infant Diagnosis (EID) increased from 7 to 10

(Source: EID Database)

Figure 8: No. of children reached and tested using Point of Care EID



Early Infant Male Circumcision (EIMC)

Comprehensive manual /guide developed from which trainers and participants manuals have been developed for use.

HIV in Key populations

Key populations who received HIV prevention and treatment services increased from 2013 to 2018

Medical Assisted Therapy (MAT)

Roll out of Medical Assisted Therapy (MAT) for drug users

Other Interventions

- HIV Self-Testing
- Dual Testing (Syphilis and HIV)

Pre Exposure Prophylaxis (PrEP)

In July 2016, The Ministry of Health – Kenya, released HIV treatment and prevention guidelines recommending PrEP use among the uninfected partners at high risk of HIV acquisition.

The official Launch of PrEP services took place in May 2017 this has since been scaled up.

* Scaled up services in 2017: No of sites increased from 0 in 2016 to 561 in 2017.

Source: Programme report

Achievements: 53,291 persons received PrEP for HIV at least once in 2017

Condom use among persons Reporting Multiple sex partners in past 12 months

Table 10: Condom use among persons reporting multiple sex partners

Year	All	Male	Female
2013	34.4%	37%	32%
2015	37.7%	44%	40%
2017	43.9%	44.5%	40%

Source: GAM

1.4.3 Maximize efficiency through Service delivery Integration ^{12-14,21}

Health Service Integration

Tuberculosis Management

- 96% of TB cases tested for HIV & 95% of TB/HIV co-infected patients received ART in 2017
- 45% of PLHV received TB preventive Therapy with IPT
- 2016 - 465,811 (45% PLHV) put on IPT
- 2015 - 37858 put on IPT

Cervical Cancer Screening: Annually for HIV infected women of reproductive age

Hepatitis B HBV /HIV and Hepatitis C HCV/HIV

management: Integrated in HIV Management

Non Communicable Disease (NCD) screening:

Integrated in HIV Management

Strengthening HIV diagnostic Infrastructure and systems

HIV Rapid Proficiency Testing Scheme: Scale up of proficiency testing among HTS counselors

It is estimated that in 2017 there are 26,000 documented HTS counselors: Among these: 21,370 (83%) are enrolled in HIV rapid proficiency testing scheme. In 2016, only 19,521 had enrolled.

1.4.4 Synergies with counties and other sectors for HIV Prevention ²²

National MDAs with results based HIV plans aligned to KASF

Table 11: Reporting trend by Sector for 2016/2017

Sector	Reported All 4 Quarters	Did Not Report all 4 Quarters	Never Reported	Total
Agriculture, Rural and Urban Development	17	12	4	33
Energy/ICT	14	16	3	33
General Economics & Commercial	11	9	9	29
Health	7	1	0	8
Education	29	49	48	126
Governance, Justice, Law and Order	2	5	2	9
Public Administration & International Relation	14	18	12	44
Social Protection Culture & Recreation	6	2	7	15
Environment Protection, Water and Natural Resources	9	9	5	23
Counties	0	2	45	47

Source: Maisha Certification System Report

Table 12: Public Sector Contribution to national HIV response 2016/2017

Indicator	MAISHA I	MAISHA II	Total
Amount allocated for HIV activities	52,123,732	96,884,153	149,007,885
No. of condoms distributed	1,123,308	7,130,582	8,253,890
No. of staff & family members counseled & tested for HIV	47,276	27,355	74,631
No. of staff & family members receiving education on ART	21,357	25,458	46,815
No. of staff and family members sensitized on reduction of stigma and discrimination	39,251	49,089	88,340
No. of staff and family reached with comprehensive knowledge on HIV and AIDS prevention	85,434	121,874	207,308

Source: Source: Maisha Certification System Report

Education

- In 2016, the high level meeting between Cabinet Secretary for education, Cabinet Secretary for health and top leadership developed an action plan which is reported on monthly.
- In 2017, Framework was developed in collaboration with Ministry of Education and Health to address stigma and discrimination, adherence to treatment and overall well being
- In 2017 a high level meeting between county directors of health and education drew action

plans in all 47 counties using a strategic framework that had been developed

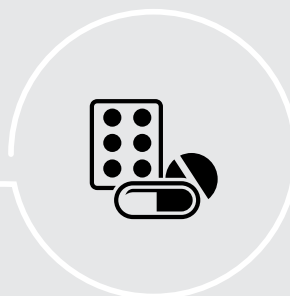
- Training guide for care givers, teacher matrons and learners living with HIV developed in 2017
- University ground activations on prevention of new infections implemented

1.5 Gaps to be filled

- Congenital syphilis rates not documented

Strategic Direction Two:

Improving health outcomes and wellness for all PLHIV



2.1 Introduction

This chapter addresses improvement of health and wellbeing of people living with HIV. This Strategic Direction is geared towards improving the life expectancy and ensuring PLHIV lives productive life. In order to attain the 'Towards Zero' targets, people infected with HIV should be identified, initiated and retained on ART; and monitored for viral suppression. HIV prevalence in the country has decreased in the past 5 years from 5.6% in 2013 to 4.8% in 2017.^{15,23,24}

2.2 2019 KASF targets¹⁵

- Increased linkage to care within 3 months of HIV diagnosis to 90% for children, adolescents and adults
- Increased ART Coverage to 90% for children, adolescents and adults
- Increased retention on ART at 12 months to 90% in children, adolescents and adults
- Increased viral suppression to 90% in children, adolescents and adults

2.3 Intervention areas¹⁵

- Improve timely linkage to care for persons diagnosed with HIV
- Increase coverage of care and treatment and loss in the cascade of care
- Scale up interventions to improve quality of care and health outcomes

2.4 Country progress on Key Intervention areas

2.4.1 *Timely identification of PLHIV and linkage to care*^{8,14,18,25-27}

Pre-ART Care

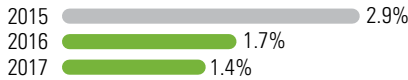
- Establishment and implementation of Differentiated Service Delivery to improve linkage and retention in care
- Establishment of the National HIV Clinical Support Centre – a toll-free call centre and sms-based notification (Ushauri) for capacity building for individuals to make informed clinical decisions. It involves:
 - 7 days prior reminder to patients on their appointments
 - Educative and motivational messages dispatched on weekly basis
- Inclusion of HIV education and treatment literacy in the revised Ministry of Education curriculum to improve retention.

General ART care

- Testing at initial point of contact for pregnant women
- Intensified targeted testing for high yield population e.g., learning institutions, in- and out-of school youths, priority populations, and disciplined forces etc

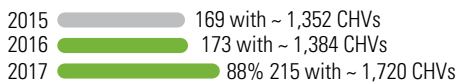
- Introduction of confirmatory test and client-escorted referrals to improve linkage and retention
- Assisted partner notification services to increase HIV positivity yield

Positivity rate



- Recruitment, training and retention of Community Health Volunteers (CHVs)

New Community Units established



Source: Master Health Facility (MFL) List

- **Outcome:** Increase in proportion of adults linked to care within 3 months

Adults linked to care



source:DHIS2

- Proportion of adults retained on ART at 12 months increased

Adults retained on ART



Children living with HIV

- Integration of ART services in MNCH for pregnant women and children

New Community Units established



- Inclusion of HIV education and treatment literacy in the revised Ministry of Education curriculum to improve retention.
- Early infant diagnosis has ensured children who turn positive are immediately put into treatment

Adolescents and Youths

- One2One platform – a free Hotline Toll Centre and digital platform for adolescents and youth that provides SRH and HIV information.
- Scale-up of Youth Friendly services
- Operational Triple Zero (OTZ) – a platform to use youth as champions to ensure zero missed appointments, drugs and viral testing.
- Sauti Skika for adolescents and Blast for young adults to champion improvement in linkage and retention in care.
- Revision of the HIV reporting tools to capture age specific data (HTS for adolescent and youths) for informed programming

Key and Vulnerable Populations

- Unique identifier code for key populations
- Intensified targeted testing for high yield population for Key population
- Strengthened client-escorted referrals to improve linkage and retention
- DICE scale-up and integration as ART sites
- Increase of Methadone Assisted Therapy sites from 5 in 2016 to 7 in 2017

2.4.2 Increasing ART Coverage and access to care and treatment ^{1,2,14}

General ART care

- Increase in ART sites

Number of ART sites



- Integration of ART services in MNCH for pregnant women and children

Number of ART sites



- TB/HIV Integration
- Establishment and implementation of Differentiated Care Model to improve uptake and adherence of treatment
- Revision, use and customization of the HIV reporting tools to capture age specific data (<1, 1-9, 10-14, 15-19, 20-24, 25+) for informed programming in 2017
- National HIV Integrated Training curriculum was reviewed and revised in 2017

- **Outcome:** Number of adults (15+ years) living with HIV on treatment has increased

HIV+ adults on treatment



- 22 counties achieved adult ART coverage of 70% and above. (see Figure 10)
- Sustained co-trimoxazole (CTX) uptake among adults living with HIV

adults on ART and CTX

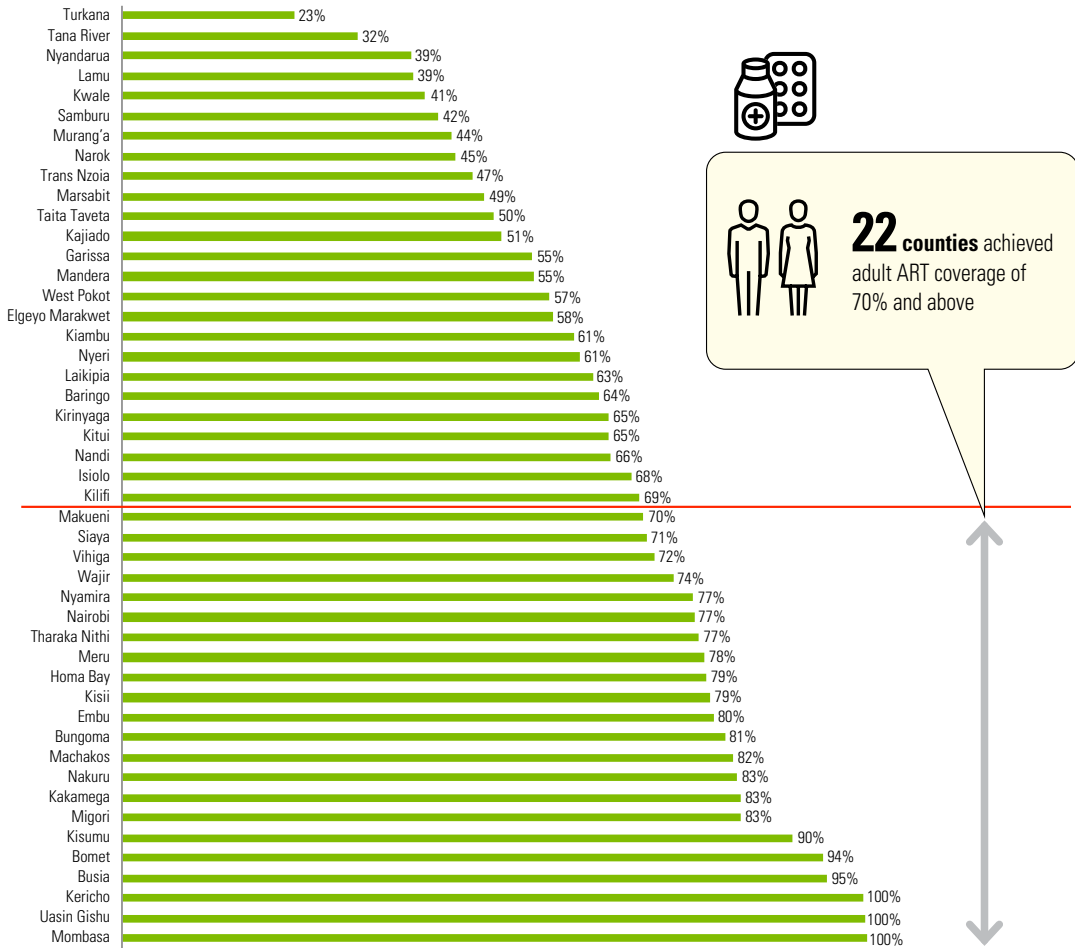


- Reduced defaulter rates through various mechanism e.g phone calls, peer support
- Integration of HIV indicators in the National Education Management information system(NEMIS)
- Decrease in HIV prevalence among adults and adolescents from 5.6% to 4.8%

adults on ART and CTX



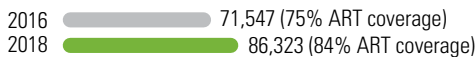
Figure 10 : ART Coverage in Adults per county



Children living with HIV

- Inclusion of HIV education and treatment literacy in the revised Ministry of Education curriculum to improve adherence to medication and retention in care.
- **Outcome:** Number of children (<15 years) living with HIV on treatment has increased

