



NATIONAL SYNDEMIC DISEASES
CONTROL COUNCIL

Promoting the health and well-being of men and boys

Action framework for ending AIDS, tuberculosis and promoting access to prevention and treatment services for sexually transmitted infections, drugs, alcohol and substance abuse disorders

2024-2030





REPUBLIC OF KENYA



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infections, drugs, alcohol and substance abuse disorders*

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Acronyms/Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome	KICD	Kenya Institute of Curriculum Development
ART	Antiretroviral Treatment Therapy	MSM	Men Who Have Sex with Men
AYP	Adolescent and Young People	MDAs	Ministries, Departments, and Agencies
CAIP	County AIDS Implementation Plan	MoE	Ministry of Education
CBO	Community-Based Organization	MoH	Ministry of Health
CSO	Civil Society Organization	NACADA	National Authority for the Campaign Against Drug Abuse
DSTB	Drug Sensitive Tuberculosis	NASCOP	National AIDS and STI Control Program
DSU	Drug and Substance Use	NCD	Non-Communicable Diseases
DHIS	District Health Information System	NEMIS	National Educational Management Information System
GBV	Gender-Based Violence	NSDCC	National Syndemic Diseases Control Council
GPC	Global HIV Prevention Coalition	NGO	Non-Governmental Organization
HIV	Human Immunodeficiency Virus	PEP	Post-exposure Prophylaxis
HPV	Human Papilloma Virus	PLHIV	People Living with HIV
KASF	Kenya AIDS Strategic Framework	PrEP	Pre-Exposure Prophylaxis
KCPE	Kenya Certificate of Primary Education	SGBV	Sexual Gender-Based Violence
KHIS	Kenya Health Information System	STI	Sexually Transmitted Infections
KDHS	Kenya Demographic and Health Survey	SDGs	Sustainable Development Goals
KIHBS	Kenya Integrated Household Budget Survey	TB	Tuberculosis
KPR	Kenya HIV Prevention Revolution Roadmap	TVET	Technical Vocational Education and Training
KNBS	Kenya National Bureau of Statistics	VMMC	Voluntary Medical Male Circumcision
KPHC	Kenya Population and Housing Census	WHO	World Health Organisation
KP	Key Population		

Foreword

It is with great pleasure that I endorse an action framework developed to address HIV and other health-related issues affecting boys and men in Kenya. This plan drawn by representatives of multi-sectoral stakeholders has identified critical issues that need a focused approach to accelerate the progress towards ending AIDS and other ill health challenges facing men in Kenya.

HIV, sexually transmitted infections, tuberculosis, alcohol and substance abuse, as well as mental health challenges among boys and men, have significant negative impacts on individuals, families, communities, and society at large. The prevalence of sexual and gender-based violence and mis-timed pregnancies underscores the gaps in positive masculinity and socio-cultural practices. These issues pose serious challenges to public health and social cohesion.

This action framework hinges on the HIV prevention acceleration plan and emphasises on three pillars including promotion of healthy masculinity to accelerate better health outcomes for the health and well-being of boys and men improved access to HIV, sexually transmitted infections, tuberculosis, drugs, alcohol and substance abuse prevention and treatment services among boys and men and strengthen partnerships and coordination mechanisms.

The implementation approach includes initiatives that will foster public education, of men as clients, partners and agents of change through life skills training, mentorship fostering cross-sectoral collaboration to address broader socio-economic challenges and policy reforms.

I commend the dedication of all the stakeholders involved in developing this action plan. I call upon all Kenyans, especially boys and men, to actively participate in this national effort. Together, we can create a healthier, safer, and more inclusive society for everyone.



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

Harry Kimutai, CBS
Principal Secretary, Medical Services,
Ministry of Health

Acknowledgement

This Action Framework is developed to transform the approach to addressing HIV and other syndemics among men and boys. The framework is underpinned by global, regional, and national legal frameworks and policies that emphasize the need for gender inclusion in health and development agendas.

“Boys and Men’s Health” will provide crucial direction to all stakeholders involved in the multi-sector HIV and AIDS response. Drawing on past successes and lessons learned, it presents

a revised approach to fast-tracking progress towards achieving the HIV Prevention Revolution Roadmap 2030 targets.

We acknowledge the invaluable contributions of officers from Ministries, County Government, civil society, bilateral and multilateral organizations for their financial and technical contributions in the development, review, and dissemination of this framework. Special recognition goes to the team that collated recommendations from the stakeholders to draft this action framework.

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Geoffrey Gitu,
Board Chairperson,
National Syndemic Disease Control Council

Executive Summary

This Action Framework guides the implementation of evidence-based interventions for boys and men to achieve better health outcomes as outlined in the Kenya AIDS Strategic Framework II 2020/21-2024/25, implemented through the County AIDS Implementation Plans. It outlines priority interventions in HIV prevention, treatment, and care, and addresses cross-cutting factors that increase the vulnerabilities of boys and men, such as mental health and alcohol and substance abuse. Further areas where the role of men as clients, partners, and agents of change is critical are elaborated.

The action framework recognizes that while the Kenya HIV response has made significant progress, achieving the ambitious goal of ending AIDS by 2023 will require additional efforts to address gaps in sub-populations such as men and boys.


The framework will employ:

- i. A transformative and impactful approach that acknowledges the power of family and social units to address declining social capital and responsibility for the health and well-being of the boy child;
- ii. Commitment to addressing cultural, policy, and legal barriers that create an environment facilitating positive behaviors and uptake of health services among boys and men;
- iii. Approaches that fully resource, mentor, and build capacities for meaningful engagement, and structural and behavior changes for boys and men in HIV and other health interventions;
- iv. Strategies that optimize and expand access to early intervention and quality treatment health services for men and boys as clients and supportive partners;

- v. A platform that galvanizes renewed commitment, collective leadership, and collaboration that is inclusive and bold enough to address prejudices that perpetuate inequalities for boys and men as clients, partners, and change agents in accessing health interventions.

The implementation of this Action Framework will contribute to the following expected outcomes:

- a) Reduced premature mortality among men due to communicable diseases such as HIV, sexually transmitted infections and tuberculosis, non-communicable diseases, and unintentional and intentional injuries;
- b) Men and boys playing a constructive role in promoting their health and well-being and that of women, girls, and families;
- c) Promoted strategic investments in interventions focusing on the constructive engagement of men and boys in education, health, and social emancipation.



Dr Ruth Laibon-Masha, PhD, EBS
Chief Executive Officer,
National Syndemic Diseases Control Council



About the Action framework for accelerating progress in ending AIDS and Promoting Health and Well-Being of Boys and Men in Kenya

Kenya has achieved remarkable progress in reducing new HIV infections. From an estimated 101,448 new infections in 2013, the numbers dropped significantly to 22,154 in 2022, reflecting a commendable 78% decline. By the end of 2022, there were 1,294,339 (94%) people living with HIV on treatment, marking a substantial increase from the 41% coverage recorded in 2013. The access to treatment significantly reduced the number of AIDS-related deaths by 68% over the past decade, dropping from 58,446 in 2013 to 18,473 in 2022.

Sexual transmission of HIV remains the main mode of transmission. Despite strides made in the response, challenges persist, particularly among adolescents and young people aged 15-24, who accounted for 41% of all new HIV infections among those aged 15 years and above in 2022. Between 2015 and 2022, of the reported sexual and gender-based violence cases, 53% occurred among children and adolescents aged 0-17 years, adding layers of complexity to their risk and vulnerability to HIV.

AIDS-related deaths persist, with an estimated loss of 18,473 lives in just one year. Despite lower HIV prevalence among men (2.6% compared to 5.3% among women), men and boys aged 15 and above have disproportionately contributed to the number of AIDS-related deaths, with 47% of all estimated deaths among adults occurring among them.

Preventing HIV transmission from mothers to children is a key focus in Kenya, and though

progress is evident with a decline in transmission rates from 14% in 2013 to 8.6% in 2023, there is work to be done to meet the global target of less than 5% by 2025. The challenge of addressing HIV transmission during pregnancy and breastfeeding periods requires that men and boys are engaged in prevention interventions.

Substance use and injecting drug use are significant drivers of HIV and viral hepatitis transmission among both adults and adolescents in Kenya. The prevalence of HIV among people who inject drugs is almost five times higher than that of the general population, at 18.3%. Additionally, people who inject drugs have higher rates of tuberculosis and a 52% transmission rate of Hepatitis C. Men and boys make up at least 89% of the estimated 26,673 people who inject drugs in Kenya, with young people who inject drugs being more likely to engage in high-risk behaviors such as sharing needles. Among the estimated number of people who inject drugs in Kenya, five counties - Nairobi, Kilifi, Mombasa, Kwale, and Kiambu - account for 43% (11,530) of them.

In 2022, Kenya reported 90,560 drug-susceptible TB (DSTB) cases, representing a 16.7% increase relative to 77,854 cases notified in 2021. More males, 59,162 (65%), were diagnosed with TB in the year, with 69% of them notified. The highest proportion of TB cases in the country occur among men aged 25-44 years.

Kenya's population pyramid displays a significant youth bulge, with 65% (32,130,068) of the total

population (47,564,299) aged between 0-29 years (KNBS, 2019). The country has made significant investments to ensure and protect the well-being and health of young people as stipulated in the Kenya Constitution 2010. The country is ranked seventh globally in the burden of the HIV epidemic, with an estimated 1,377,252 people living with HIV, comprising 1,309,705 adults and 67,547 children, and has the 6th highest (18,472) AIDS-related deaths (2022). While women and girls are considered to be vulnerable to HIV infection because of biological factors, gender imbalances, and cultural beliefs and practices, the role of men and boys in ending the epidemic receives considerably less attention. Even programs aimed at addressing HIV syndemic factors such as teenage pregnancies, early marriages, improved school enrolment, and transition to secondary school in girls rarely acknowledge the need to target men and boys as clients, partners, or agents of change.

The importance of engaging men and boys in HIV and related sexual and reproductive health impacts positively on the health of women and girls. Most communities in Kenya have a patriarchal system where men are considered community gatekeepers, custodians of culture, and key decision-makers in the home.

It is, however, acknowledged that most socio-cultural concepts have rigid gender norms and harmful perceptions of what it means to be a man, including modifying behavior through peer pressure, prevailing concepts of masculinity, encouraging alcohol and drug abuse, violence, and hostile environments in some cases, which inadvertently increase the risk of HIV and other sexually transmitted infections among men and boys.

This framework was therefore developed through a consultative process that brought together key stakeholders from various Ministries, Counties, Departments, and Agencies, civil society organizations, and communities of men. It is an

acknowledgment that while patriarchal systems of development do not favor women and girls, the changes in the primary units of society have resulted in poorly developed social support networks for both genders.