HIV+ adults on treatment

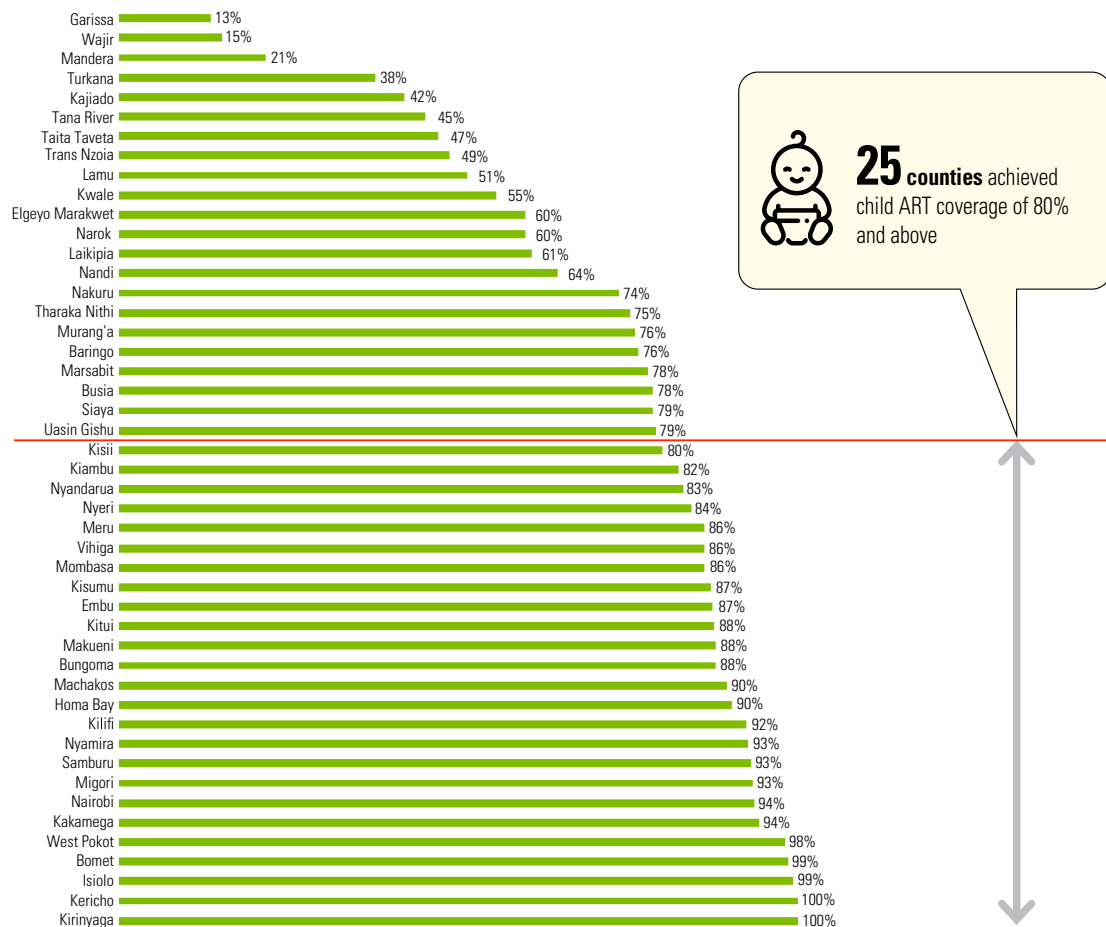



- 25 counties achieved child ART coverage of 80% and above.
- Early infant diagnosis has ensured children who turn positive are immediately put into treatment
 - Sustained co-trimoxazole uptake among children living with HIV

Children on ART and CTX



Figure 11: ART Coverage in Children per county



 **25** counties achieved child ART coverage of 80% and above

Adolescents and Youths

- One2One platform – a free Hotline Toll Centre and digital platform for adolescents and youth that provides SRH and HIV information.
- Scale-up of Youth Friendly services
- Operational Triple Zero (OTZ) – a platform to use youth as champions to ensure zero missed appointments, drugs and viral load.
- Sauti Skika for adolescents and Blast for young adults to champion improvement in adherence and linkage to treatment.

- Revision of the HIV reporting tools to capture age specific data (ART for adolescent and youths) for informed programming

Key and Vulnerable Populations

- Establishment and implementation of Differentiated Care Model to improve uptake and adherence of treatment
- DICE scale-up and integration as ART sites
- PHDP sessions to improve adherence and retention to treatment
- PHDP Champions to help in tracing the lost-to-follow-up clients

Impact of ART on HIV viral suppression

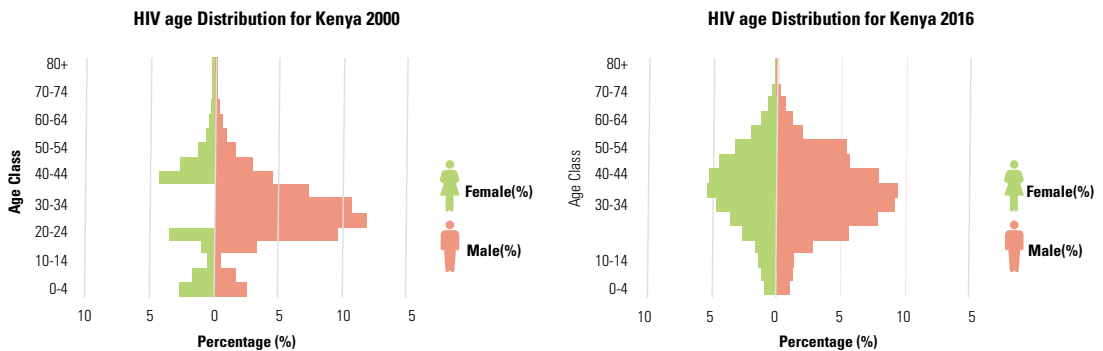
Figure 12: HIV Viral Suppression 2013-2017



77% of PLHIV on ART achieved HIV viral suppression

Impact of ART on Population Structure

Figure 13 : HIV Population Projections



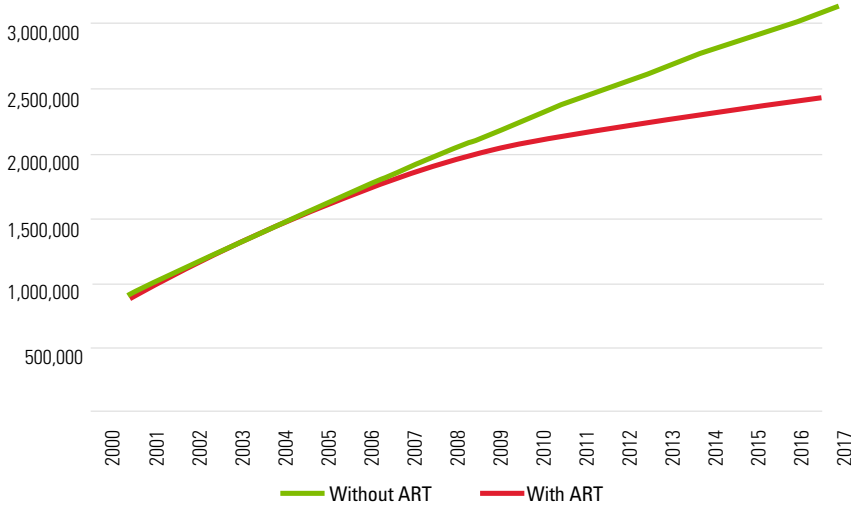
Unparalleled increase in **access to HIV treatment** resulted to an ageing HIV-positive population

Impact of ART on HIV-related deaths

In total there have been approximately 635,500 AIDS related deaths averted since the scale-up of ART in 2004 through to 2017. As indicated in Figure 14, cumulatively an estimated 2.2 million AIDS deaths have occurred throughout the HIV epidemic till 2017.

approximately 635,500 AIDS related deaths averted since the scale-up of ART in 2004 through to 2017

Figure 14: Cumulative HIV Related Deaths Averted by ART



635,500

deaths were averted due to ART scale-up by 2017

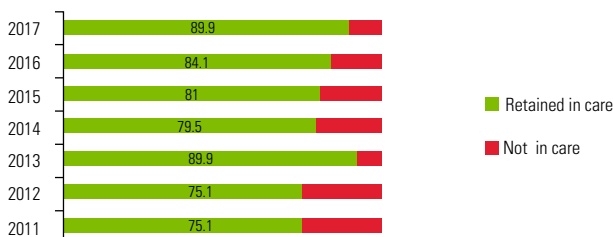
52% reduction in number of AIDS related deaths from 58,465 in 2013 to 28,214 in 2018

2.4.3 Interventions to improve quality of care and treatment outcomes^{1,28 12,29}

Quality of care and monitoring treatment outcomes

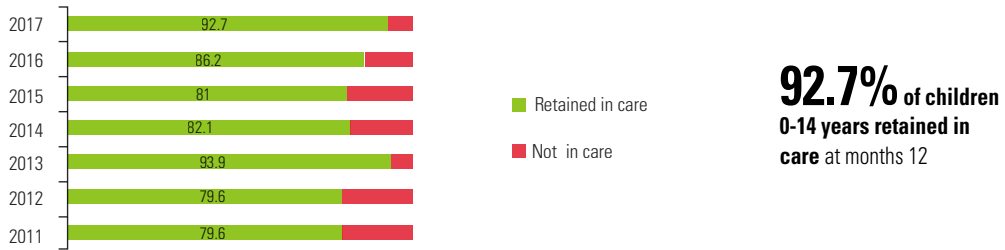
- Implementation of Differentiated Care Model to improve uptake & adherence
- Continuous Medical Education sessions conducted increased
- Capacity building on the national quality model of health are ongoing
- No. of facilities using EMRs and reporting to the national data warehouse increased to 840 sites in 2017
- Number of National and counties SQA conducted: All 47 counties trained on how to conduct SQA in the counties
- Forecasting & quantification of commodities strengthened to ensure zero ARV stock outs
- Integration of LMIS and HIV Situation Room for real time monitoring of commodities at county level.
- DHIS has been linked to LMIS to guide quantification of commodities at national level
- Monitor retention of patients on ART at 6 and 12 months from national data warehouse and from the paper-based facilities through cohort analysis at national ,county and facility level

Figure 15: Retention in Care at Months 12 for adults and adolescents aged 15+ years



89.9% of adults 15+ years **retained in care** at months 12

Figure 16: Retention in Care at Months 12 for children < 15 years



Laboratory capacity

- Increase of VL/EID Regional Test labs from 7 in 2016 to 10 in 2018
- Introduction and implementation of point-of-care testing for EID in 2017
- Improvement in the turn-around-time for VL from an average of 24 days in 2016 to 10 days in 2018 (Note: 1 day TAT for Point of Care)
- Re-networked all the facilities to a Regional VL/EID test labs
- Ten labs have been enrolled on an inter-lab quality assurance.
- Sample rejection has been maintained below 2% (VL and EID)



- Increased VL blood samples
-
- | Year | Number of samples |
|------|-------------------|
| 2016 | 909,088 |
| 2017 | 1,096,472 |
- Roll-out of remote login of VL samples to testing labs to improve TAT and data auditing
 - Logistics Management Information System (LIMS) upgraded to higher version in 2018 to improve performance

Community-based adherence support

- Establishment of the National HIV Clinical Support Centre – a toll-free call centre and sms-based notification (Ushauri) for capacity building for individuals to make informed clinical decisions.
 - 7 days prior reminder to patients on their appointments
 - Educative and motivational messages dispatched on weekly basis
- One2One platform – a free Hotline Toll Centre and digital platform for adolescents and youth that provides SRH and HIV information.
- Sauti Skika for adolescents and Blast for young adults to champion improvement in adherence and linkage to treatment.
- Establishment and implementation of Differentiated Care Model to improve uptake and adherence of treatment
- Kenya mentor mother program has improved uptake of ARV services

2.5 Gaps to be filled

- Late HIV diagnosis data not available
- No data on TB deaths among PLHIV, proportion of PLHIV that were screened for TB cervical cancer, Hepatitis, Men with Urethral discharge, Gonorrhoea among men

Strategic Direction Three:

Using human rights based approach to facilitate access to HIV services



3.1 Introduction

Article 27 of The Constitution of Kenya outlaws discrimination on the basis of one's health status, provides for equality between men and women. The Kenya HIV and AIDS Prevention and Control Act (2006) aims to extend to every person suspected or known to be infected with HIV and AIDS full protection of his human rights and civil liberties by prohibiting compulsory HIV testing, guaranteeing the right to privacy, outlawing discrimination in all its forms and subtleties against persons with or persons perceived or suspected of having HIV and AIDS, ensuring provision of basic health care and social services for PLHIV, promoting utmost safety and universal precautions in practices and procedures that carry the risk of HIV transmission; and Positively address and seek to eradicate conditions that aggravate the spread of HIV.^{10,11} Efforts have been directed to address the rights of key populations who bear a disproportionate burden of HIV; as well as young women and adolescents.¹⁷ In addition emphasis has been placed on the legal and policy environment as it relates to the provision of health services to key populations as documented in the **"Policy of the prevention of HIV infections among Key populations in Kenya June 2016"**.²⁷ The HIV Stigma index survey documents and analyzes different levels of stigma (both internal and external) faced by PLHIV as well as trends in stigma over time. This is to combat stigma and discrimination which are major barriers to accessing HIV prevention, treatment and support services and facilitate progress towards zero discrimination.³⁰

3.2 2019 KASF Targets¹⁵

- Reduced self-reported stigma and discrimination related to HIV and AIDS by 50%
- Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 50%
- Increased protection of human rights and improved access to justice for PLHIV, key populations and other priority groups including women, men, boys and girls
- 50% reduction in social exclusion for PLHIV, key populations, women, men, boys, girls

3.3 Intervention areas¹⁵

- Improve national and county legal and policy environment for protection and promotion of the rights of priority and key populations and people living with HIV
 - Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector
- improve access to HIV, SRH rights, information & services in public & private entities
- Monitoring and Evaluation of stigma & discrimination, social exclusion & gender-based violence

3.4 National and County summaries based on key intervention areas

3.4.1 *Improve national and county legal and policy environment for protection and promotion of the rights of priority and key populations and people living with HIV^{0,11,31,32}*

National government

- National level sensitization done at the Council of governors' office and NACC represented at the Devolution conference
- 2016 Guidelines for young key populations available and in use
- 2016 Key population guidelines developed
- 2013 Education sector policy on HIV and AIDS in place
- The 2010 Kenya Constitution
- 2006 HIV AIDS Act

County governments

- The County Integrated Development Plan (CIDP II 2018-2022, CIDP I 2013- 2017 current captures HIV) MTP II & MTP III [evidence of mainstreaming of HIV] in subsequent documents there is implementation of HIV as a cross cutting issue in the 2nd CIDP.
- Sensitized CHMT and county assemblies against enacting laws to criminalize sex work
- 47 CIDPs at county level developed with a HIV component

Law makers and law enforcement agencies

- Sensitized police and children's office Rescue centers and call centers for GBV and child trafficking

- Sensitization to the police, insurance companies by the HIV tribunal
- A County prototype bill for decentralization of the HIV tribunal developed
- Sensitization of MCAs & judicial officers regarding Key Populations
- GBV desk at police stations

National human rights institutes

- HIV tribunal established in 2009. Number of cases settled increased from 123 in 2016/17 to 167 between January to June 2018
- Improved access to legal and social justice and protection from stigma and discrimination in the public sector and private sector
- The tribunal has continued to educate people on measures to reduce HIV-related stigma and discrimination at the workplace and in the community .