There have been noticeable changes in the systems of socialization and policy-making that exacerbate the risks and vulnerabilities to HIV and alcohol and drug use disorders, criminality, and radicalization of boys and young men in Kenya. The interruption of positive mentorship and role modeling at all levels undermines the progress made in social and cultural aspects of gender equity. The increase in the number of single-parent households, orphaned children, and street families has also played a significant role in this crisis evident in health, education, and socio-economic indicators. For example, the assumption that all boys and men, regardless of their diversity, are economically empowered or are perpetrators of violence undermines efforts to invest in a positive paradigm that supports their well-being and social responsibility, including the prevention of violence against women and girls, other men, and themselves.

The framework highlights the need for investing in systemic and comprehensive interventions at the individual, family, and community levels to address these challenges and promote the well-being and social responsibility of boys and young men who are facing diminished social capital. This challenge is driven by multiple factors, such as lack of access to credit for people living in poverty, limited employment opportunities for less fortunate boys and men who rely on manual labor in the face of technological revolution, and the breakdown of social structures that allow for mentorship.

The implementation of this action framework seeks to scale up of evidence-based prevention, awareness, and education programs interventions that promote healthy masculinity to achieve better health outcomes and well-being of boys and men;

Promote mental health and improve access to HIV, STIS, tuberculosis, drugs, alcohol and substance abuse prevention and treatment services and improve the coordination of the multi-sectoral partnerships implementing interventions focusing on men and boys.

The implementation approaches seek to address risk factors by involving individual, family and communities for early intervention, rehabilitation, socioeconomic empowerment and advocacy for policy reforms. The framework acknowledges

while the challenges identified transcends the health sector due to prolonged structural deficit in the areas of socialization, education, and economic empowerment there is the need to meaningfully engaging men and boys for their own health and that of their families.

Global, regional and national commitments guiding the implementation of the action plan.

The action plan aligns to the following national and international policy and legal frameworks:

Policy	Provisions on male engagement
Sustainable Development Goals 	<p>Five of the 17 SDGs recognize the need for male engagement. These are:</p> <hr/> <div>  <p>GOAL3: Ensure healthy lives and promote well-being for all at all ages</p> </div> <hr/> <div>  <p>GOAL4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.</p> </div> <hr/> <div>  <p>GOAL5: Achieve gender equality and empower all women and girls</p> </div> <hr/> <div>  <p>GOAL10: Reduce inequality within and among countries</p> </div> <hr/> <div>  <p>GOAL16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</p> </div> <hr/>
Constitution of Kenya 2010	<div>  </div> <p>Chapter 4: The Bill of Rights, Article 43. (1) Provides for the right to the highest attainable standards of health including the right to health care services and reproductive health care. This is applicable for key populations among men like MSM, Vulnerable Street males and all men as clients and partners.</p>

Policy

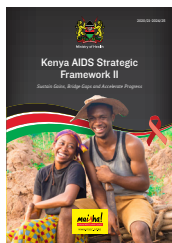
Provisions on male engagement

Kenya Vision 2030



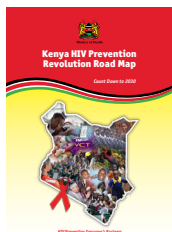
This long-term national planning strategy aims to improve the overall livelihoods of Kenyans; the country aims to provide an efficient and high-quality healthcare system with the best standards. It also emphasizes Gender, Youth and Vulnerable Groups.

Kenya AIDS Strategic Framework II 2020/21-2024/25



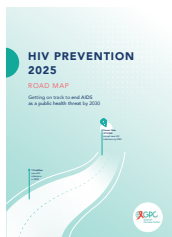
Adopts a human rights-based approach to programming including prioritization of men who are key populations such as sex workers, men who have sex with men and people who inject drugs, long distance truck drivers and prisoners, among other categories.

Kenya Prevention Revolution Roadmap 2030



Recommends the need to design comprehensive interventions for men and boys in the general population and those categorised as key populations.

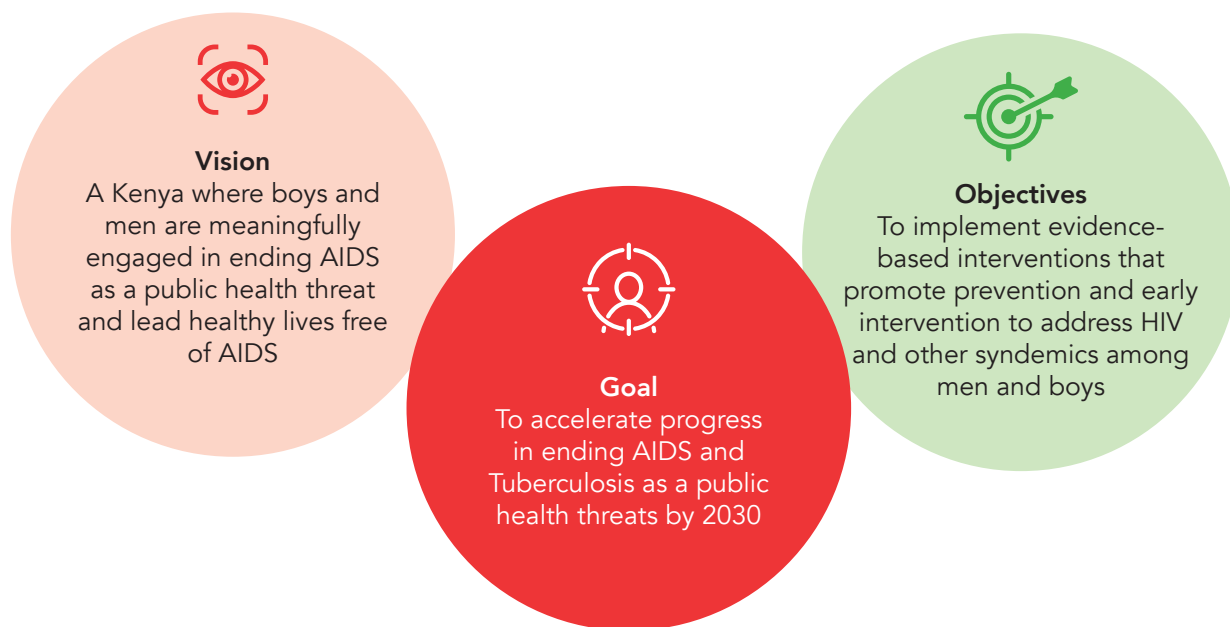
Global Prevention Coalition Roadmap 2025



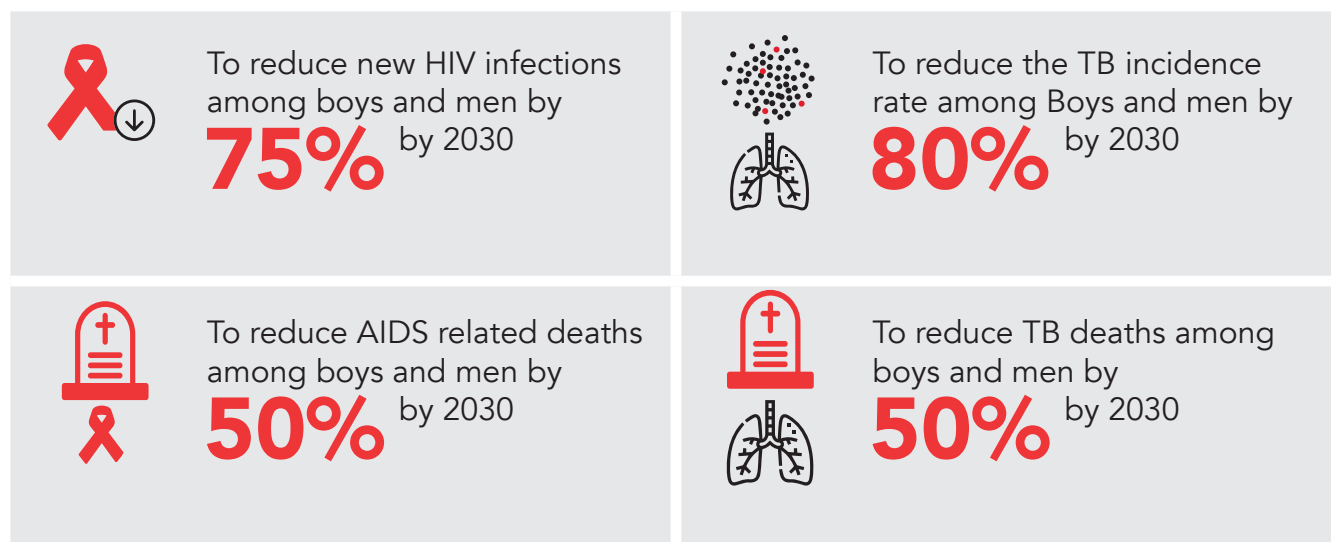
The roadmap includes comprehensive HIV prevention interventions targeting men and boys as of the five HIV prevention pillars



The Action framework for accelerating progress in ending AIDS and Promoting Health and Well-Being of Boys and Men in Kenya



Impact Indicators





Guiding principles

- **Meaningful participation and engagement of boys and men** from planning the programme to implementation, monitoring, and evaluation.
- Adopt a **human-centred approach** and ensure programs and services respond to their uniqueness in different contexts.
- **Adaptation** of evidence-based interventions to suit local contexts for maximum public health impact.
- Foster **innovation and leverage technologies** to ensure access to information and services, including peer-led and community-based interventions.
- **Advance gender equality and equity** to create a more inclusive society
- Multisectoral partnership and accountability for collective responsibility, coordination and shared results

Rationale for transforming the engagement of men and boys as clients, partners and agents of change in HIV and Health initiatives

HIV in Boys and men

Gender norms that depict frequent health-seeking behaviour among men and boys as weaknesses exacerbate the practice of hesitancy or are unwilling to get health care. Delaying access to diagnostic, treatment and care services results increased mortality of disease such as HIV among men as compared to women. In most communities, boys are often

raised to believe that having multiple sexual partners proves their power of manhood, thereby increasing the risk of exposure of diseases such HIV and sexually transmitted infections.

Kenya recorded a total of 22,154 new HIV infections in 2022, out of which 33% (7,388) were males. Among boys and men aged 15 years and above, 5,122 new HIV infections occurred.

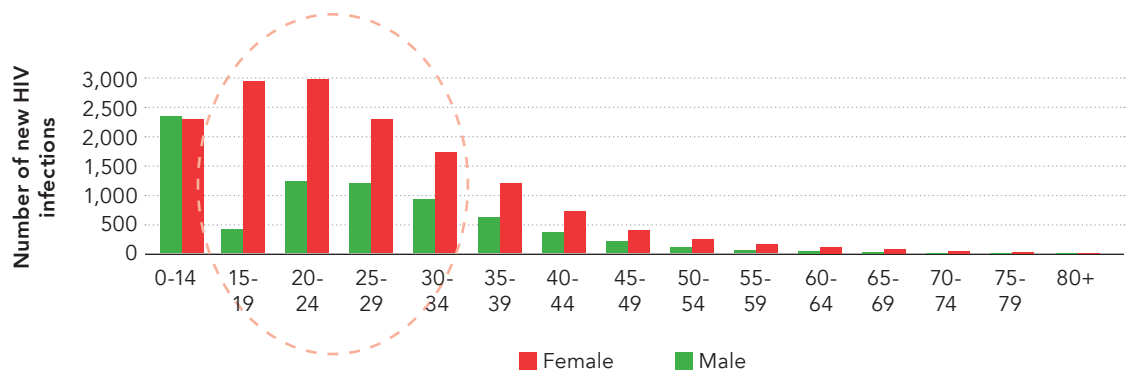
New HIV infections 2023



41%

Adult new HIV infection occur among Adolescents and Young People aged 15-24 years

There is clustering of new HIV infections among the younger people



About 72% (3,663) of adult male new HIV infections (5,122) occurred among those aged 15-34 years in 2022.

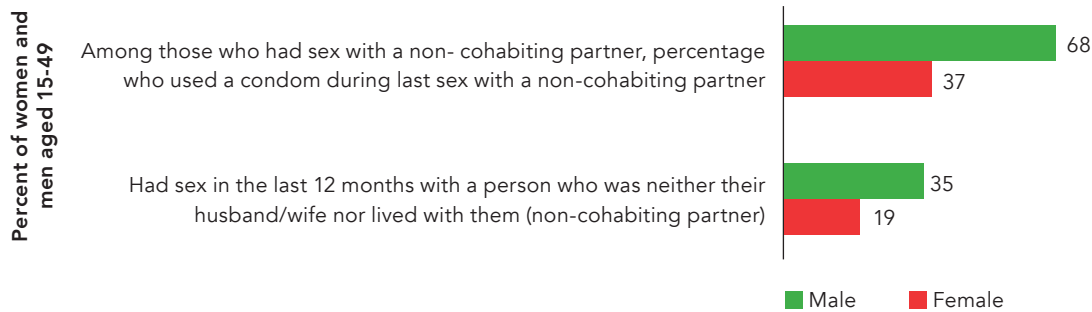


Condom use with multiple and concurrent partnership

Men and boys aged 15–49 years report a higher average number of sexual partners in a lifetime at 7.4 as compared to 2.3 reported by women and girls of the same age. A higher percentage (19%) of adolescent boys and young men aged 15–24 years reported having sex before the age of 15 compared with females of the same age (8%). Twelve percent of the boys and young men reported they had two or more sexual partners in the last 12 months preceding the survey of these, only 64% reported using a condom during their last sexual intercourse. Overall, among the thirty-five percent of males aged 15–49 years who had intercourse with a person who was neither their wife nor lived with them in the past year, of whom only 68% used a condom.

Kenya targets to ensure at least 80% of people in high-risk sex have access to free-to-use condoms. In 2022, only 14 condoms per man per year for Kenya were distributed against a

Condom use in non-cohabiting partnerships



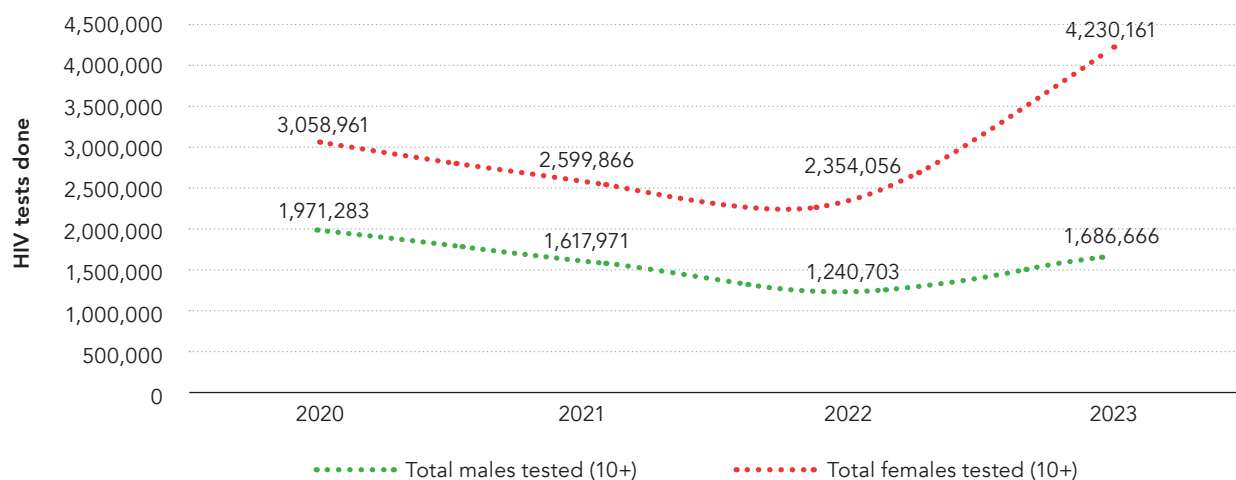
Source: Kenya Demographic and Health Survey 2022

target of 40 condoms per man per year with the programme facing significant gaps. Low condom use with multiple sexual partners is associated with new HIV infections, mis-timed pregnancies and sexually transmitted infections. In 2022, about 6% of men aged 15–49 years reported to have had an STI or symptoms of an STI in the past 12 months preceding the survey.

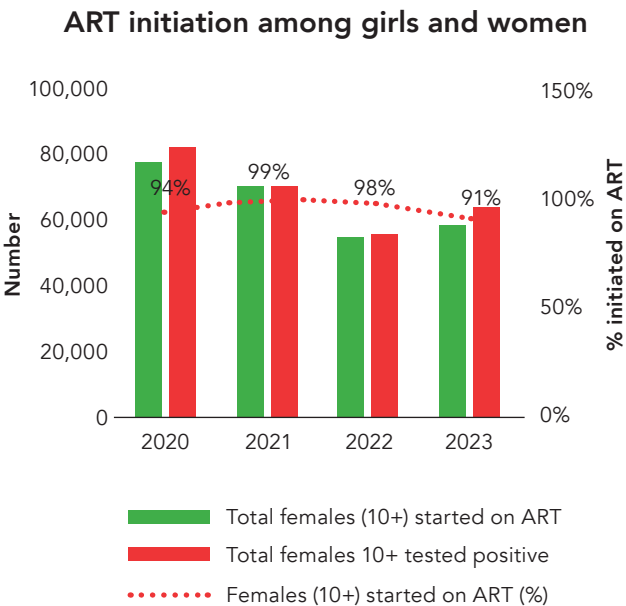
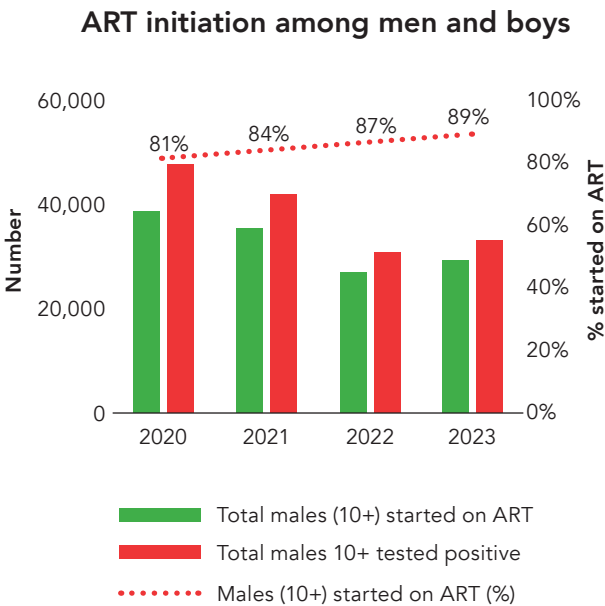
HIV Diagnosis and linkage to Treatment

Slightly over 6 million HIV tests were conducted in 2023. About 5,821,042 tests were done among adults in 2023. Among those tested, only 28% were men (1,653,006) compared to 72% in women. Despite this, males had a higher (1.6%) HIV positivity among those tested compared to 1.2% among the women.

HIV test conducted in 2023



Males aged 10 and above recorded lower ART initiation at 89% (29,757) compared to 91% (58,099) among females aged 10 and above. Initiation coverage was lowest among boys aged 10-14 years, with a coverage of 75% in 2023 and lower uptake at 48% among men aged 20-24, in 2022 with a slight improvement in 2023 to 53%.



AIDS Related Deaths among boys and men

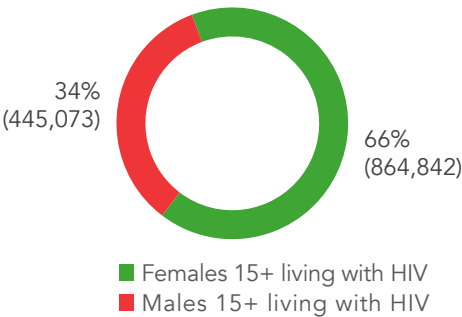
In 2022, the HIV prevalence in Kenya was 3.7% with higher prevalence among women (5.3%) than men (2.6%). However, men and boys aged 15 and above have disproportionate number of AIDS related deaths. In 2022, while adult males aged 15 and above accounted for 34% (445,073) of adult population living with HIV, there were about 7,633 AIDS related deaths that occurred among them, representing 47% of adult AIDS related deaths. This situation is attributable to sub-optimal access to diagnosis and access to treatment coverage among men and boys

There is higher burden of HIV among older men aged 40 years and above who account for 58% (256,329) of boys and men aged 15 and above living with HIV in 2022.

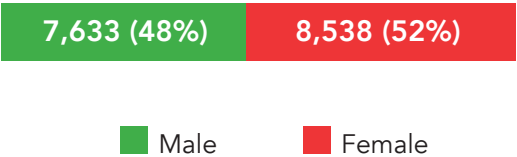
National HIV Prevalence is 3.7%



Adult population aged 15 and above living with HIV by sex- 2022



AIDS related deaths among adults 15 and above 2022



HIV burden and mortality among boys and men by age cohort

	Population living with HIV (Males)	AIDS related deaths among males	% of AIDS deaths out of population living with HIV
15-19	24,492	412	1.7%
20-24	30,640	617	2.0%
25-29	39,091	689	1.8%
30-34	44,445	781	1.8%
35-39	50,076	830	1.7%
40-44	59,052	963	1.6%
45-49	62,859	1,099	1.7%
50-54	55,129	933	1.7%
55-59	38,850	642	1.7%
60-64	21,778	358	1.6%
65-69	10,919	180	1.6%
70-74	4,850	81	1.7%
75-79	1,940	32	1.6%
80+	952	16	1.7%
Males (15+)	445,073	7,633	1.7%

Tuberculosis

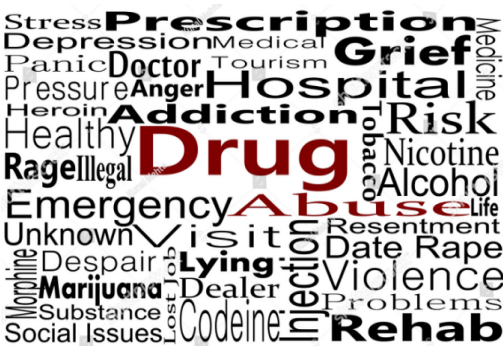
In 2022, Kenya reported 90,560 drug-susceptible TB (DSTB) cases representing a 16.7% increase relative to 77,854 cases notified in 2021. The diagnosed cases occurred mostly 59,162 (65%) among men and boys with the highest proportion (69%) notified being in the age group 25-44 years.