Table 13: HIV/AIDS Tribunal Cases

Cases Status	2016-2017	Jan-June 2018
Complaints Received	108	88
Complaints within the HAT Mandate	96	52
Referrals to Relevant Institutions, DPP/Judiciary & other Organizations	12	21
Carried forward from 2015	15	
Ongoing cases	71	
Judgements	23	
Rulings	6	
Dismissed with Referrals	9	
Pending at High Court	2	
Settled under other dispute reconciliation processes	-	15
TOTAL	123	167

Table 14: Client Categorisation of Cases 2016-2017

Clients Category	% Population Clients
PLWHIV	95
Discordant couples	3
Sex workers	1
MSM	1
People who inject drugs	0
Youth	3
TOTAL	100%

Table 15: Cases Distribution and analysis For Counties 2016-2017

County	No Of Cases Per County	County	No Of Cases Per County	County	No Of Cases Per County
Nairobi	50	Machakos	3	Makueni	3
Homabay	6	Nyeri	4	Kitui	2
Kisumu	8	Nyamira	2	Kwale	3
Siaya	1	Busia	1	Kakamega	8
Migori	3	Kilifi	3	Mombasa	6
Kisii	1	Bungoma	1	Lamu	2
Nakuru	1				
Grand Total	108				

Health sector

- Training of healthcare workers in guidelines against stigma and discrimination and reporting human rights discrimination cases.
- Capacity building of health care workers to report human rights discrimination cases
- Trainsmart system (a database that documents training modules by health workers with 2016 as baseline year)
- Inclusion of SGBV component in training of HCWs & Supply of data collection tools

Non-state actors

- Engagement of communities and civil society in county assemblies and to track budgets to hold county accountable to the constitution
- Support work place programs in learning institutions, workplaces and health care settings such as schools, working places and education institutions
- Stigma-reduction campaigns by organisations and advocacy groups. HIV-related stigma and discrimination towards PLHIV
- Non-state actors hold the national and county governments accountable to constitutional and statutory obligations.

3.4.2 Improved access to HIV, SRH, rights, information & services in public and private entities^{6,14,27,33}

2017

Health sector

- HCWs sensitized on stigma and discrimination reduction during meetings, trainings and advocacy for creation of TWGs at county level.

- Use of IEC materials with a stigma-reduction theme including T-shirts and stickers, TV shows, documentaries, celebrities, e.g. Stop Stigma Sasa Hivi Campgains, communication forums like barazas and social media
- KASF and other documents have been translated to braille, sign language which have been circulated to educational institutions through the Ministry education
- Key population guidelines 2014 which recommends the use of peer-education model that recommends ratio of 1:60 for peer educators against the people to be reached
- Policy Brief on HIV Prevention, Diagnosis, Treatment and Care for Key population 2016: has guidelines on Confidentiality and privacy. Key population policy also protects priority populations accessing health services
- Adolescent package for health care services developed
- GBV services integrated within majority of health facilities
- PEP services available at HIV clinics
- National PrEP Guidelines launched in 2017;

Social services sector⁶

- OVCs supported by cash transfers through social support programs; this includes 422,969 Females 446,172 males
- Social assistance in forms of school bursaries, food distribution, school meals, health insurance, cash transfers, for the elderly, for persons with disabilities
- Presence of implementing partner (IPs) supporting KP programs in the county
- Economic empowerment programs e.g. women and youth fund, Uwezo fund, persons with disabilities

- Psychosocial Guide for support groups developed for adolescents and children.
- Teachers and Parents Guide for parents living with HIV developed in 2017

Religious sector

- Development and dissemination of the Faith Sector Action Plan 2016 and review is ongoing for HIV tribunal to include human rights
- There is a Faith Sector Working group, Faith Sector Key HIV Messages for mainstreaming HIV (2017) religious leaders booklet,
- Religious leaders receptive to HIV response & Psychosocial support groups such as churches and mosques
- Information on promoting the acceptance of priority population as part of the community for increased service uptake is included in the Maisha Certification Prisons Program, Key population policy and aspect of humans rights non discrimination

Communities

- Development of a Meaningful Involvement of PLHIV (MIPA) working group strengthens networks of PLHIV
- PHDP guidelines distributed (PHDP framework and guidelines were developed and disseminated)
- Presence of community units supporting PLHIV to manage stigma and discrimination as well as addressing their wellness
- Formation of support group through CCCs in facilities and community
- HIV tribunal is going to counties and mobilizing communities and educating them on HIV-related human rights (blue print available work not began)

Media

- Communication Agenda has been developed in 2018 that emphasizes on campaigns to reduce stigma, GBV and promote uptake of HIV services and prevention interventions
- Media campaigns targeting young people-mounted using the GF resources.

3.4.3 Monitoring and Evaluation of stigma and discrimination, social exclusion and gender-based violence ^{3.4.30,34}

2017

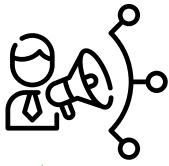
National and county governments

National PLHIV stigma index assessment is planned for 2018; last survey done in 2009

- 3 Counties developed county specific social protection strategies in 2017
- Establishment of DICES in various counties to provide a wide-range of services of KP led by a TWG & sensitization of health care workers
- Development of a violence prevention and response protocol PVR to address violence and discrimination among KP
- Stigma and discrimination reduction policy statements displayed in the CCCs

2015 & 2013 reports

- Between 2008 and 2014 a decrease observed in proportion of:
 - women aged 15-49 years who have ever experienced sexual violence from 20% to 14%
 - women who were ever married who experienced spousal violence from 47% to 35%
 - persons with stigma towards PLHIV from 33% to 26%



Communication Agenda that emphasizes on campaigns to reduce stigma, GBV and promote uptake of HIV services and prevention interventions developed in 2018

3.5 Gaps to be filled

- Engagement with the Children's Office to address HIV related issues
- All counties to develop County specific social protection strategies
- Data capture on violence against key populations
- data on proportion of PLHIV that have been reached (and not reached) by cash transfers
- No data on active syphilis among sex workers and MSM



Strategic Direction Four:

Strengthening integration of health and community systems



4.1 Introduction

Kenya aims to provide HIV health services both at the facility and community level by not only enhancing the health workforce capacity and institutional infrastructure, but also strengthening facility-community linkages. This Strategic Direction aims to improve access to and uptake of healthcare services at facility and community level; and strengthen supply chain management to improve access to HIV prevention services (e.g., HIV testing services) and treatment services (e.g., ART, viral load monitoring, retention on treatment etc.). The Strategic Direction also aims to increase the number of Community Health Units and other non-state actors to provide non-biomedical HIV services and providing timely reporting on them.^{15,35-37}

4.2 2019 KASF targets¹⁵

- Improved health workforce for the HIV response at county and national level by 40%
- Increased number of health facilities ready to provide KEPH-defined HIV and AIDS services from 67% to 90%
- Strengthened HIV commodity management through effective and efficient management of medicine and medicinal products
- Strengthened community-level AIDS Competency

4.3 Intervention areas¹⁵

- Provide a competent, motivated and adequately staffed workforce at national and county levels to deliver integrated health services as per the essential package of health services
- Strengthen health service delivery system at the national and county levels to deliver of HIV services integrated in the essential health package
- Improved access to and rational use of quality essential products and technologies for HIV prevention, and treatment
- Strengthen community service delivery systems at national and county levels for the provision of HIV prevention, treatment and care services

4.4 Country progress based on intervention areas

4.4.1 Provide a competent, motivated & adequately staffed workforce at national and county levels to deliver health services integrated in the essential health package^{34,38-42}

2017


- The Ministry of Health continued to recruit new staff based on need and resources
- Health workers trained on new ART and HTS guidelines and monitored through TrainSmart (Training System Monitoring and Evaluating tool)

- Task shifting and mentorship programs, optimal utilization of manpower supported by the Kenya Task Sharing Policy Guideline 2017”
- Implementation of the Kenya Human Resources for Health Strategy
- Financial and technical support by partners to county health workers through recruitment and capacity building
- “Human Resources Planning and Succession Management Strategy for the Public Services 2017” links the Public Service human resource needs to the overall national strategic and development goals, and also provides performance based, incentives as part of the terms and conditions of services and other incentives to promote staff retention
- Human Resource Development Policy 2015 presents a mechanism for structured training, competency development and assessment; knowledge and talent management; entrenchment of Values and Principles of Public Service, human resource development audit and development of a monitoring, evaluation and reporting framework for human resource development programmes
- mHealth have the “Care for Carer System” [C4C system] provides a reporting platform for occupational exposure incidents, tracking non-HIV conditions & creating scheduler for HCWs to increase antiretroviral therapy (ART) adherence and follow up.

4.4.2 Strengthen health service delivery system and national and county levels for the delivery of HIV services integrated in the essential health package^{8,26-28,43-45}

2017

- Implementation of the Kenya HIV Quality improvement framework (KHQIF) & KEPH Categorization of health facilities
- Structures for integration of HIV services in place e.g., provision of ART services for HIV positive women and their children e.g. at MNCH
- Reduction in TAT for essential services e.g. viral load monitoring, EID services
- Reduced referrals due to improved Lab transport networks for samples
- Reduced number of patient visits through the Differentiated Care Model and Community Dispensing Model
- Community linkages utilized include individual ART distribution models and community ART Groups
- Legal frameworks to decriminalize key populations and increase their demand for HIV health services included in the “Policy of the prevention of HIV infections among Key populations in Kenya June 2016”
- Safe, secure and reliable One national commodity pipeline through KEMSA
- Beyond Zero mobile clinics & PMTCT/linda kizazi mashinani initiative

 *Human Resource Development Policy 2015 presents a mechanism for structured training, competency development and assessment; knowledge and talent management; entrenchment of Values and Principles of Public Service, human resource development audit and development of a monitoring, evaluation and reporting framework for human resource development programmes*

4.4.3 Improved access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services^{29,44}

2017

- Functional logistics information management systems, lab commodities management system led by Medical Lab Technologists, pharmaceutical commodity management system led by Government Pharmacist using electronic tracking systems that are also placed in sub-county offices & non-pharmaceutical commodity management system led by Commodity Nurse
- Implementation of Evidence-based procurement of HIV commodities & Online Central procurement using PULL system
- Availability and timely supply of ART, HIV test kits, condoms, Gene Xpert machines, products and modern technologies e.g. Management of cervical cancer with timely reporting to KEMSA & DHIS
- County commodity security TWG & use of S11 supply forms & County rapid testing kits allocation and management committee that meet quarterly
- Functional sample transport system that is monitored through national VL and EID Dashboards
- Regular data reviews to assess data quality and provide feedback mechanisms on continuous quality improvement
- Community and facility linkages e.g., linking newly identified HIV positive clients to health facility or linking clients on ART to community support groups.

- Health service providers empowered to inform clients on prescription practices and rational use of commodities
- Availability of HIV diagnostic equipment e.g., GeneXpert, Point of Care machines for PCR, etc.
- Availability of facility based IT systems e.g ADT to monitor HIV Prevention and Treatment supplies linked to HMIS e.g. DHIS2 and LMIS
- 2018 transitioned health commodity reporting from KEMSA LMIS to DHIS2

4.4.4 Strengthen community service delivery systems at national and county levels for the provision of HIV prevention, treatment and care services^{7,22,37,46}

2017

- CHVs on stipend supported by county governments and implementing partner's take care of community desks;
 - they have uniforms, bags and badges
 - They support community ARVs dispensing and distribution of commodities other
 - They sensitize on stigma and discrimination under guidance of CHEWS
 - They work collaboratively with FBOs and MOH
 - They facilitate referrals and linkages across facilities and communities
- Community based organizations delivering non-biomedical services for HIV according to national and internationally acceptable service delivery
 - Through the Community AIDS Programme reporting System, 1,500 Community Based organisations reported in 2017

- Community engagement in place with decentralization & diversification of HIV services
 - Mentor mothers in some facilities,
 - CHVs assist in defaulter tracing, improved adherence, referrals linkages and home based care.
 - Peer educators, HTS providers, Community health education trained staff
 - Treatment buddy systems to reduce default rates
 - AYP and AHO peers; Community peer lead system in place
 - Integration of PLHIV into community units
- Submission of timely, complete, and accurate reports according to guidelines by community-based organizations

Submission of reports



4.5 Gaps to be filled

- Government and Implementing Partners to fast-track the transition from old reporting tools to the revised tools
- Scale-up of the Differentiated Care Model across the country



Strategic Direction Five:

Strengthening Research, Innovation & Information Management to meet KASF Goals



5.1 Introduction

The HIV Research agenda outlines guidelines to promote timely translation of research evidence into programs and policies. There have been research gaps identified in understanding drivers of the epidemic among different populations and geographical areas. Successful projects have been conducted and best practices in service delivery identified, however, the extent to which these have been scaled-up is not known. Disparity in research methodologies, timeliness and user-friendliness of data and multiplicity of data sources that are used to collect and generate data at facility, county and national levels hamper the delivery of interventions to those who need it. There are also gaps in information regarding the effectiveness and efficiency of various interventions and technologies. Limited data exists on social determinants of health and their impact on incidence and mortality. It is imperative that research addresses the impact of stigma, discrimination, cultural practices, and gender norms on HIV prevention, HIV morbidity and mortality and the quality of life of PLHIV. Nevertheless, the implementation of the HIV Research Agenda is also hampered by limited capacity and inadequate funds to conduct and regulate research in the counties.^{15,47}

5.2 2019 KASF Targets¹⁵

- Resource and implement the HIV research agenda informed by KASF
- Increase evidence-based planning, programming and policy changes by 50%
- Increased capacity to conduct HIV research at country and county levels by 10%

5.3 Intervention areas¹⁵

- Resource and implement the HIV research agenda informed by KASF
- Increase implementation of research based on KASF-related HIV priorities by 50%
- Increase evidence-based planning, programming and policy changes by 50%

5.4 Country progress based on intervention areas

5.4.1 Resource and implement the HIV research agenda informed by KASF

Implementation, research priorities ^{17,34,48,49}

- Funding for HIV research has been captured as one of the key research priorities under NACOSTI Strategic Plan 2018-2020
- Pilot study for assessing scale up of combination prevention strategy was done 2017. This identified optimal packages for HIV prevention tailored to population and geography to identify the most cost effective package that would lead to a decrease in HIV incidence
- KENPHIA planning and implementation conducted
- Study on Differentiated Care Model and Standard ART care planned for 2017

Behavioral research priorities ⁴⁹⁻⁵¹

- Establishment of Maisha Youth Program (NACC) for behavior change among the youth
- Establishment of Maisha League
- Tubonge-Adolescent Media Programme
- Inclusion of HIV risk perception questions in KENPHIA 2018

Biomedical research priorities ⁵⁻⁹

- Study on HIV/NCD to inform modelling
- Study on vaginal microbicide for STI/HIV/contraception conducted

Analysis ^{17,52-54}

- The HIV Epidemic has been granulated from national to county level; next is planned for sub-county
- Integrated Bio Behavioural Survey (IBBS) for key populations done in 2017
- Development of a violence prevention and response protocol PVR to address violence and discrimination among KP

5.4.2 Implement research based on KASF priorities

Develop National HIV research agenda ^{47,55}

2015

- A costed HIV research agenda developed and disseminated
- Maisha Conference held successfully in May 2017 to strengthen synergies between HIV research and other health research areas
- Annual HIV Care and Treatment Forum held in September 2018 to strengthen synergies between HIV research and other health research areas

Resource the HIV agenda ^{34,48}

2017

- Sources of domestic financing for the HIV Research Agenda by 2014-2019

Public Sources

- National research fund (NRF) 5% of the health budget under the NRF allocated to HIV and AIDS research
- KASF proposed innovative sources through debt swap, an AIDS lottery, interest from dormant funds, and contributions from the informal sector

- Health related levies on tobacco and alcohol industries

Private sources

- Philanthropic contributions through local major foundations such as Chandaria, Safaricom, Kenya Commercial Bank, Equity group foundation, m-pesa foundation
- University contributions through allocation of USD 10 to health research per year for every student undertaking a science course and 50% would be ring-fenced for HIV research
- Policies on financing the HIV Research agenda: NACC has engaged both the National Research Fund (NRF) and National Commission for Science, Technology and Innovation (NACOSTI) to resource funding for the HIV Research Agenda. HIV Research has been captured under the Health sector Research in the National Research Priorities 2018-2020 by NACOSTI.
- County budgets for health research with Partner support for research activities
- CASP outlines research priorities and interventions and research results addressing some priority areas done
- Health Research and development unit (HRDU) established in some counties; some counties have the capacity to track research
- NACC has attracted external research funding for the following nationwide studies
 - The Frequently Asked Questions among adolescents on HIV (FAQ study)
 - The HIV NCD integration modelling study to quantify national estimates of NCD
 - The HIV Stigma Index Survey
- Priority setting was carried out to plan and focus the limited resources and capacities for maximum productivity in line with the Big Four agenda NACOSTI National Research Priorities 2018-2020

Implement research agenda at county level ³⁴

- Monthly Webinars to promote in country capacity for research
- Kenya AIDS Research Coordination Mechanism (KARSCOM) coordinated HIV research Kenya
- County staff have undergone research training
- Involvement of counties in the conduct of HIV specific research
- Sensitizing of Ethics Research Committees on KASF priorities done twice during development and dissemination of the HIV research hub to all 22 ERCs

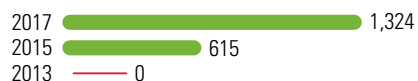
5.4.3 Increase evidence-based planning, programming and policy changes

HIV information portal ⁵⁵

- MAISHA Maarifa Research hub online for HIV, sexual reproductive health and co-morbidities established as repository and interactive platform (www.maishamaarifa.or.ke).



- County TWG and staff trained on the Maarifa hub & Dissemination done to 39 of 47 counties
- Number of studies accessible from single hub for use in program decision making



5.4.4 The ministry of health has provided national guidelines on HIV infection, prevention, care and treatment in line with the WHO recommendations, global and local evidence and country level applicability. ^{8,14,56-60}

- 2018 Guidelines on the use of ART treatment and prevention of management of HIV
- Use of Douletegravir as first line ART
- 2018 KMLT approval to use Cepheid GeneXper
- machines that are currently being used for MTB testing, and can be used for multiple assays can be used for HIV PCR
- Kenya's Ministry of Health officially launched guidelines on HIV self-testing. The roll-out of these self-testing kits and guidelines presents an innovative way for Kenya to reach the ambitious 90:90:90 targets set out by the United Nations. These kits will assist the country in achieving the first 90, which focuses on 90% of all people to know their HIV status by 2020.

2017 Guidelines on Prep USE

- Kenya's Ministry of Health officially launched guidelines on the use of Pre-Exposure Prophylaxis (PrEP). PrEP is a form of HIV prevention where a HIV negative person takes antiretroviral medication to prevent HIV infection. When offered as part of a combination of HIV prevention strategies, PrEP will form a key component in the reduction of new HIV infections among people facing substantial ongoing risk

2017 Differentiated Care Operations Guide

- Launched to facilitate the implementation of 'Test and Treat' that would substantially increase the number of PLHIV in need of health services. It recommends for longer intervals between drug refills and consultations as well as community ART delivery

2016 Guidelines on the use of ART for treating and preventing HIV infection in Kenya

- Provided for immediate ART initiation regardless of CD4 count i.e. Test & Treat
- 2014 recommendation to use Dried Blood spots (in addition to plasma) for HIV virological monitoring
- To address challenges with maintaining optimal sample transport conditions for plasma
- 2014 Guidelines on the use of ART for treating and preventing HIV infection in Kenya rapid advice
- Recommended the use of Viral load for patient monitoring to identify patients with virological failure earlier and institute interventions to achieve viral suppression

2014 installation of Gene Xpert

- Facilitates rapid and accurate TB diagnosis in 2 hours with unprocessed sputum

2012 PMTCT guidelines for 2012 recommending the use of Option B plus

- The provision of triple ART prophylaxis in one daily pill for life to pregnant women who are not eligible for ART results in very low in utero and parturition transmission rates.

Reviews of research

- Capacity development initiatives- a number of people have been supported to go to local and international conferences and to conduct local studies, FAQ, Impact Study and Stigma Index.

Communities of practice

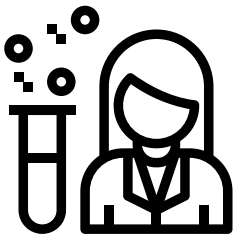
- 9 Communities of Practice (CoPs) published in the hub; not active

County research engagements

- Some counties have a focal person
- County Research teams and committees established to approve all research conducted within them as per NACOSTI standards; of 26 counties, only 6 had either a research focal person, a TWG or research committee

5.5 Gaps

- Information on research done by other non-health sectors
- The research hub does not categorize research studies from other sectors
- Communities of Practice to be activated
- National Governments should provide support to counties on HIV related research
- Counties to have mechanisms to track research to facilitate effective implementation of SD 5



County Research teams and committees established to approve all research conducted as per NACOSTI standards; of 26 counties, only 6 had either a research focal person, a technical working group or research committee

Strategic Direction Six:

Promote utilization of strategic information for research & M & E to enhance HIV programming



6.1 Introduction

The availability and access to quality and timely strategic information is vital to inform the planning, implementation, and review of HIV program. The Kenya HIV Monitoring and Evaluation Framework lists protocols, core indicators, sources and responsible persons and entities required to ensure the presence of a robust M&E system to effectively monitor, track and evaluate KASF outputs, outcomes, and impact, at the same time inform decision making at national and county levels. The M&E framework is anchored on the overarching internationally agreed “three one” principle in addressing the HIV and AIDS epidemic. This section highlights achievements that have been realized in promoting the utilization of strategic information from research and M&E to enhance HIV programming.^{15,61}

6.2 2019 KASF Targets¹⁵

- Increased availability of strategic information to inform HIV response at national and county level-
- Planned evaluations, reviews and surveys implemented & disseminated in timely manner
- M & E information hubs established at national and county level to provide comprehensive information package on key KASF indicators for decision making.

6.3 Key intervention areas¹⁵

- Strengthen M & E capacity to effectively track the KASF performance and HIV epidemic
- Establish multi-sectoral and integrated real time HIV platform to provide updates on HIV epidemic response accountability
- Ensure harmonized timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data at national and, county levels

6.4 Country progress based on intervention areas

6.4.1 *Strengthen M& E capacity to effectively track the KASF performance and HIV epidemic dynamics at all levels (national and county)*^{34,46,62}

2017

- Operational National and County TWG, (SI, PMTCT, C&T, KP, VMMC, HIV Prevention etc.)
- Revision, printing and roll-out of national HIV M&E tools
- County specific M & E plans and budgets supported by county government and partners

- Strategic Information standard and guidelines have been disseminated to key partners and sub-counties (e.g., EMR Standards and Guidelines)
- Health care providers trained on the revised tools and online reporting through both face-to-face and e-learning modalities
- Implementing Partners trained on HIV Implementing Partners Online Reporting System (HIPORS)
- County personnel and Department of Defense trained on DHIS2
- CBOs, FBOs and NGOs trained on Community AIDS Program Reporting (CAPR)
- County personnel (CASCOs & NACC RDOs) trained on development of County Estimates for planning and decision making
- County personnel (CHRIOs and NACC RDOs) trained on the HIV Situation Room
- Knowledge dissemination through M&E best practice conference

2015

- Development of the Kenya HIV M& E framework to evaluate KASF⁶¹
- Establishment of the HIV Strategic Information TWG to coordinate M&E/SI activities

6.4.2 Establish multi-sectoral and integrated real time HIV platform to provide updates on HIV epidemic response accountability^{18,63}

2017

- Operational HIV Situation Room in all 47 counties. The Situation Room collects data from different linked M and E sub systems (DHIS2, LMIS, CAPR, AIDSinfo) and displays it for decision makers e.g. President, Governor, CHMT, M & E TWG.

- Operational Health Management Information systems established (DHIS2, National Data Warehouse, Viral Load & Early Infant Diagnosis, Community AIDS Program Reporting, HIV Implementing Partners Online Reporting System)
- Operational Electronic Medical Records System (e.g., Kenya EMR, IQCare, Android-based applications e.g., MUzima)
- Operational Key population dashboard thereby increasing availability and access to granulated data to inform KP programme

6.4.2 Ensure harmonized, timely and comprehensive routine & non-routine monitoring systems to provide quality HIV data as per national, county & sector priority information need^{1-3,20,23,50,64-66}

2017

- Periodic County data review meetings done with action points well documented to inform quality improvement
- Ongoing population-based surveys e.g., Kenya Population-based HIV Impact Assessment (KENPHIA), Kenya Adolescents Health Survey, Key population Polling Booth Survey (2017), Key Population size estimation, Integrated Bio-behavioral Survey (IBBS)
- Global, regional, national and county HIV reporting obligations honored (e.g GAM Reports, DHIS2)
- Strengthening routine and non-routine HIV information systems e.g DHIS training and routine health information system training
- Unique Identifier Code for Key Population
- Planned evaluations, reviews and surveys have been done and results disseminated in timely manner
 - 2018 KARPR Report developed
 - 2018 HIV Estimates Report developed
 - 2018 HIV County Profiles developed


2015

- Generation of annual HIV estimates that provide key data sets that inform program planning, implementation and evaluation

6.5 Gaps

- Weak implementation of the County M&E Plans due to inadequate resources
- Poor linkage in the dissemination of surveys and reports at the county level
- Challenges in systems interoperability e.g., EMR and DHIS2
- Inadequate capacity for data demand and use at all levels



 *Strengthening routine and non-routine HIV information systems e.g DHIS training and routine health information system training*

Strategic Direction Seven:

Increasing domestic financing for sustainable HIV response



7.1 Introduction

Kenya is transitioning from a Low Income Country to a Low Medium Income Country (LMIC); therefore, donor support towards HIV programming is likely to reduce. The transition has already seen dwindling resources available for HIV programming coupled with an increase in the costs of HIV services due to the adoption of 90-90-90 targets. Between 2014/15 and 2017/18 HIV programming expenditures subsequently increased from KES. 59.37 billion to KES. 96.52 billion. Although, the government's contribution to HIV financing increased from 24% in 2014/15 to 28% in 2016/17, HIV programming still has a resource gap estimated at USD.173 million in 2016/7. To close this gap between resource needs and resource availability, KASF has promoted innovative and domestic financing of the HIV response through maximizing efficiencies and adopting innovative sustainable financing.^{9,15}

7.2 2019 KASF Targets¹⁵

- Increase domestic financing for the HIV response to 50%

7.3 Intervention areas¹⁵

- Align HIV resources/investments to strategic framework priorities
- Maximize efficiency of existing delivery options for increased value and results
- Promote innovative and sustainable domestic HIV financing options