Data from previous years show a similar pattern. In 2018, the weighted TB prevalence rate of bacteriologically confirmed cases among adults aged 15 and above was 558 (455-662) per 100,000. Men and boys had more than twice the prevalence rate compared to the females; 809 per 100,000 adult population as compared to 359 per 100,000 adult population with young adults aged 25-34 having the highest prevalence rate of 716 (526 -906) per 100,000 adult population.

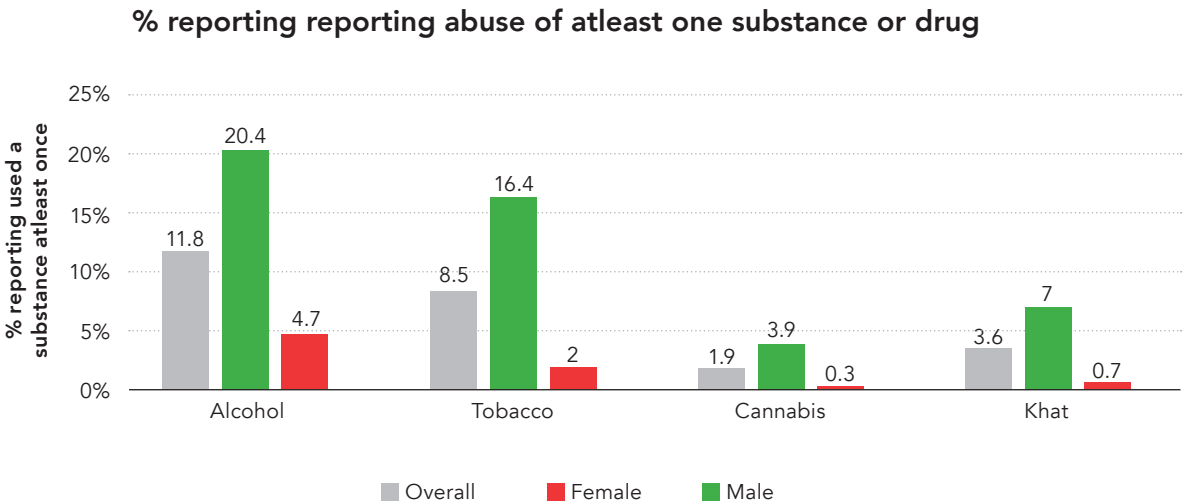
This indicates a need to have targeted interventions for men, especially in the age group 25-44 years which forms 45% of all patients notified.

Sources Kenya Tuberculosis Prevalence survey, 2018; Annual Tuberculosis report 2022

Alcohol, Drug, and substance abuse among boys and men

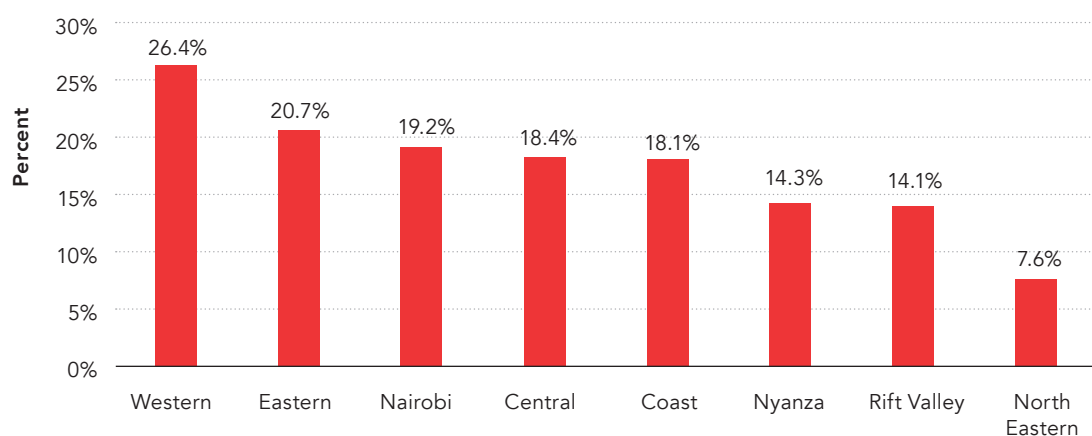


Reports from the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) show that the prevalence of drug and substance abuse in Kenya is high. Almost 1 in every 5 (17.5%) reportedly abusing at least one drug or substance. One in every 10 people have abused alcohol in the country. The proportion of males using at least one substance or drug is higher compared to females across all drugs and substances.



Source: National Authority for the Campaign Against Alcohol and Drug Abuse 2022

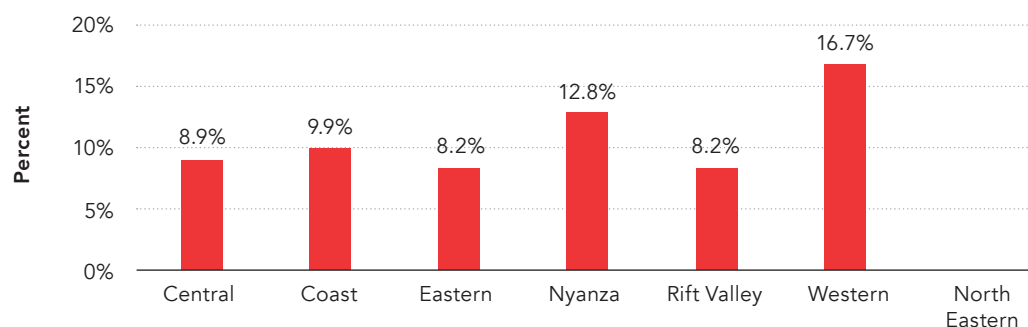
% who have abused atleast one drug or substance by geographical region



Source: National Authority for the Campaign Against Alcohol and Drug Abuse 2022

Kakamega, Bungoma, Vihiga and Busia counties have the highest (16.7%) prevalence of alcohol use disorders and with 26.4 % of people who abused at least one drug or substance.

Prevalence of alcohol use disorder across geographical regions



Source: National Authority for the Campaign Against Alcohol and Drug Abuse 2022

A higher proportion of men (30.7%) than females (6.4%) have abused drugs. Alcohol abuse disorder is the most common among men at a prevalence of 20.4%.

The proportion of school-going boys who have substance and alcohol abuse disorder is higher (11.7%) than girls (5.4%) (NACADA 2016).

Injecting Drugs Use Disorders and HIV among men and boys

Substance use and injecting drug use are significant drivers of HIV and viral hepatitis transmission among both adults and adolescents in Kenya. The prevalence of HIV among people who inject drugs is almost five times higher than that of the general population, at 18.3%. Additionally, people who inject drugs have higher rates of tuberculosis and a 52% transmission rate of Hepatitis C. Providing additional support to help people who inject drugs adhere to treatment for HIV, Tuberculosis, and Hepatitis C is crucial.

Men and boys make up at least 89% of the estimated 26,673 people who inject drugs in Kenya, with young people who inject drugs being more likely to engage in high-risk behaviors such as sharing needles. Among the estimated number of people who inject drugs in Kenya, five counties - Nairobi, Kilifi, Mombasa, Kwale, and Kiambu - account for 43% (11,530) of them. It is essential to provide targeted interventions in these counties to prevent the spread of HIV and viral hepatitis among people who inject drugs.



Source: National AIDS and STI Control Programme Key Population Size Estimation 2020

Intersection of HIV, Health, Education and Crime among Men and Boys

Crime

Kenya has laws that criminalize a wide range of offenses, including petty offenses, and enforcement practices that often lead to the criminalization of more boys and men including for minor offenses. The top contributing factors of crime include unemployment (61.6%), idleness (33.6%), poverty (28.5%) and alcohol, drug and substance abuse and related offenses (34.7%). Drug trafficking is a significant contributor to the criminalization of boys and men in Kenya particularly of illicit substances such as heroin, cocaine, and methamphetamine that often lead to criminal behaviours¹.

Most of the crimes reported to the police in Kenya are committed by the youth According to the 2020 National Crime Research Centre report, youth (78.8%) and men (66.7%) were the main perpetrators of perceived crimes, while women and children are the most victims of perceived crimes. The proportion of males convicted in prison remains high with about 81% of all convictions between 2019-2023 despite making up approximately 49% of the population. The total prison population increased by 46.3% to 248,061 in 2023. The number of convicted prisoners increased by 20.6 per cent to 80,071 in 2023.

Majority of prisoners in Kenya are men accounting for 87% of all convictions between 2018 and 2021 with annual average of 55,944 male convicts and 8,009 among women.

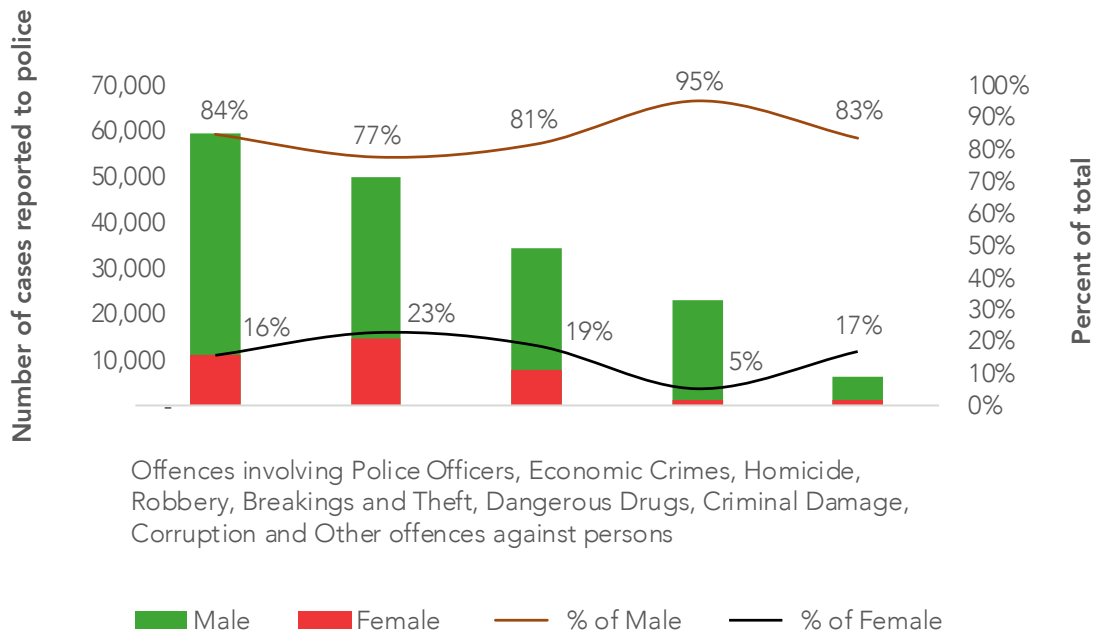
Number of persons reported to have committed crimes by sex and command stations from 2019 to 2023