7.4 Country response¹⁻⁴

7.4.1 *Align the current HIV investment to KASF priorities*

Costing of County AIDS strategic plans^{34,67}

Counties have budgetary allocations to the HIV response in the CIDP (County Integrated Development Plans)

Increase domestic financing at county level⁹

Table 16: Resource gap

	2014/15	2015/16	2016/17*	2017/18*
Resources needs(CASP)	0	0	58599	58599
Resources Spent(KNASA)	1386	1575	1668	1834
Financing Gaps	-1386	-1575	56931	56764

*KNASA data for these FY(s) were projected by a 10% increment

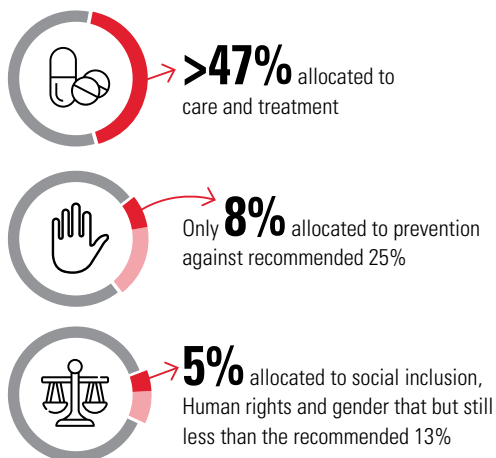
A decrease observed in the financing gaps from -1386 to 56764 between 2014 and 2017

Table 17: Recommended Proportion of resource needs per KASF programmatic area

Programmatic area	Proportion of resources (%)
Treatment and Care	47%
Prevention	25%
Social Inclusion, Human Rights and Gender	13%
Leadership and Governance	6%
Health Systems	4%
Community Systems	2%
Supply chain	1%
Research	1%
M & E	1%

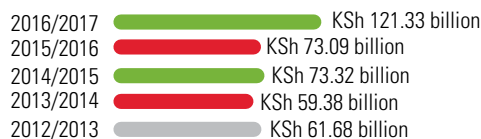
Table 18: Actual Proportional Allocation by KASF Area ⁹

	2012/13	2013/14	2014/15	2015/16	2016/17
Treatment, care and support	60%	61%	86%	76%	79%
Prevention	8%	6%	4%	8%	8%
Programs for children & adolescents	3%	0%	0%	0%	0%
Social protection	0%	2%	0%	5%	5%
Community mobilization	27%	0%	0%	0%	0%
Governance and sustainability	0%	30%	9%	11%	8%
Blood Safety	0%	1%	0%	0%	0%
Universal Precautions	1%	0%	0%	0%	0%
Serological Surveillance	1%	0%	1%	0%	0%
Total	100%	100%	100%	100%	100%



GOK resources⁹

Total HIV Expenditure



Government contribution to the HIV program

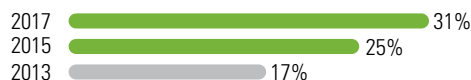


Table 19: HIV Financing Estimates 2013-2018

	2012/13	2013/14	2014/15	2015/16	2016/17
Public Sources					
Central / National	16,327,419,251	20,592,802,490	128,927,737,490	26,428,792,047	35,384,786,088
Sub-National	-	-	-	54	
Social security	-	-	-	3,042,026	4,056,035
Total Public	16,327,419,251	20,592,802,490	128,927,737,490	26,431,834,127	35,388,842,123
Private Sources					
Private insurance					
Households	2,306,000,000	2,421,000,000	2,542,000,000	2,669,100,000	2,796,078,335
For-profit institutions / Corporations	1,256,000,000	1,319,000,000	1,385,000,000	1,454,250,000	1,523,586,669
Non-profit institutions	2,379,183,363	17,022,905,703	3,629,193,467	4,415,085,791	5,130,644,493
Total Private	5,941,183,363	20,762,905,703	7,556,193,467	8,538,435,791	9,450,309,497
International Sources					
PEPFAR	40,982,230,304	49,863,880,806	46,425,882,383	53,073,270,967	63,601,206,636
Other bilateral	4,246,992,862	517,081,916	213,258,639	47,599,296	49,244,828
Global Fund	1,654,695,641	2,677,186,137	7,576,996,434	7,975,847,595	12,647,045,336
All other multilateral	272,027,062	305,400,922	137,935,894	228,601,447	286,613,025
All other international	-	-	188,270,926	52,874,279	70,499,039
Total International	47,155,945,869	53,363,549,781	54,542,344,276	61,378,193,584	76,654,608,864
Grand Total	69,424,548,483	94,719,257,974	191,026,275,233	96,348,463,502	121,493,760,484

Table 20 : Breakdown of HIV Financing Estimates (Kshs Millions)

	2012/13	2013/14	2014/15	2015/16	2016/17
Treatment, care and support	41,373,682,886	57,868,824,116	163,733,814,047	72,865,933,688	96,562,318,062
Prevention	5,812,245,409	5,463,780,693	7,429,405,983	7,898,683,885	9,638,587,305
Programmes for children & adolescents	2,357,358,550		-	-	-
Social protection	-	1,823,074,251	-	4,472,182,155	5,526,025,395
Community mobilization	18,906,702,066	-	-	2,754,600	3,672,800
Governance and sustainability	-	28,395,586,896	17,205,393,855	10,955,846,494	9,602,363,842
Blood Safety	118,780,358	561,709,084	851,110,096	111,971,830	84,090,160
Universal Precautions	505,464,910	357,919,248	816,589,616	-	-
Serological Surveillance	350,314,304	248,363,686	989,961,636	41,090,850	76,702,920
Total	69,424,548,483	94,719,257,974	191,026,275,233	96,348,463,502	121,493,760,484

7.4.2 Maximize efficiency in existing delivery options for increased value & results

Align the HIV/AIDS response to the local context³⁴

2017

- The NACC instituted and operationalized two committees to oversee HIV Financing processes in the Country. The KASF HIV Financing Committee will established to develop alternative financing models for the country. The Committee proposed establishment of HIV fund which was also proposed in all counties under the County MTEF Process. The NACC also constituted the Private Sector Technical Consortium to help establish private sector integration models for the country and counties respectively

- All the 47 Counties have drafted HIV budget proposals under the MTEF process to be integrated in the county budgeting processes for the 2016/7-2019/202. The MTEF process identifies the prioritization of HIV in the CIDPs which are costed under the CASPs, APDs and Sector Development Plans (SDPs)
- County HIV committee sets priorities for HIV resource mobilization
- Inclusion of HIV issues in SDP
- Multisectoral approach to implementation of CASP

2015 & 2013

- Gap analysis report for HIV response at national and county level-there is a decrease observed in the funding gap

Table 21: Resource Gap Per HIV Program Area

Programs	Need (Kshs Millions)	Uncovered Need (Kshs Millions)	Available resources (Kshs Millions)	Financial gap (Kshs Millions)
Care & treatment	387.4	193	259.15	128.25
HIV prevention	376.7	241.2	230.31	146.39
HTS	83.6	61.1	43	40.6
Other cross cutting	162.9	98.2	126	36.9
Total	1010.6	593.5	658.46	352.14

- Cost for establishment of a sustainable HIV and priority NCD investment fund structure in line with draft sessional paper of 2013 This is aligned to the county financing framework under the MTEF and alternative financing models
- The country is proposing establishment of the Health Fund under the Health Financing Strategy and devolved to counties

Promote effective cost-saving models of HIV and AIDS Service delivery^{8,17}

- A HIV/NCD Model to quantify cost effectiveness of different models of HIV/NCD integration
- Differentiate Care Model (DCM) to reduce the burden on the health system
- Integrating costs of HIV programming into the NHIF as a way to achieve UHC-

2017

- Integration of HIV and NCDs in HIV Programming including the costing process
- HIV Commodity gap:
 - Need and funding levels for HIV commodities (USD in millions)
 - 2016/2017- need 174 funding 223
 - 2015/2016-need 174 funding 200
- Leveraged on self-help initiatives with strong community involvement

Address inefficiencies in the 'above service' and 'cross-sectoral' cost of achieving the HIV and AIDS target coverage⁹

The HIV implementing partners online reporting system (HIPORS)⁴⁶

- Considering that 80% of the HIV response is funded by Development Partners, the HIPORS system was incepted to harmonize the reporting for HIV and AIDS resourcing and to provide data for decision making on resource allocation to reduce duplication and promote cost effectiveness taking into account the disease burden across the different counties. Development partners report on their annual spending which is then compared with the HIV epidemiology and CASP to show funding deficits and surpluses. In 2017, reporting rate was 47% of development partners up from 7% the previous year.
- Quarterly budget reviews to ensure appropriate utilization of funds with audits

7.4.3 Promote innovative and sustainable domestic HIV financing options^{32,68}

MTEF

County Medium Term Expenditure Framework (MTEF)-2016/17-2019/2020

Infrastructure resources

- Leveraging of infrastructure resources; Road sector SGR included in financial plan
- Road sector SGR included in financial plan– see infrastructure resources information

Fund the private-public HIV investment fund for HIV and AIDS to raise and leverage domestic resources

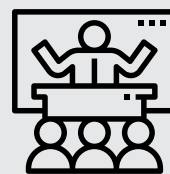
- Formation of PPPs Proposal for PPP node on course
- Donor funding & Strong partner support
- Support from private sector, faith based organizations and learning institutions

Integration of HIV in MTPIII and CIDP III

Integration of HIV and AIDS as a cross-cutting theme under the CIDPs and MTPs

7.5 Gaps to be filled

- The engagement of the Commission on revenue allocation to consider HIV as an added parameter for consideration in resource allocation has not been done
- Development of Alternative financing models integrating PPP in the country
- Establishment of the County HIV and AIDS financing models
- Model infrastructure resources with KENHA, KERRA, KURA and County governments
- Costing for ART models including the DCM and other prevention interventions
- No data on proportion of GF that should go out to communities (30% recommended)



Strategic Direction Eight:

Promoting accountable leadership for delivery of the KASF results by all sectors

8.1 Introduction

The Kenya Health Policy of 2014-2030 aims to achieve universal health coverage for critical services by spelling out goals that include elimination of communicable diseases, halt and reduce burden of NCDs, reduce exposure to risk factors, reduce violence and injuries, provide essential health care and strengthen collaboration with private and other sectors that have an impact on health care. President Uhuru Kenyatta has made achieving universal health coverage by 2022 a major part of his second term Big Four agenda and indicated in his inauguration speech that this would be achieved by expanding coverage under the National Health Insurance Fund (NHIF).^{35,36}

The County Government Act requires that counties submit plans, policies and reports to county governments' assemblies and design a performance management plan to evaluate implementation of county policies. Under the devolved government, planning, prioritization, implementation, monitoring, budgeting and resource allocation to programs and interventions within counties is done at the county level. Under the devolved system of governance, there are 47 counties in Kenya each headed by a Governor. The Council of Governors Health Committee considers all matters relating to health sector. The committee functions through a multipronged approach at national and international level to realize optimal health service delivery in the backdrop of a devolved system of governance. It

looks at the institutional structures and related laws, frameworks, policies and programs on health. The guiding objective is the realization of Sustainable Development Goal number three (3).⁶⁹ So far Makueni County has implemented universal health coverage for its citizens funded a contribution of USD 5 per member per year. Since October 2014, Makueni has been offering its one million residents free healthcare across all its public facilities, including county and sub-county hospitals. It is a model well worth examining in order to expand access to medical care across the country.⁷⁰ In 2017, the health worker strike led to a breakdown in the provision of essential health services with an increase in MTCT rates from 8.3% in 2017 to 11.3% in 2018.²

8.2 2019 KASF Targets¹⁵

- An enabling policy, legal and regulatory framework for the multi-sectoral HIV and AIDS response strengthened and fully aligned to the constitution of Kenya 2010
- Good governance practices and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels
- Effective and well-functioning stakeholder coordination and accountability mechanisms in place and fully operationalized at national and county levels

8.3 Key intervention areas¹⁵

- Build and sustain a high level of political and technical commitment for strengthened county and counties' ownership of the HIV response
- Establish and strengthen functional and competent HIV co-ordination mechanism at national and county level
- Entrench good governance and strengthen multi-sector and multi-partner accountability for delivery of KASF results

8.4 Country's progress by Key intervention areas

8.4.1 *Build and sustain a high level of political and technical commitment for strengthened Country and County ownership of the HIV response*^{35,51,70,71}

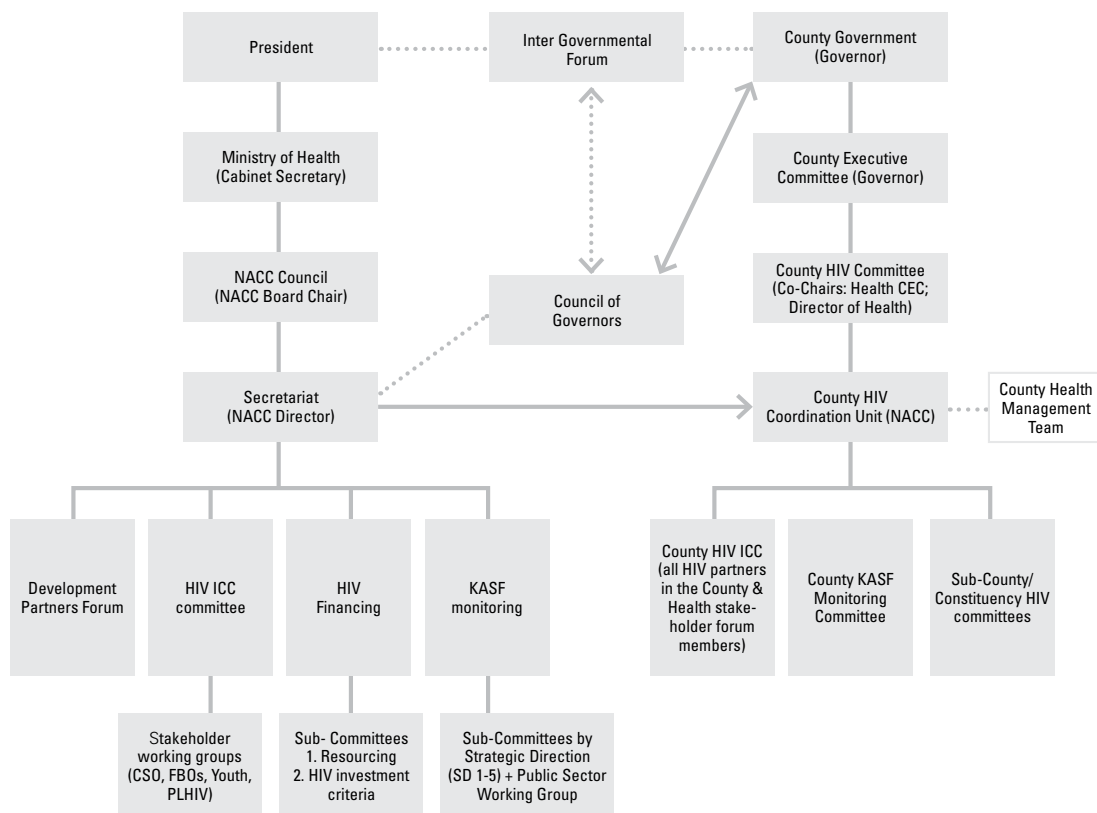
- The Presidents Big Four Agenda launched in 2017 'Big Four' agenda, include four key pillars - manufacturing, universal healthcare, affordable housing and food security, will be implemented by counties working hand in hand with the government.
- County and country plans will be aligned to the Big 4 Agenda
National and County Government coordinating summit – Council of Governors to provide declaration on the Universal Health Coverage
- So far UHC has been piloted in 4 counties namely: Kisumu, Isiolo, Nyeri and Machakos

- County Governments commitment and support to MTR and CASPs progress review
- HIV and AIDs is a cross-cutting agenda in all sectors under the CIDPs, MTPs, AOPs
- HIV Prevention indicator as part of the Government Performance Contracting process, that all sectors must report
- 2nd Strategic Framework for the engagement of the First Lady in the promotion of healthy lives and well-being of women, children and adolescents
- The Presidents campaign to address HIV-related stigma

8.4.2 *Establishing functional HIV-Coordination mechanism at national & county level*^{15,34}

- Development and operationalizing of the KASF delivery structures in the country
- 18 counties established County HIV Committees as at January 2016
- All counties have formed CHCs as a mechanism for coordination of the HIV response linked to CHMT
- HIV included as a cross-cutting issue in MTP III

Figure 17: KASF Governing Structure



KASF Governance

2017

- Significant ownership and political good will for the HIV response by the counties as evidenced by the prioritization of HIV through the development and implementation of CASPs, HSSPs, CDEP, MTEF budget and AWDP.
- Participation of the county leadership in, & financial commitment to World AIDS Day
- Allocation of resources to the HIV response
- Meaningful milestones have been achieved in performance contract reports
- Ongoing engagement with county leadership; governors, MCAs, CECs, and other county assembly committee members

- Functional HIV TWGs have been established in most counties to address emerging issues

2015

- Increase in weighting of the HIV indicators and Inclusion of HIV as a non-financial indicator in the public sector performance contracting process thus increasing attention by different sectors
 - Increase in reporting on the public sector HIV response through the Maisha Certification system
- | | | |
|------|---|-----|
| 2017 | <div style="width: 100%; background-color: #4CAF50;"></div> | 322 |
| 2015 | <div style="width: 50%; background-color: #9E9E9E;"></div> | 165 |
| 2013 | <div style="width: 0%; background-color: #F44336;"></div> | 0 |
- Validation of sector specific plans and indicators for the HIV response in public sector
 - Strengthened AIDS control units especially in educational institutions

Policies and systems intervention

- 2017 - 47 plans that are made once in every 4-5 years being implemented
- 2016 - 47 counties have their County AIDS strategic plans
- 2015 - Kenya Fast Track Plan to end HIV/AIDS among adolescents
- 2013 - Development of Kenya AIDS strategic framework to guide HIV response in the country

8.4.3 Stakeholder and partners co-ordination and accountability mechanisms^{7,15,33,34,72}

Stakeholder accountability

Stakeholder mapping

2017

- Majority of the counties have mapped out the stakeholders
- TWGs for KASF Delivery at national level that holds quarterly meetings
- COPs of research established
- Kenya is a member of the EAC coordination on HIV and AIDS which has a plan that addresses HIV, TB & RH

Communities of persons living with HIV

2015

- 47 chapters of the NEPHAK network established (National Empowerment Network of persons living with HIV)
- Increased enrolment of teachers living with HIV into the national organization (KENPOTE)
- Establishment of Sauti Sikia-the network of young people living with HIV

- Anti-stigma campaigns
- Different support groups contributed to increased uptake and adherence to ART

Civil society organizations

2015

- Organized meeting structures (including the HIV interagency coordination committee) to track execution of the KASF strategic directions
- Different working groups such as key populations, Meaningful involvement of PLHIV
- Advocacy on HIV related issues to enhance demand creation, accountability of all stakeholders and quality of care services
- COBPAP (Community reporting form) revised and integrated into DHIS2 with a total of 15,400 organizations reporting through the system

Faith sector organizations

2015

- Inter-faith sector working group established to guide the HIV response
- Faith sector Action plan validated and implemented
- FBOs involved in the provision of HIV related services in Kenya

Development partners

2015

- The UN joint Team on HIV and AIDS Implementing through the principals of delivering as One as agreed with the government
- USD 267,579, 47 grant to Kenya government by Global Fund for TB, HIV, and Malaria

- PEPFAR, private philanthropies and other implementing partners provide financial resources

Implementing partners HIPORS reporting

2017

- Mechanism for reporting by partners in place HIPORS and CAPR being used by counties

2015

- Development of an online reporting system for implementing partners, HIV Implementing partners on-line reporting system (HIPOS) to provide information on resources and programs to support counties planning, prioritization and budgeting
- 50% reporting rates (37 out of 75) among implementing partners that were trained

Multi-sector and multi-partner accountability

2017

- Strengthening of public sector reporting through Maisha Certification system, aligned to the performance contracting process
- Development and launch of the Kenya HIV situation room accessed by policy makers at national and county level configured to mine data from the key M&E sub-systems including DHIS, LMIS, CAPR and public/private sector systems. In addition, population based surveys and HIV/Health estimates data are included.

- Number of public sector institutions implementing a workplace based HIV prevention program has increased



- Donor and private sector support to H.E. the first lady's Beyond Zero initiative to deliver mobile clinics in all counties between 2014 to date



8.5 Gaps to be filled

- Private sectors need information on reporting systems to leverage on regulatory institutions to capture private sector response
- Tracking outcomes

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Annexes

Annex 1: 2017 HIV Implementing Partners Online Reporting System (HIPORS) by County

COUNTY	ORGANIZATION	AMOUNT (KSH)	AMOUNT (USD)
Mombasa			
	AIDS HEALTHCARE FOUNDATION - KENYA	234252007	2342520
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	6571863	65719
	Kenya Red Cross Society	134284332	1342843
	PARTNERS FOR HEALTH AND DEVELOPMENT IN AFRICA	97233400	972334
	Population Services Kenya	138478538	1384785
	UHIV CAPACITY BUILDING FELLOWSHIP	1330000	13300
	WOMEN FIGHTING AIDS IN KENYA (WOFAK)	38889894	388899
	Sub-Total	651040034	6510400
Kwale			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	Kenya Red Cross Society	83415484	834155
	Population Services Kenya	11928253	119283
	WOMEN FIGHTING AIDS IN KENYA (WOFAK)	15000000	150000
	Sub-Total	112534358	1125344
Kilifi			
	AIDS HEALTHCARE FOUNDATION, -KENYA	15373139	153731
	CHRISTIAN HEALTH ASSOCIATION OF KENYA	31647409	316474
	Kenya AIDS NGOs Consortium (KANCO)	38636910	386369
	Kenya Red Cross Society	129972705	1299727
	Population Services Kenya	55932690	559327
	Sub-Total	271562853	2715629
Tana River			
	Amref Health Africa in Kenya	1599345	15993
	Sub-Total	1599345	15993
Lamu			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	Kenya Red Cross Society	14000000	140000
	Sub-Total	16190621	161906
Taita Taveta			
	CHRISTIAN HEALTH ASSOCIATION OF KENYA	27407125	274071
	Kenya Red Cross Society	31982703	319827
	Population Services Kenya	281161	2812
	Sub-Total	59670989	596710
Garissa			
	Amref Health Africa in Kenya	19412936	194129
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4381243	43812
	Kenya Red Cross Society	14000000	140000
	Sub-Total	37794178	377942
Wajir			
	Amref Health Africa in Kenya	4125348	41253
	Kenya Red Cross Society	14000000	140000
	Sub-Total	18125348	181253

COUNTY	ORGANIZATION	AMOUNT (KSH)	AMOUNT (USD)
Mandera			
	Amref Health Africa in Kenya	888760	8888
	Kenya Red Cross Society	14000000	140000
	Sub-Total	14888760	148888
Marsabit			
	Amref Health Africa in Kenya	3060007	30600
	CHRISTIAN HEALTH ASSOCIATION OF KENYA	13503754	135038
	Kenya Red Cross Society	14000000	140000
	Sub-Total	30563761	305638
Isiolo			
	Amref Health Africa in Kenya	13602919	136029
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	Kenya Red Cross Society	14000000	140000
	Sub-Total	29793540	297935
Meru			
	Amref Health Africa in Kenya	6120000	61200
	CHRISTIAN HEALTH ASSOCIATION OF KENYA	50089045	500890
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4381263	43813
	HOPE WORLDWIDE KENYA	14409517	144095
	Kenya Red Cross Society	35166335	351663
	LVCT Health	12828766	128288
	Maryland Global Initiatives Corporation (MGIC)	18200150	182002
	PARTNERS FOR HEALTH AND DEVELOPMENT IN AFRICA	51500000	515000
	Population Services Kenya	258364	2584
	Sub-Total	192953440	1929534
Tharaka Nithi			
	CHRISTIAN HEALTH ASSOCIATION OF KENYA	51798075	517981
	HOPE WORLDWIDE KENYA	14497470	144975
	LVCT Health	3811353	38114
	Maryland Global Initiatives Corporation (MGIC)	18200150	182002
	Sub-Total	88307048	883070
Embu			
	CHRISTIAN HEALTH ASSOCIATION OF KENYA	12768964	127690
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	HOPE WORLDWIDE KENYA	14409517	144095
	LVCT Health	7517121	75171
	Maryland Global Initiatives Corporation (MGIC)	18200150	182002
	Sub-Total	55086374	550864
Kitui			
	CENTRE FOR HEALTH SOLUTIONS - KENYA	54796000	547960
	CENTRE FOR HEALTH SOLUTIONS - KENYA	54796000	547960
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	HOPE WORLDWIDE KENYA	5848828	58488
	LVCT Health	489012	4890
	Population Services Kenya	1139840	11398
	Sub-Total	119260301	1192603

COUNTY	ORGANIZATION	AMOUNT (KSH)	AMOUNT (USD)
Machakos			
	Amref Health Africa in Kenya	6120000	61200
	CENTRE FOR HEALTH SOLUTIONS - KENYA	65710265	657103
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4381243	43812
	HOPE WORLDWIDE KENYA	19100306	191003
	Kenya Red Cross Society	50514427	505144
	Population Services Kenya	1496990	14970
	Sub-Total	147323231	1473232
Makueni			
	AIDS HEALTHCARE FOUNDATION, -KENYA	51085256	510853
	Amref Health Africa in Kenya	6120000	61200
	CENTRE FOR HEALTH SOLUTIONS - KENYA	54537172	545372
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	HOPE WORLDWIDE KENYA	22907585	229076
	HOPE WORLDWIDE KENYA	14229625	142296
	Population Services Kenya	2576038	25760
	Sub-Total	153646297	1536463
Nyandarua			
	CENTRE FOR HEALTH SOLUTIONS - KENYA	16564199	165642
	CHRISTIAN HEALTH ASSOCIATION OF KENYA	21054838	210548
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	LVCT Health	7848241	78482
	Maryland Global Initiatives Corporation (MGIC)	36400301	364003
	Population Services Kenya	1215829	12158
	Sub-Total	85274030	852740
Nyeri			
	Amref Health Africa in Kenya	6120000	61200
	CENTRE FOR HEALTH SOLUTIONS - KENYA	48168658	481687
	CHRISTIAN HEALTH ASSOCIATION OF KENYA	50010067	500101
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	HOPE WORLDWIDE KENYA	6948231	69482
	Kenya Red Cross Society	29994180	299942
	LVCT Health	2966197	29662
	Maryland Global Initiatives Corporation (MGIC)	18200150	182002
	Sub-Total	164598105	1645981
Kirinyaga			
	CHRISTIAN HEALTH ASSOCIATION OF KENYA	38582435	385824
	HOPE WORLDWIDE KENYA	28335297	283353
	Kenya Red Cross Society	35166335	351663
	LVCT Health	2541601	25416
	Maryland Global Initiatives Corporation (MGIC)	18200150	182002
	Population Services Kenya	1911132	19111
	University of Nairobi-CRISSP	108894127	1088941
	Sub-Total	233631077	2336311