Kenya										
	2019		2020		2021		2022		2023	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Number of persons reported to have committed crimes	67,236	15,162	54,035	11,048	54,035	11,048	70,383	17,475	83,737	20,653
Proportion of total	82%	18%	83%	17%	83%	17%	80%	20%	80%	20%

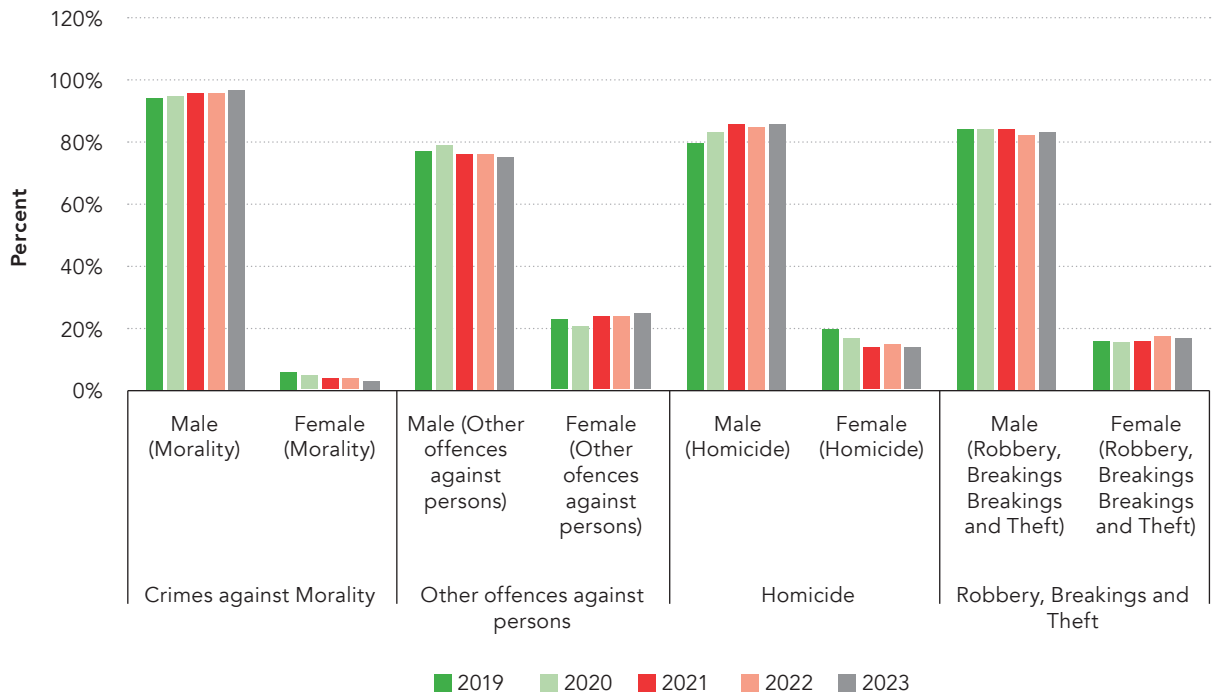
Source: 2024 Economic Survey report

1 According to the 2020 Kenya National Crime Research Centre Report

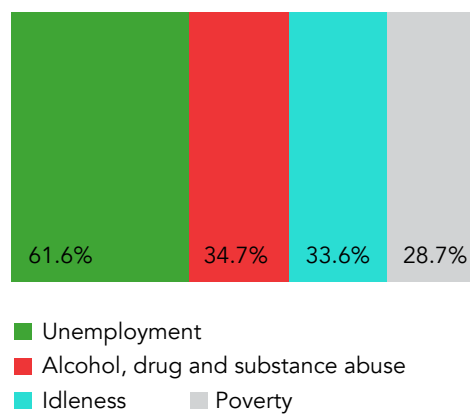
Categories of Criminal Activities



Percentage of Cases Reported to police by sex



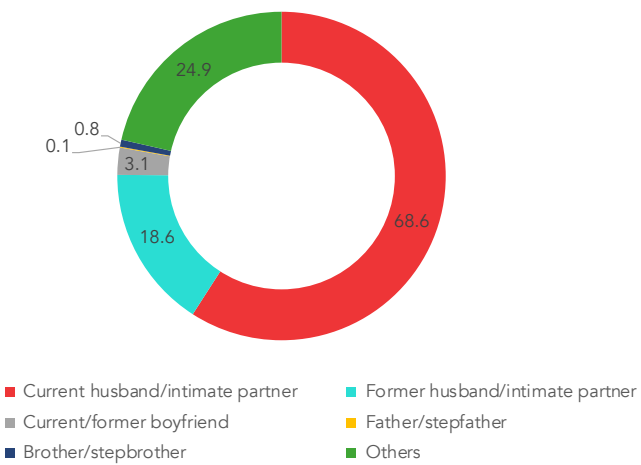
Factors such as poverty, lack of access to education and employment opportunities, contribute to higher rates of arrest, detention, and incarceration among boys and men. Unemployment in Kenya is the leading cause of crime, accounting for 62% of cases. alcohol, drug, and substance abuse are the second leading cause, contributing to 35% of crime cases.



Source: National Crime Research Centre Report, Kenya 2020

Physical and Sexual Violence offences

Kenya has been experiencing a multi-layered challenge of new HIV infections, pregnancies and sexual and gender-based violence cases among children and adolescents. While 7% of men and boys report to have ever experienced sexual violence, they are mostly of perpetrators.

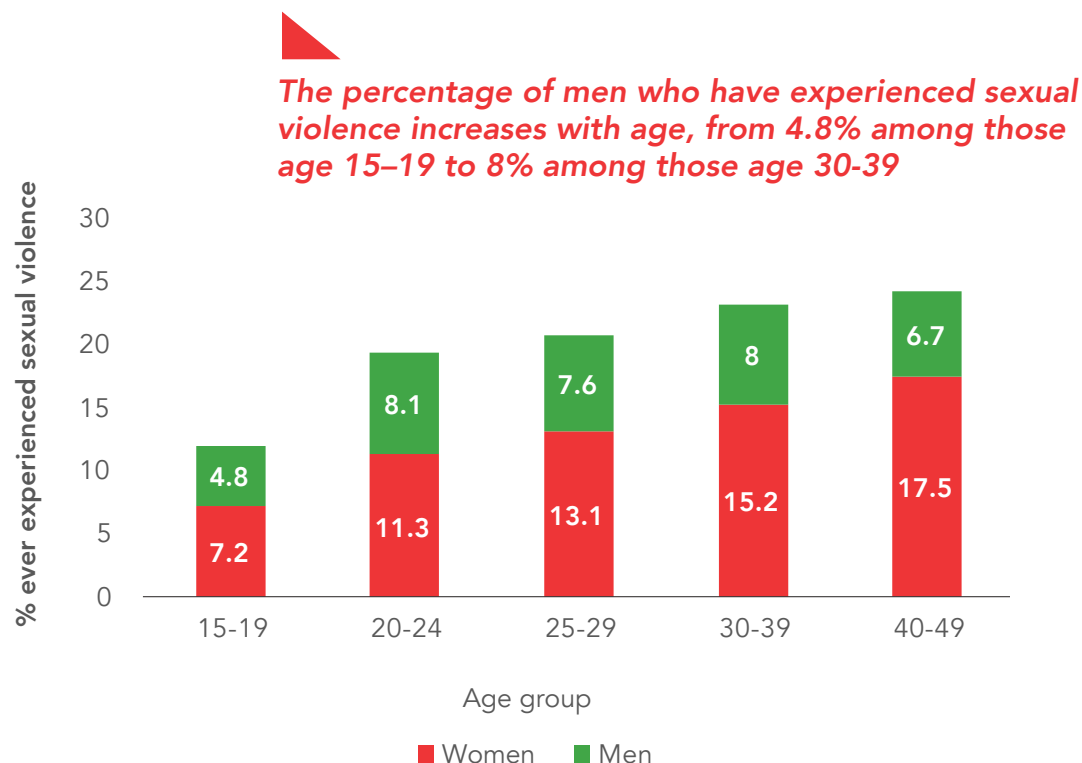


Kenya Demographic Health Survey of 2022

Sexual and Gender Based Violence Cases among Adolescents aged 10-17 in Kenya

Year	SGBV 0-9 years	SGBV 10-17 years	All ages	% children and adolescent SGBV
2016	1,113	2,466	5,810	62%
2017	886	2,613	6,340	55%
2018	1,793	5,587	11,456	64%
2019	1,931	7,293	13,516	68%
2020	2,348	11,465	19,839	70%
2021	2,912	16,476	38,842	50%
2022	3,846	21,457	59,636	42%
2023	3,435	20,281	54,231	44%

Annual trends in Sexual and Gender Based Violence cases recorded among adolescents (2016-2023)
Source: Kenya Health Information System (KHIS MOH 711)



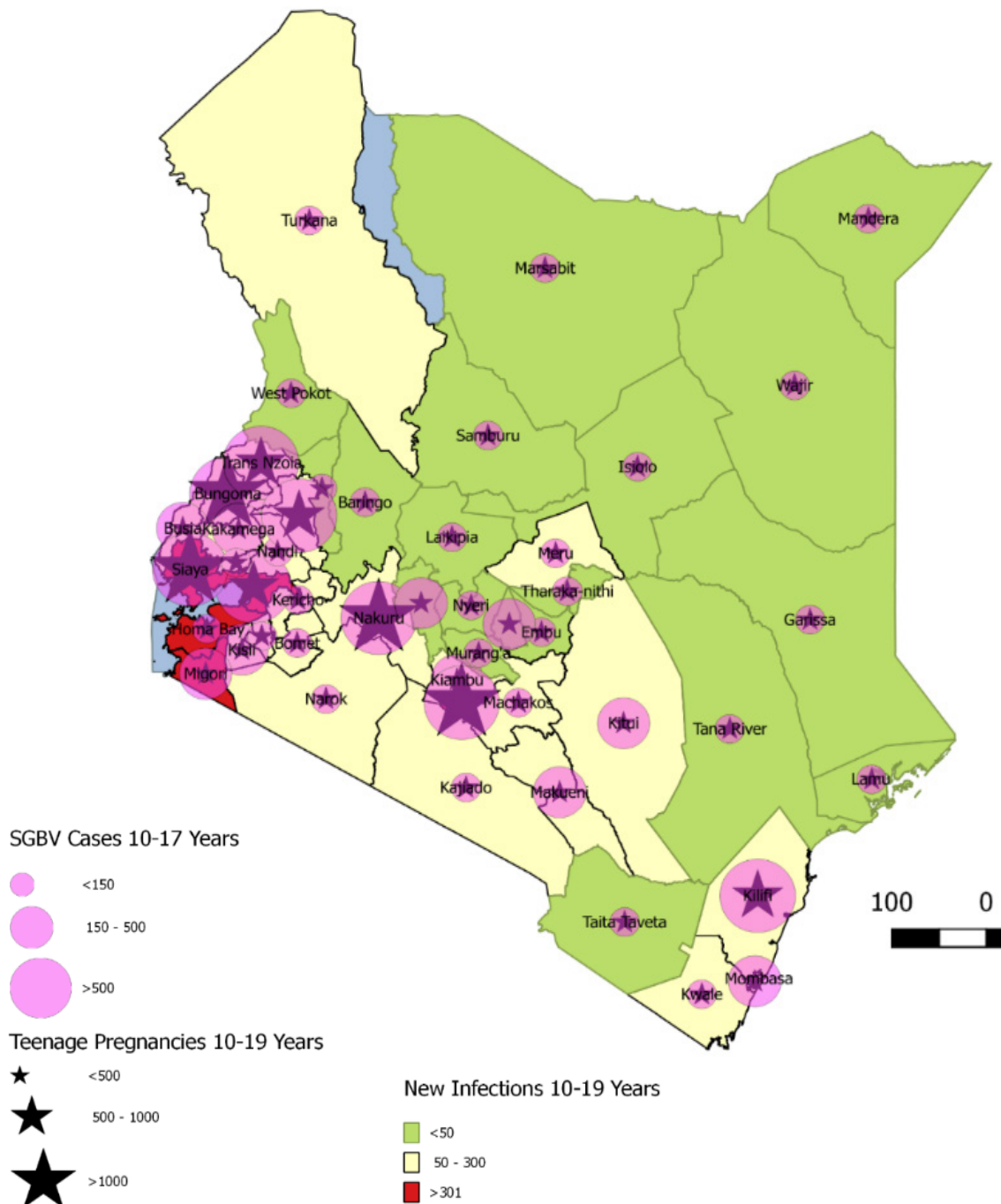
The high number of pregnancies among children aged 10-14 is a clear indication of high prevalence of sexual defilement cases in the country. These cases contribute to the number of men and boys in conflict with the law.

Trends of adolescent pregnancies in Kenya

KENYA					
Year	10-14 years	15-19 years	Total adolescent pregnancies (10-19 years)	New ANC clients	Proportion of adolescents attending ANC
2016	23,356	252,277	275,633	1,296,168	21%
2017	23,516	316,160	339,676	1,223,317	28%
2018	22,451	404,684	427,135	1,435,246	30%
2019	20,121	376,719	396,840	1,429,951	28%
2020	16,956	314,593	331,549	1,465,589	23%
2021	21,823	294,364	316,187	1,547,656	20%
2022	15,279	245,455	260,734	1,479,899	18%
2023	11,379	241,281	252,660	1,499,944	17%

Source: Kenya Health Information System (KHIS MOH 711) National annual trends in adolescent pregnancies (2016 - 2023)

The nexus between new HIV infections, mis-timed pregnancies and sexual and gender-based violence among adolescents is evident across geographical locations. In 2021, Counties reporting high new HIV infections also reported a high number of sexual and gender-based violence cases and adolescent pregnancies.



Source: Kenya Health Information System 2022, Kenya HIV Estimates 2022

Adolescents aged 10-19



3,244

Estimated new HIV infections



1,215

Estimated AIDS related deaths



252,660

Adolescents aged (10-19) attended ANC clinics



20,281

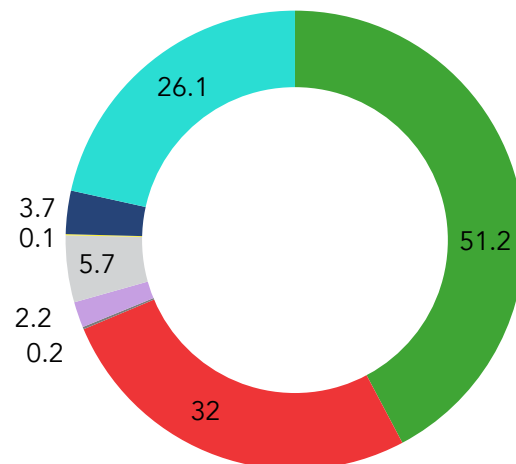
Reported cases of sexual and gender based violence among adolescents aged 10-17 in 2023

11,379

Adolescents aged (10-14) attended ANC clinics

Adolescents pregnancies disrupt schooling and have a significant impact on various health and socio-economic development indicators

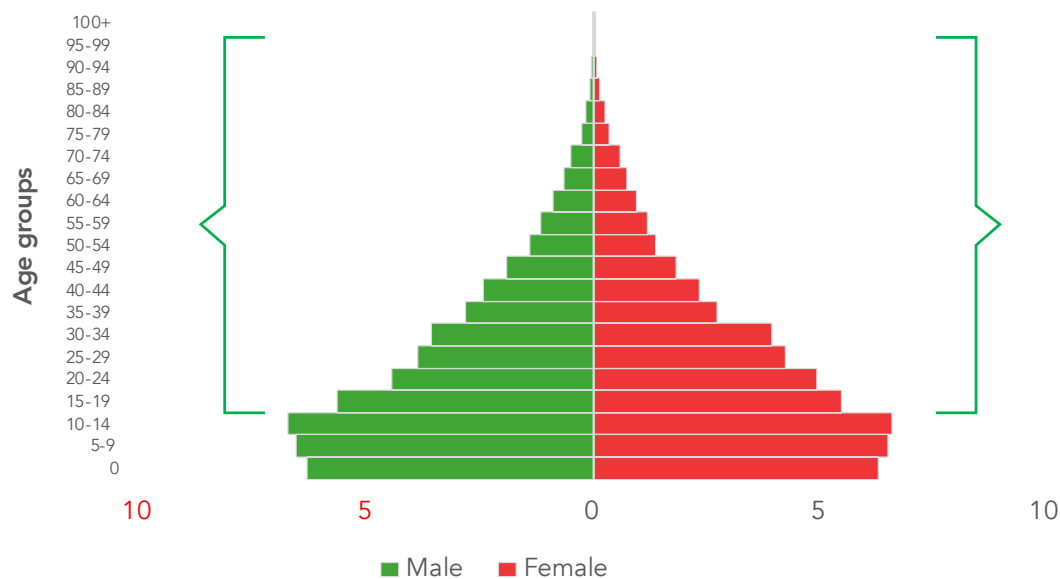
Men are the main perpetrators of physical violence with current husbands/ intimate partner accounting for 51.2% of the violations. Kenya experiences high prevalence (29.2%) of physical violence perpetrated against young boys aged 15-19.



Men remain the prime perpetrators of physical violence against women

- Current husband/intimate partner
- Former husband/intimate partner
- Current boyfriend
- Former boyfriend
- Father/stepfather
- Father-in-law
- Sister/brother
- Others

Education and Socio-economic indices for men and Boys that impact on their health

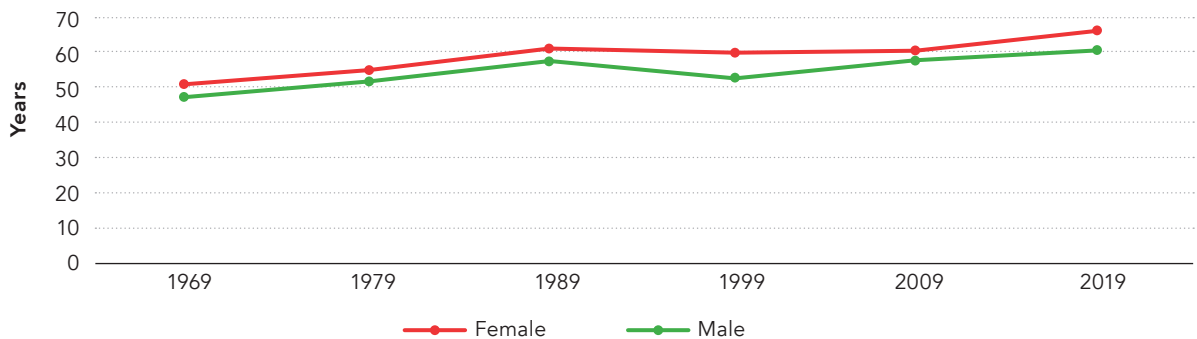


Adult males aged 15 and above account for 30% of the Kenyan population. Majority (59%) of the men and boys are young people aged 15-34.

Life expectancy has been higher in women compared to men in Kenya since 1969. In 2020, life expectancy at birth for women in Kenya was about 65.06 years, while that for men was about 60.37 years on average (WHO, 2020)

Addressing the root causes of unemployment and substance abuse is crucial in reducing crime rates and promoting health and social well-being in the community. Economic hardships that limit access to education, vocational training, and employment opportunities for boys lead to increased vulnerability to criminalization. The country needs to invest in healthy young men and boys to increase life expectancy as well as to benefit from the youth bulge.