COUNTY	ORGANIZATION	AMOUNT (KSH)	AMOUNT (USD)
Murang'a			
	AIDS HEALTHCARE FOUNDATION,-KENYA	4822868	48229
	CENTRE FOR HEALTH SOLUTIONS - KENYA	51327227	513272
	Kenya Red Cross Society	34335232	343352
	LVCT Health	12902546	129025
	Maryland Global Initiatives Corporation (MGIC)	18200150	182002
	Population Services Kenya	6083568	60836
	Sub-Total	127671591	1276716
Kiambu			
	CARE FOR HIV/AIDS ORGANIZATION	57999066	579991
	CENTRE FOR HEALTH SOLUTIONS - KENYA	48325952	483260
	CHRISTIAN HEALTH ASSOCIATION OF KENYA	191760781	1917608
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	Kenya Red Cross Society	58648200	586482
	Kiambu people Living With HIV/AIDS (KIPEWA)	10654358	106544
	LVCT Health	13419648	134196
	Population Services Kenya	24135688	241357
	UHIV CAPACITY BUILDING FELLOWSHIP	1330000	13300
	University of Nairobi-CRISSP	217788253	2177883
	Sub-Total	626252567	6262526
Turkana			
	AIDS HEALTHCARE FOUNDATION,-KENYA	19878067	198781
	Amref Health Africa in Kenya	82321439	823214
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	329473281	3294733
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	41652175	416522
	Kenya Red Cross Society	126477707	1264777
	Maryland Global Initiatives Corporation (MGIC)	42806000	428060
	Sub-Total	642608669	6426087
West Pokot			
	AMPATHPLUS	39416700	394167
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	26651143	266511
	Kenya Red Cross Society	14000000	140000
	Sub-Total	80067843	800678
Samburu			
	Amref Health Africa in Kenya	19684367	196844
	Sub-Total	19684367	196844
Trans Nzoia			
	AMPATHPLUS	237133200	2371332
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	Kenya Red Cross Society	71169269	711693
	KITALE AIDS PROGRAMME	11828053	118281
	NEIGHBOURS IN ACTION-KENYA	6000000	60000
	Population Services Kenya	509128	5091
	Sub-Total	328830272	3288303

COUNTY	ORGANIZATION	AMOUNT (KSH)	AMOUNT (USD)
Uasin Gishu			
	AMPATHPLUS	504589100	5045891
	FAMILY HEALTH INTERNATIONAL	13161765	131618
	HOPE WORLDWIDE KENYA	28867575	288676
	Kenya Red Cross Society	23423917	234239
	NEIGHBOURS IN ACTION-KENYA	14222912	142229
	PARTNERS FOR HEALTH AND DEVELOPMENT IN AFRICA	51500000	515000
	VOLUNTARY HEALTH IN KENYA	600000	6000
	Sub-Total	636365270	6363653
Elgeyo Marakwet			
	AMPATHPLUS	45434400	454344
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	FAMILY HEALTH INTERNATIONAL	2658677	26587
	Sub-Total	50283698	502837
Nandi			
	AMPATHPLUS	46662700	466627
	FAMILY HEALTH INTERNATIONAL	13995800	139958
	Henry Jackson Foundation, MRI	98074030	980740
	Sub-Total	158732530	1587325
Baringo			
	FAMILY HEALTH INTERNATIONAL	65050600	650506
	LVCT Health	5542699	55427
	Population Services Kenya	4395142	43951
	Sub-Total	74988441	749884
Laikipia			
	CENTRE FOR HEALTH SOLUTIONS - KENYA	4684057	46841
	FAMILY HEALTH INTERNATIONAL	61462711	614627
	LVCT Health	6121820	61218
	Sub-Total	72268588	722686
Nakuru			
	AIDS HEALTHCARE FOUNDATION, -KENYA	4446091	44461
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	13143727	131437
	CHRISTIAN HEALTH ASSOCIATION OF KENYA	26263680	262637
	FAMILY HEALTH INTERNATIONAL	394287234	3942872
	HOPE WORLDWIDE KENYA	34583171	345832
	Kenya Red Cross Society	143454475	1434545
	LVCT Health	50705749	507057
	Population Services Kenya	68390	684
	Sub-Total	666952517	6669525
Narok			
	FAMILY HEALTH INTERNATIONAL	158989600	1589896
	LVCT Health	18394101	183941
	Henry Jackson Foundation, MRI	77042093	770421
	Sub-Total	254425794	2544258

COUNTY	ORGANIZATION	AMOUNT (KSH)	AMOUNT (USD)
Kajiado			
	Amref Health Africa in Kenya	15101900	151019
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	FAMILY HEALTH INTERNATIONAL	127089916	1270899
	FAMILY HEALTH INTERNATIONAL	13293383	132934
	HOPE WORLDWIDE KENYA	12164128	121641
	Kenya Red Cross Society	94896928	948969
	LVCT Health	13890141	138901
	Population Services Kenya	8510729	85107
	Sub-Total	287137745	2871377
Kericho			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	2190621	21906
	FAMILY HEALTH INTERNATIONAL	5317353	53174
	Kenya Red Cross Society	27134072	271341
	UHIV CAPACITY BUILDING FELLOWSHIP	1330000	13300
	Henry Jackson Foundation,MRI	261100100	2611001
	Sub-Total	297072146	2970721
Bomet			
	FAMILY HEALTH INTERNATIONAL	2658677	26587
	Kenya Red Cross Society	40268144	402681
	Henry Jackson Foundation,MRI	165610994	1656110
	Sub-Total	208537815	2085378
Kakamega			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	429955636	4299556
	GLOBAL IMPLEMENTATION SOLUTIONS	18355569	183556
	Kenya Red Cross Society	115716840	1157168
	PATH	2213112	22131
	Population Services Kenya	8510729	85107
	UHIV CAPACITY BUILDING FELLOWSHIP	1056000	10560
	Sub-Total	575807886	5758079
Vihiga			
	COPTIC HOSPITAL	54368200	543682
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	11823981	118240
	GLOBAL IMPLEMENTATION SOLUTIONS	5645956	56460
	Kenya Red Cross Society	51460092	514601
	LVCT Health	7603597	76036
	OGRA FOUNDATION	15264279	152643
	PATH	502979	5030
	Population Services Kenya	9692627	96926
	Sub-Total	156361711	1563617
Bungoma			
	AMPATHPLUS	88932200	889322
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	11823981	118240
	GLOBAL IMPLEMENTATION SOLUTIONS	12006975	120070
	Kenya Red Cross Society	62158797	621588
	PATH	603575	6036
	Population Services Kenya	4395143	43951
	Sub-Total	179920672	1799207

COUNTY	ORGANIZATION	AMOUNT (KSH)	AMOUNT (USD)
Busia			
	AMPATHPLUS	331,925,200	3,319,252
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4,868,698	48,687
	GLOBAL IMPLEMENTATION SOLUTIONS	24,260,589	242,606
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	72,644,189	726,442
	Kenya Red Cross Society	24,706,800	247,068
	PATH	887,504	8,875
	Population Services Kenya	2,277,807	22,778
	UHIV CAPACITY BUILDING FELLOWSHIP	1,056,000	10,560
	Sub-Total	462,626,788	4,626,268
Siaya			
	AIHA	68,853,670	688,537
	ANANDA MARGA UNIVERSAL RELIEF TEAM	96,912,412	96,9124
	CENTRE FOR HEALTH SOLUTIONS - KENYA	439,517,962	4,395,180
	GLOBAL IMPLEMENTATION SOLUTIONS	36,230,287	362,303
	I-TECH, Kenya	7,000,000	70,000
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	802,263,920	8,022,639
	Kenya Red Cross Society	120,300,354	1,203,004
	LVCT Health	2,449,283	24,493
	OGRA FOUNDATION	26,000,000	260,000
	Population Services Kenya	14,595,138	145,951
	Trocaire	7,894,432	78,944
	Sub-Total	1,622,017,457	16,220,175
Kisumu			
	AMPATHPLUS	105,906,600	1,059,066
	CARE FOR HIV/AIDS ORGANIZATION	56,803,648	568,036
	CENTERS FOR INTERNATIONAL PROGRAMS - KENYA	260,000,000	2,600,000
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	61,902,672	619,027
	GLOBAL IMPLEMENTATION SOLUTIONS	59,578,877	595,789
	Global Programs for Research & Training	161,399,418	1,613,994
	HJF MEDICAL RESEARCH INTERNATIONAL	389,644,400	3,896,444
	I-TECH, Kenya	7,000,000	70,000
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	140,008,205	1,400,082
	Kenya Red Cross Society	109,220,794	1,092,208
	LVCT Health	172,721,495	1,727,215
	mHealth Kenya	95,000,000	950,000
	NYANZA REPRODUCTIVE HEALTH SOCIETY	114,617,631	1,146,176
	OGRA FOUNDATION	58,264,279	582,643
	PARTNERS FOR HEALTH AND DEVELOPMENT IN AFRICA	103,000,000	1,030,000
	PARTNERSHIP FOR A HIV FREE GENERATION	25,733,085	257,331
	PATH	3,040,404	30,404
	Population Services Kenya	14,569,074	145,691
	Sub-Total	1,938,410,581	19,384,106

COUNTY	ORGANIZATION	AMOUNT (KSH)	AMOUNT (USD)
Homa Bay			
	AIDS HEALTHCARE FOUNDATION,-KENYA	27757402	277574
	AIHA	31860854	318609
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	1211126174	12111262
	FAMILY HEALTH OPTIONS KENYA	10000000	100000
	GLOBAL IMPLEMENTATION SOLUTIONS	57926963	579270
	Global Programs for Research & Training	58207696	582077
	I-TECH, Kenya	7000000	70000
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	54091501	540915
	INTEGRATED DEVELOPMENT FACILITY	10000	100
	Kenya Red Cross Society	112783896	1127839
	LVCT Health	14430795	144308
	NYANZA REPRODUCTIVE HEALTH SOCIETY	14155834	141558
	OGRA FOUNDATION	40000000	400000
	PATH	2843798	28438
	Population Services Kenya	5222489	52225
	UHIV CAPACITY BUILDING FELLOWSHIP	2112000	21120
	WOMEN FIGHTING AIDS IN KENYA (WOFAK)	22312919	223129
	Sub-Total	1671842321	16718423
Migori			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	9041868	90419
	GLOBAL IMPLEMENTATION SOLUTIONS	28944843	289448
	Global Programs for Research & Training	58912842	589128
	I-TECH, Kenya	7000000	70000
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	66778218	667782
	Kenya Red Cross Society	71680762	716808
	LVCT Health	152908437	1529084
	Maryland Global Initiatives Corporation (MGIC)	42806000	428060
	PATH	16599191	165992
	Population Services Kenya	28776651	287767
	Sub-Total	483448812	4834488
Kisii			
	AIDS HEALTHCARE FOUNDATION,-KENYA	3084156	30842
	FAMILY HEALTH INTERNATIONAL	10529412	105294
	Kenya Red Cross Society	91138646	911386
	LVCT Health	6666434	66664
	Maryland Global Initiatives Corporation (MGIC)	349589858	3495899
	PATH	301789	3018
	Population Services Kenya	17002612	170026
	TUJIKAZE HUMANITARIAN PROGRAMME	200000	2000
	Sub-Total	478512907	4785129
Nyamira			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	10432925	104329
	FAMILY HEALTH INTERNATIONAL	7976030	79760
	Kenya Red Cross Society	49305909	493059
	PATH	1106557	11066
	TUJIKAZE HUMANITARIAN PROGRAMME	400000	4000
	Sub-Total	69221420	692214

COUNTY	ORGANIZATION	AMOUNT (KSH)	AMOUNT (USD)
Nairobi	AIDS HEALTHCARE FOUNDATION, -KENYA	116073041	1160730
	AIHA	16477948	164779
	AMREF Health Africa in Kenya	241324400	2413244
	ANANDA MARGA UNIVERSAL RELIEF TEAM	55644	556
	Bar Hostess Empowerment and Support Programme	8000000	80000
	COPTIC HOSPITAL	357581000	3575810
	CHRISTIAN HEALTH ASSOCIATION OF KENYA	92361549	923615
	Eastern Deanery AIDS Relief Program	700000000	7000000
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	76397984	763980
	FAMILY HEALTH OPTIONS KENYA	9000000	90000
	Global Communities	156812556	1568126
	Global Programs for Research & Training	125240927	1252409
	HEALTH STRAT	168966795	1689668
	HOPE WORLDWIDE KENYA	68134079	681341
	I-TECH, Kenya	7000000	70000
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	25549700	255497
	Kenya Red Cross Society	213992602	2139926
	LVCT Health	352620997	3526210
	Maryland Global Initiatives Corporation (MGIC)	915270968	9152710
	Palladium	452736400	4527364
	PARTNERS FOR HEALTH AND DEVELOPMENT IN AFRICA	51500000	515000
	Population Services Kenya	117984423	1179844
	TackleAfrica	17,113,862	171,139
	Trocaire	7,838,745	78,387
	UHIV CAPACITY BUILDING FELLOWSHIP	6,650,000	66,500
	University of Nairobi	293,755,487	2,937,555
	Sub-Total	4,598,439,107	45,984,391
	Grand Total	19,252,333,203	192,523,332

Annex 2: List of MDA's that reported the 13th PC Cycle (2016/2017)