Trends in life expectancy at birth, 1969-2019



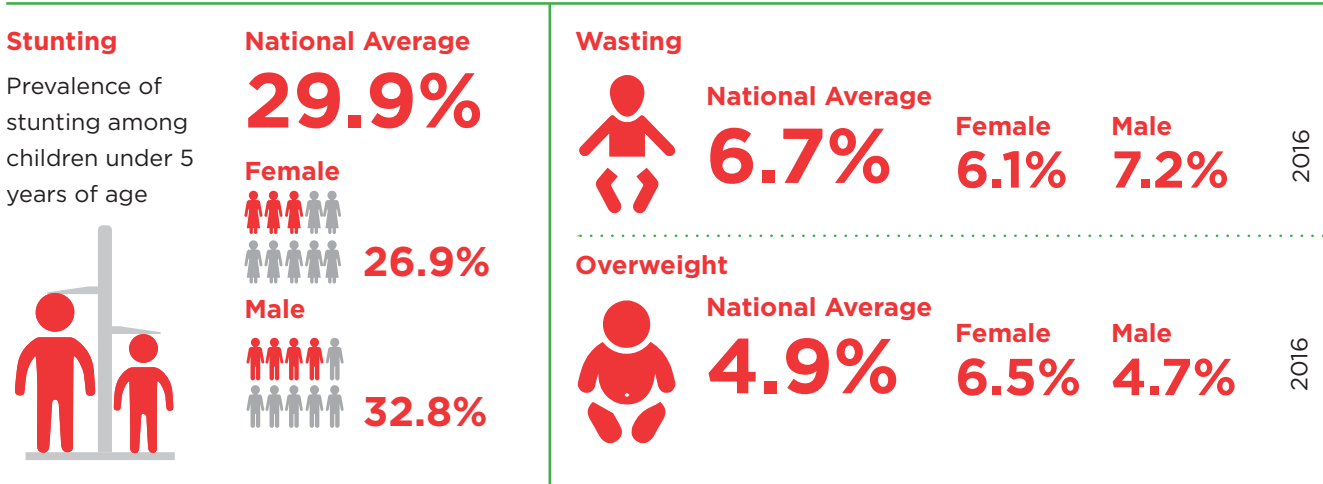
Source: KPHC, 1969-2019

Childhood Developmental Indices

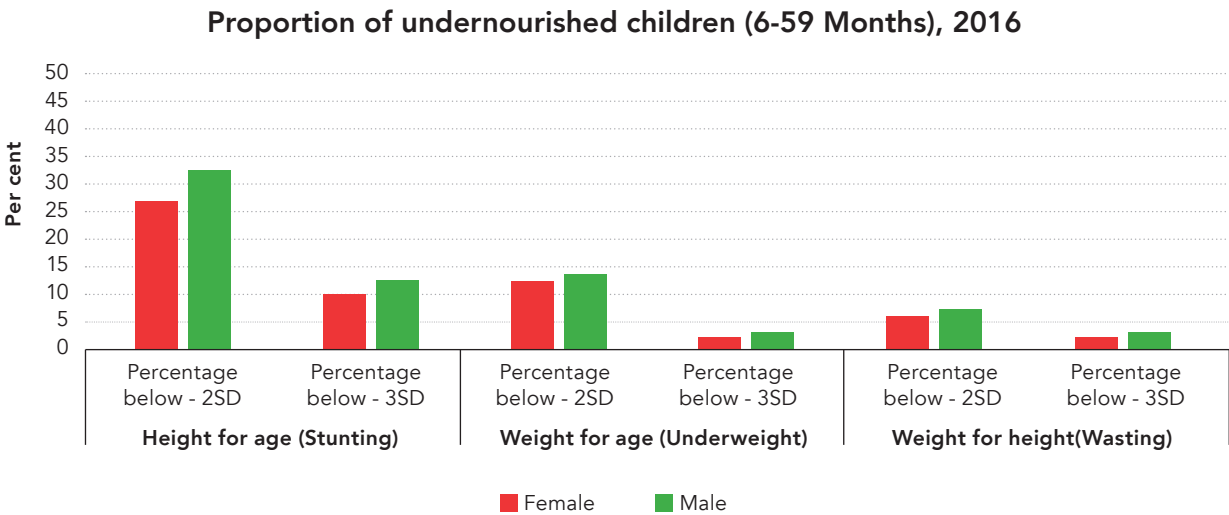
The prevalence of stunting and wasting is higher for boys at 7.2% as compared to 6.7% for girls under the age of 5 years.

Stunting refers to a condition where a child’s growth and development are impaired due to inadequate nutrition, repeated infections, and other factors. Stunting can have serious long-term consequences on a child’s physical and mental development, as well as their overall well-being.

Stunted children may experience difficulties in learning and may struggle to keep up with their peers in school. They may have lower cognitive abilities, reduced attention span, and lower memory recall, making it harder for them to learn and retain information. As a result, they may be more likely to drop out of school and have lower educational attainment in the long term. Across all the indicators of malnourished (height-for-age, weight-for-height and weight-for-age), the proportion of male children undernourished is higher than female of the same age.



Sustainable Development Goals (SDG) Gender Fact Sheet 2021



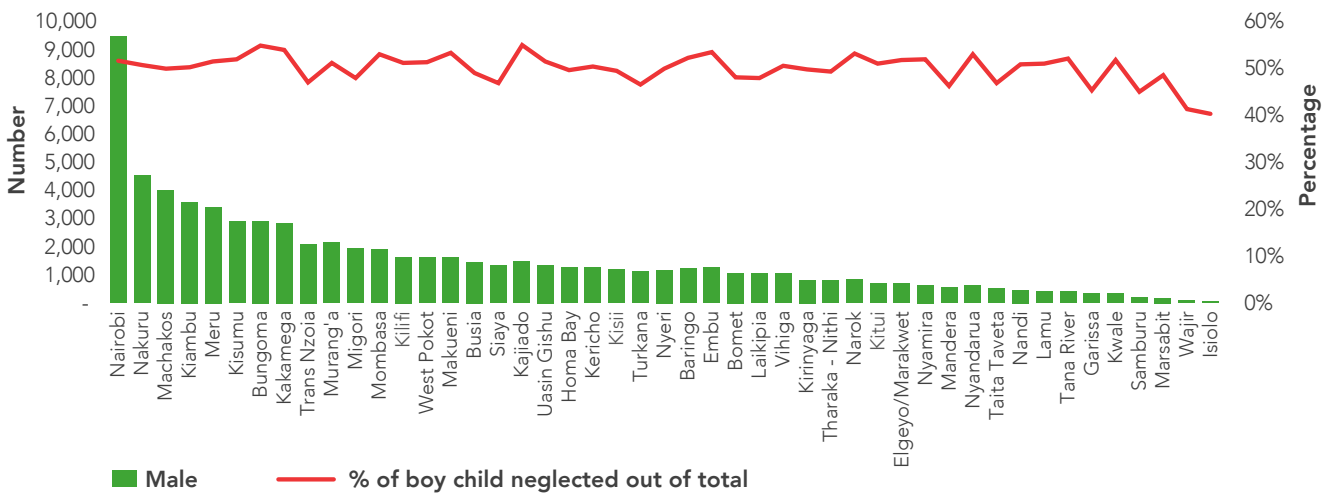
Source: KIHBS 2015/16

Child Protection

Child neglect is the failure of a person who has parental responsibility, custody, charge, or care of a child to provide physical, health, emotional, and mental support. In 2021, approximately 51% of 143,100 cases reported in 2021/2022 of neglected children were boys. Among these cases, Nairobi County had the highest number

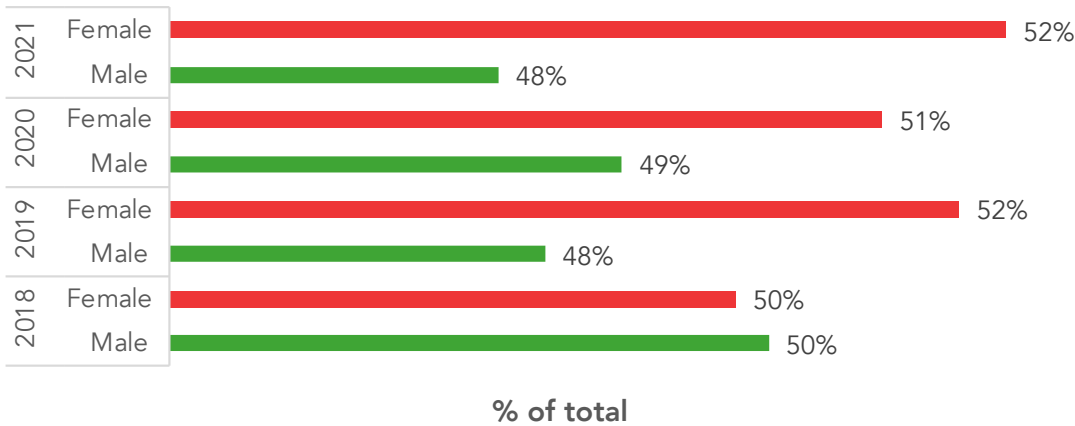
of reported cases of neglect of boys, followed by Machakos in the same year.

About 1 every 2 cases of child neglect is a boy, majority aged between 0-10 years.



Source: Child Protection Information Management System accessed 2022

Percent of vulnerable children receiving bursaries for secondary school



Source: Directorate of Children Services accessed 2023

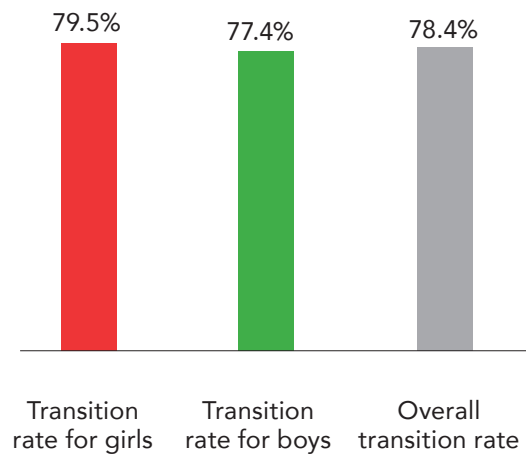
Education

According to the Ministry of Health, economic survey 2024, the total number of pupils enrolled in pre-primary increased by 2% from 2,829,972 to 2,885,636. Enrolment for boys increased by 1.2% from 1,415,837 in 2022 to 1,433,000 in 2023. Total enrolment in primary schools decreased marginally from 10,364.2 thousand to 10,241.0 thousand in 2023. Enrolment in Standard 8 dropped by 1.3% to 1,265.9 thousand in 2023, out of which 51.1% were boys.

The number of KCPE examination centres rose from 28,405 in 2022 to 28,533 in 2023 while the number of registered KCPE candidates went up by 13.8% to 1,416.0 thousand in the same period. Male candidates increased by 16.0% to 726,565, while female candidates rose by 11.6% to stand at 689,462 in 2023.

According to the Ministry of Health, economic survey 2022, school enrolment for boys is higher at 99% compared to females at 96%. However, boys aged 6-13 (primary education) had a higher average school drop rate of 20% higher than girls (14%) between 2017 and 2021.

Transition rates for boys is slower than girls in 2021



Source: Kenya National Bureau of Statistics (KNBS)- 2022 Economic Survey

Despite the high enrolment rate, boys record a slightly lower transition rate from primary to secondary school at 77.4% compared to 79.5% among girls.






4 QUALITY EDUCATION



Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

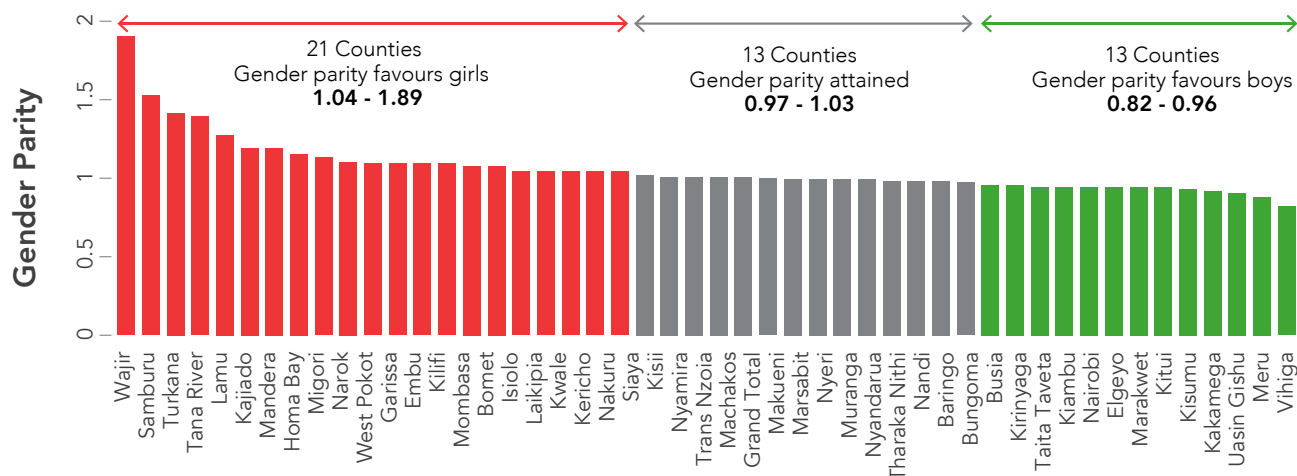
Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

		National Average	Girls	Boys
Grade 2/3 mathematics 	2018	42.1%	43.6%	40.7%
	2016	36.1%	35.8%	36.3%
Grade 2/3 reading 	2018	53.1%	57.1%	49.4%
	2016	38.1%	38.6%	37.5%
Primary reading 	2018	44.3%	47.1%	41.6%

Source: Sustainable Development Goals Gender Fact Sheet- 2021 Kenya

Source: Sustainable Development Goals Gender Fact Sheet- 2021 Kenya

Kenya has achieved gender parity in secondary level in 13 counties. The country has gender parity in secondary schools in favour of girls in 21 counties as compared to a gender parity in favour of boys in 13 counties.