Institutions that reported		Q1	Q2	Q3	Q4
5/001	Administration Police Service	✓	✓	✓	--
4/003	Agricultural Finance Corporation	✓	✓	✓	✓
4/005	Agro Chemical and Food Company Ltd.	✓	✓	✓	✓
5/007	Anti-Female Genital Mutilation Board	--	--	--	--
8/008	Asumbi Teachers Training College	--	--	--	--
5/010	Bomas of Kenya	✓	✓	--	--
6/011	Bondo Teachers Training College	--	✓	✓	--
6/014	Bumbe Technical Training Institute	--	--	--	--
6/015	Bushiangala Technical Training Institute	--	--	✓	--
5/016	Capital Markets Authority	✓	✓	✓	✓
5/017	Centre for Mathematics Science and Technology Education in Africa	✓	--	✓	✓
4/018	Chemelil Sugar Company	--	--	--	--
5/019	Child Welfare Society of Kenya	✓	✓	✓	✓
6/022	Coast Institute of Technology	--	--	✓	--
5/024	Commission for University Education	--	--	--	--
4/027	Consolidated Bank of Kenya	✓	✓	✓	✓
5/028	National Government Constituency Development Fund	✓	✓	✓	--
5/030	Cotton Development Authority	--	--	--	--
5/031	Council of legal Education	✓	✓	✓	✓
3/032	Dedan Kimathi University of Science & Technology	✓	✓	--	--
4/033	East African Portland Cement Company Ltd.	✓	✓	✓	✓
5/034	Education Standards Quality Assurance Control	--	--	--	--
3/035	Egerton University	✓	✓	✓	✓
6/036	Egoji Teachers Training College	--	--	--	✓
6/038	Emining Technical Training Institute	--	--	--	--
6/041	Eregi Teachers Training College	--	--	--	--
5/042	Ewaso Ng'iro North Development Authority	--	--	--	--
5/043	Ewaso Ng'iro South Development Authority	--	--	--	--
5/044	Export Processing Zones Authority	✓	✓	✓	✓
6/046	Friends College Kaimosi	✓	✓	✓	--
6/047	Garissa Teachers Training College	--	--	--	--
3/048	Garissa University College	--	--	--	--
5/049	Geothermal Development Company Limited	✓	✓	✓	✓
6/050	Gusii Institute of Technology	--	--	--	--
5/052	ICT Authority	✓	✓	✓	--
5/055	Insurance Regulatory Authority	--	--	✓	✓
6/057	Jeremiah Nyagah Technical Institute	--	--	--	--
6/060	Kabete Technical Training Institute (Polytechnic)	✓	✓	✓	--
6/061	Kagumo Teachers Training College	--	--	--	--
6/062	Kaiboi Technical Training Institute	✓	✓	✓	✓
6/063	Kaimosi Teachers Training College	✓	✓	✓	
6/064	Kamwenja Teachers Training College	✓	✓	✓	✓
3/065	Karatina University	--	✓	✓	✓
6/067	Katine Technical Training Institute	✓	✓	✓	✓
5/069	Kenya Accreditation Services	--	--	--	--
5/070	Kenya Agricultural and Livestock Research Organization	✓	--	✓	✓
4/071	Kenya Airports Authority	✓	✓	✓	✓

Institutions that reported		Q1	Q2	Q3	Q4
5/072	Kenya Animal Genetic Resources	✓	✓	✓	✓
4/073	Kenya Broadcasting Corporation	✓	✓	✓	✓
5/076	Kenya Copyright Board	✓	✓	✓	✓
5/077	Kenya Cultural Centre	--	--	--	--
5/079	Kenya Education Management Institute	✓	--	✓	✓
5/083	Kenya Film Classification Board	--	--	--	--
5/085	Kenya Forest Service	✓	✓	✓	✓
4/087	Kenya Industrial Estates	✓	✓	--	✓
5/088	Kenya Industrial Property Institute	--	--	--	✓
5/089	Kenya Industrial Research and Development Institute	✓	✓	✓	✓
5/090	Kenya Institute for Public Policy Research and Analysis	✓	✓	✓	✓
6/091	Kenya Institute For The Blind	--	--	--	--
5/092	Kenya Institute of Curriculum Development	✓	✓	✓	✓
5/093	Kenya Institute of Mass Communication	✓	✓	✓	✓
5/094	Kenya Institute of Special Education	✓	✓	✓	✓
5/095	Kenya Investment Authority	✓	✓	✓	✓
5/096	Kenya Law Reform Commission	--	--	--	--
5/099	Kenya Marine and Fisheries Research Institute	✓	✓	✓	✓
5/100	Kenya Maritime Authority	✓	✓	✓	✓
4/101	Kenya Meat Commission	--	✓	--	--
5/102	Kenya Medical Research Institute	✓	✓	✓	✓
5/103	Kenya Medical Supplies Agency	✓	✓	✓	✓
4/105	Kenya National Assurance Company Ltd	--	--	--	--
5/108	Kenya National Examinations Council	✓	✓	✓	✓
4/111	Kenya National Shipping Line	✓	✓	--	✓
5/113	Kenya Nuclear Electricity Board	✓	✓	✓	✓
5/114	Kenya Ordinance Factories Corporation	--	--	--	--
4/122	Kenya Revenue Authority	✓	✓	✓	✓
4/125	Kenya Safari Lodges and Hotels	--	--	--	--
5/126	Kenya School of Government	✓	✓	✓	✓
5/127	Kenya School of Law	--	--	✓	✓
4/128	Kenya Seed Company Ltd.	✓	✓	✓	✓
5/129	Kenya Sports Academy	--	--	--	--
5/131	Kenya Tourism Board	✓	✓	✓	✓
5/132	Kenya Trade Network Agency	✓	✓	✓	✓
5/134	Kenya University and Colleges Placement Services	✓	--	✓	✓
5/136	Kenya Utalii College	✓	✓	✓	✓
5/137	Kenya Veterinary Board	--	--	✓	✓
5/138	Kenya Veterinary Vaccines Production Institute	✓	✓	✓	✓
5/139	Kenya Water Institute	✓	✓	✓	✓
5/140	Kenya Water Towers Agency	✓	✓	✓	✓
5/141	Kenya Wildlife Service	✓	✓	✓	✓
4/142	Kenya Wine Agencies Ltd.	--	--	--	--
5/143	Kenya Yearbook Editorial	✓	✓	✓	--
4/144	Kenyatta International Convention Centre	✓	✓	✓	✓
5/145	Kenyatta National Hospital	✓	✓	✓	✓
6/147	Kenyan Teachers Training College	--	--	✓	✓
6/148	Kericho Teachers Training College	--	--	--	--
5/149	Kerio Valley Development Authority	✓ -	✓	✓	✓

Institutions that reported		Q1	Q2	Q3	Q4
6/150	Keroka Technical Training Institute	--	--	--	--
6/151	Kiambu Institute of Science And Technology	--	--	--	--
6/152	Kibabii Diploma Teachers Training College	--	--	--	--
6/154	Kiirua Technical Training Institute	✓	✓	--	--
3/155	Kirinyaga University College	--	✓	✓	--
6/157	Kisiwa Technical Training Institute	--	--	--	--
6/158	Kitale Technical Training Institute	--	--	--	--
5/159	Kitui Teachers Training College	✓	✓	✓	✓
5/162	Lake Basin Development Authority	✓	✓	✓	✓
5/165	LAPPSET Corridor Development Authority	--	--	--	--
6/170	Machakos Technical Training Institute for The Blind	✓	✓	✓	✓
3/171	Machakos University College	✓	✓	✓	✓
3/172	Maseno University	✓	✓	✓	✓
6/173	Masinde Muliro University of Science and Technology	✓	✓	--	--
6/174	Mathenge Technical Training Institute	--	--	--	--
6/175	Matili Technical Training Institute	--	--	✓	--
6/176	Mawego Technical Training Institute	--	--	--	--
5/177	Media Council of Kenya	--	--	--	--
6/178	Meru Teachers Training College	--	--	--	--
6/181	Michuki Technical Training Institute	--	--	--	--
6/183	Migori Teachers Training College	✓	--	--	--
1/184	Ministry of Agriculture, Livestock and Fisheries	--	--	✓	✓
1/185	Ministry of Devolution and Planning (Special Program)	✓	✓	✓	✓
1/187	Ministry of Education, Science and Technology	✓	--	--	--
1/188	Ministry of Energy and Petroleum	✓	✓	--	✓
1/189	Ministry of Environment, Water and Natural Resources	✓	✓	✓	✓
1/190	Ministry of Foreign Affairs and International Trade	--	✓	--	✓
1/191	Ministry of Health	✓	✓	✓	--
1/192	Ministry of Industrialization and Enterprise Development	--	--	--	--
1/193	Ministry of Information, Communication and Technology	✓	✓	✓	✓
1/195	Ministry of Labour, Social, Security and Services	--	--	--	--
1/196	Ministry of Lands and physical Planning	✓	✓	✓	✓
1/198	Ministry of Sports, Culture and The Arts	--	--	--	--
1/199	Ministry of State for Defense	--	--	--	--
1/200	Ministry of Water and irrigation	--	--	--	--
1/201	Ministry of Transport and Infrastructure	✓	✓	✓	--
1/202	Moi Institute of Technology	--	--	--	--
1/203	Moi Teachers Training College, Baringo	--	--	--	--
5/206	Mombasa Technical Training Institute	--	--	--	--
3/207	Mosoriot Teachers Training College	--	--	--	--
6/208	Mukiria Technical Training Institute	--	--	--	✓
6/210	Muranga Teachers Training College	--	--	--	--
3/211	Muranga University College	✓	--	✓	✓
6/212	Musakasa Technical Training Institute	--	--	--	--
6/214	Nairobi Centre for International Protection	--	--	--	--
6/215	Nairobi Technical Training Institute	✓	✓	✓	✓
5/216	Narok Teachers Training College	--	--	--	--
5/221	National Commission for Science, Technology and Innovation	✓	--	--	--

Institutions that reported		Q1	Q2	Q3	Q4
4/222	National Construction Authority	✓	✓	✓	--
5/223	National Council for Children Services	--	--	--	--
5/225	National Council for Population and Development	✓	✓	✓	✓
5/226	National Crime Research Centre	--	--	--	--
5/227	National Drought Management Authority	--	--	--	--
5/229	National Hospital Insurance Fund	✓	✓	✓	✓
4/232	National Irrigation Board	✓	✓	--	✓
5/233	National Museums of Kenya	--	--	--	--
5/234	National Oil Corporation of Kenya	✓	✓	✓	✓
4/236	National Sports Fund	--	--	--	--
5/239	National Youth Council	--	--	--	--
5/240	New Kenya Cooperative Creameries Ltd	--	--	--	✓
4/242	North Eastern Province Technical Training Institute	--	--	--	--
5/243	Northern Water Services Board	--	--	--	--
6/244	Nursing Council of Kenya	✓	✓	✓	✓
4/246	Nyandarua Institute of Science and Technology	--	--	--	--
6/248	Nyeri National Polytechnic (Former Nyeri Technical Training Institute)	✓	✓	✓	✓
4/249	Nzoia Sugar Company	--	--	--	--
6/250	Office of Attorney General and Department of Justice	✓	✓	✓	✓
4/251	Ollessos Technical Training Institute	✓	--	✓	✓
1/252	Paramount Chief Kinyanjui Technical Training Institute	--	--	--	✓
6/253	Pest Control Products Board	✓	✓	✓	✓
6/254	Postal Corporation of Kenya	✓	✓	✓	✓
5/255	Privatization Commission of Kenya	✓	✓	✓	✓
4/256	Public Procurement Oversight (Regulatory) Authority	✓	✓	✓	--
5/257	Public Service Commission	--	--	--	--
5/258	Pwani University	--	✓	✓	✓
1/259	Pyrethrum Board of Kenya	--	--	--	--
3/260	Ramogi Institute of Technology	✓	✓	✓	--
4/261	Retirement Benefits Authority	✓	✓	✓	✓
6/262	Rift Valley Institute of Science and Technology	--	--	--	--
5/263	Rift Valley Technical Training Institute	--	--	--	--
6/264	Rift Valley Water Services Board	--	--	--	--
6/265	Rongo University College	✓	✓	✓	✓
5/266	Rural Electrification Authority	--	--	--	--
3/267	Sacco Societies Regulatory Authority	✓	✓	✓	✓
5/268	Sangalo Institute of Science and Technology	--	--	--	--
5/269	School Equipment Production Unit	--	--	--	--
6/270	Shamberere Technical Training Institute	✓	✓	--	--
4/271	Shanzu Teachers Training College	--	--	--	--
6/272	Siaya Institute of Technology	--	--	--	--
6/273	Sigalagala Technical Training Institute	--	--	--	--
6/275	South Eastern University	✓	✓	✓	✓
6/276	South Nyanza Sugar Company	✓	✓	✓	✓
3/277	Sports Kenya	✓	✓	✓	--
5/279	St. Joseph Nyangoma Technical Training Institute for the Deaf	--	--	--	--
6/280	St. Marks Teachers Training College, Kigari	--	--	--	--

Institutions that reported		Q1	Q2	Q3	Q4
6/281	State House	✓	✓	✓	✓
6/282	Taita Taveta University	--	--	--	--
1/283	Tambach Teachers Training College	✓	✓	✓	✓
3/284	Tana and Athi Rivers Development Authority	✓	✓	✓	--
6/285	Tana Water Services Board	✓	✓	✓	✓
5/286	Tana Athi Water Services Board	✓	✓	✓	--
5/287	Teachers Service Commission	✓	✓	✓	✓
3/290	The Eldoret National Polytechnic	--	--	--	--
6/291	The Kisumu National Polytechnic	✓	--	--	--
6/292	The National Treasury	--	✓	✓	✓
1/293	The Presidency	--	--	--	--
1/294	Thika Technical Training Institute	✓	✓	--	--
6/295	Thogoto Teachers Training College	--	--	--	--
5/297	Tourism Finance Corporation	✓	✓	✓	✓
4/298	Tourism Fund	--	--	--	--
5/299	Unclaimed Financial Assets Authority	✓	--	✓	✓
5/300	United Nations Educational, Scientific and Culture Organization	--	--	--	--
4/305	Uwezo Fund	--	--	--	--
5/308	Water Appeals Board	--	--	--	--
5/309	Water Resources Management Authority	✓	✓	✓	✓
5/312	Witness Protection Agency	✓	✓	✓	✓
5/313	Woman Enterprise Fund	--	--	--	--
6/314	Wote Technical Training Institute	--	--	✓	--
5/315	Youth Enterprise Development Fund	✓	✓	✓	✓
	LAPFUND Secured Retirement	✓	✓	✓	--
	National Government Constituencies Development Board	--	--	✓	✓
	The County Government of Kitui	--	--	✓	--
	State Department of Special Programmes				✓

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