Employment

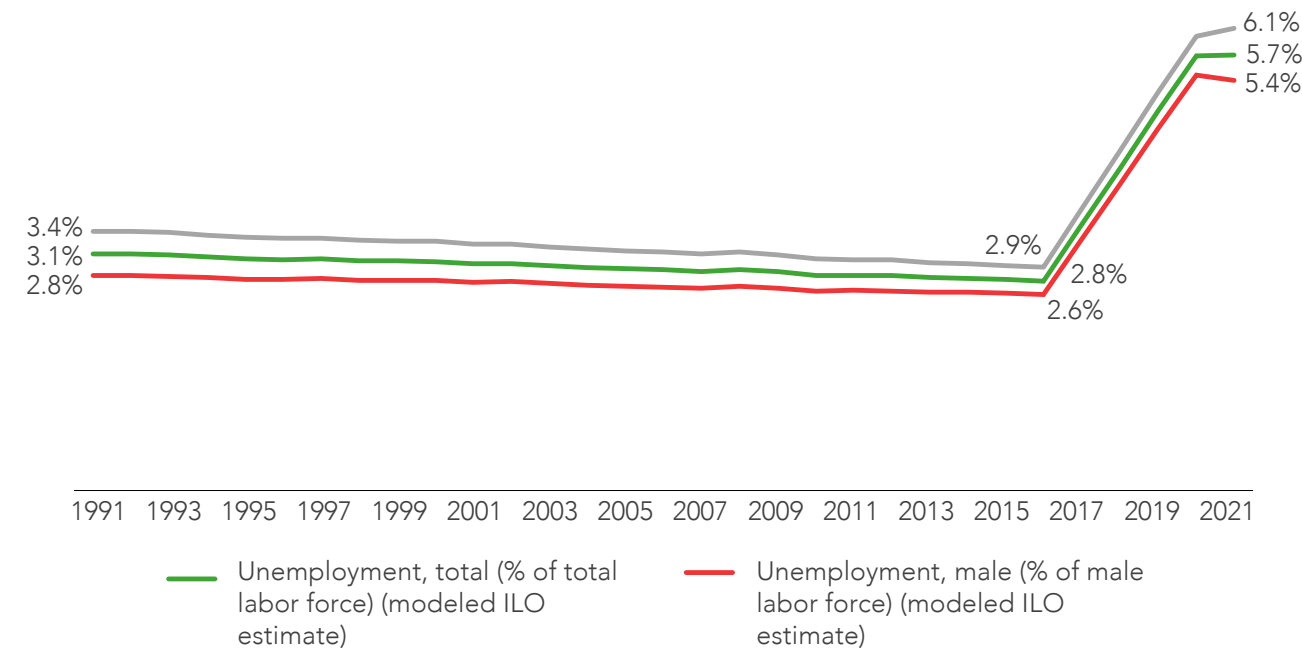
The total unemployment rate in Kenya increased from 2.8% in 2016 to 5.7% in 2021. While there is little difference in overall employment rates between men and women aged 15 years and above (49.7% vs. 50.2%, respectively), there is a significant disparity in the distribution of employment between young men and women aged between 15 and 34 years. In this age group, only 26.3% of women are recorded as employed, compared to 24.7% of men, indicating a substantial gender gap in employment opportunities for young people in this country.

Percentage distribution of employed population by age group, 2019

Age Group	Female	Male
15-19	2.6	2.6
20- 24	7.2	6.4
25- 29	8.1	7.8
30-34	8.4	7.9
35-39	6.0	6.5
40- 44	5.3	5.7
45- 49	4.3	4.6
50-54	3.2	3.3
55-59	2.9	2.8
60-64	2.2	2.1

Source Kenya Bureau of Statistics, Kenya Population and Housing Census Reports 2019

Unemployment rate



Source: International Labour Organization (ILO) Estimates

2 <https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS?locations=KE>

"Religious leaders remain the most influential stakeholders in tackling challenges facing men and boys"



Implementation Approach

Prioritised interventions under this framework will be evidence based to address the risk factors that contribute to HIV, drug, alcohol and substance abuse disorders and criminality, among men and boys in Kenya. A comprehensive approach will be employed to address these risk factors, involving individual, family, community, and societal interventions.

Prevention and Early Intervention for HIV, sexually transmitted infections, Tuberculosis, drugs, alcohol and substance abuse

To promote a holistic approach that considers the multidimensional nature of the challenges facing boys and men the following areas of interventions will be prioritised.

1. Advocate for scale up of evidence-based prevention, awareness, and education programs.

The framework will seek to scale up proven strategies and interventions that have been shown to be effective in addressing men and boys. Evidence-based approaches will include curriculum-based interventions, peer-led programs, community mobilization efforts, and campaigns that utilize various communication channels to disseminate prevention messages and raise awareness about the risks and consequences of HIV, STIs, TB, drugs, alcohol and substance abuse, TB, alcohol and criminal behaviours. The implementation platforms will include religious platforms, sports, schools, communities, and multiple media channels.

Integrated programs that provide opportunities for developing positive masculinity, education,

skills training, and civic participation will be prioritised to help promote behaviour change of men and socialization of boys. Interventions to engage men and boys as clients, partners and agent of change in promoting gender equality and positive masculinity will be leveraged to address harmful gender norms. Community influencers and trusted social support networks such as religious leaders, teachers and other stakeholders who play a critical role in socialization of boys and men will be equipped with knowledge and skills to effectively work with men and boys.

2. Community Mobilization

To address the risk of negative behaviours such as drug, alcohol and substance abuse, multiple concurrent sexual partnerships, criminality, and radicalization, prevention and education interventions will be implemented by targeting individuals, families, and society and building on existing initiatives. Community-based organizations, faith-based organizations, schools, and other stakeholders will be engaged to promote positive behaviors among men and boys. The interventions will be co-created with men and boys to ensure effectiveness within the unique cultural context.

3. Implementation of structural interventions

The framework recommends advocacy for job creation and opportunities for vulnerable men and boys, particularly those who live in disadvantaged circumstance, such as those living in poverty, those affected by HIV, and those at risk of radicalization to access opportunities for productive workforce.

Expanding Harm Reduction, Treatment and Rehabilitation Services

4. Referral to Appropriate Services:

The program aims to establish and promote an access referral directory that connects at-risk men and boys with the appropriate services. This directory will include referrals to HIV services, substance abuse treatment and rehabilitation programs, legal and justice system interventions, and community-based programs. Additionally, the program will work to promote existing counselling and mental health support services, while also encouraging the establishment of accessible services for individual counseling, group therapy, and family therapy sessions. These services will address underlying issues such as trauma, stress, low self-esteem, and mental health disorders.

Kenya's efforts to expand access to affordable and quality holistic rehabilitation and treatment services for HIV, STIs, TB, alcohol and substance abuse, as well as those who need reforms from criminal behavior, are commendable. However, there is still a need to do more to ensure that these services are evidence based and universally accessible to everyone, including those in rural areas and low-income communities,

The country's Vision 2030 development policy framework recognizes substance use disorders

as significant barriers to achieving national transformation, gender equality, education, and the well-being of vulnerable populations, including youth. The Kenya Mental Health Policy 2015-2030 recommends comprehensive and evidence-based services for treating SUDs that are universally accessible. Several other laws, including the Health Act and the Tobacco Control Act of 2007, also contain provisions that address SUD treatment and prevention in Kenya.

The Ministry of Health has made progress in the development of a treatment protocol for substance use disorders, providing more than 20,000 people who inject drugs with the needle and syringe program to reduce the transmission of HIV and viral hepatitis by the end of 2022. Additionally, over 8,000 people who inject or use drugs were on the opiate substitution therapy program known as Medically Assisted Therapy (MAT) in nine MAT clinics embedded within public health facilities. Patients receive free outpatient treatment, while inpatient services cost an average of Kes 70,000 (700 USD) for three months.

The initiative will promote access to affordable rehabilitation and treatment services that are evidence based and accessible to men and boys of marginalised communities. These services which include access to medical assisted therapy, counselling, behavioural therapies, family therapy, vocational training, and aftercare services. The programme will promote the establishment of effective rehabilitation and treatment centers that addresses the geographic, financial, and logistical barriers that make services unaffordable to individuals of low socio-economic backgrounds.

5. Enhancing Social-Economic Support Systems

Men and boys face various social and economic challenges that affect their ability to seek for treatment and prevention for HIV, STIs, TB,

drugs, alcohol and substance abuse and mental health services. These challenges include societal expectations related to masculinity, work, and family responsibilities. To address this issue, families and communities will be sensitized and educated to support men and boys in accessing prevention, treatment and rehabilitation services.

Stakeholders will be encouraged to establish alumni networks of peer support systems to be incorporated in drug, alcohol and substance abuse prevention, treatment rehabilitation and treatment services to mentorship, motivation, and aftercare services to help individuals sustain their recovery, prevent relapse, and reintegrate into society. Integration of structural initiatives such as microcredit programs, entrepreneurship training, and support for small and medium-sized enterprises will help increase access to capital, develop business skills, and establish sustainable livelihoods. In addition, the programs will seek local partnerships to provide practical training, mentorship, and job placement support to enable trainees to transition into gainful employment.

6. Advocate and promote multi-sectoral collaboration

Partnerships and collaborations among relevant stakeholders, including government agencies, non-state actors' healthcare providers, educational institutions, and community organizations, will be established to help leverage available resources, expertise, and platforms that promote early intervention programs for at-risk men and vulnerable boys. The national and county leadership will be sensitized to progressively allocate sufficient resources for HIV, education, health, and economic empowerment for vulnerable boys and men, and promote increased uptake of government and private sector health and financial services.

The health sector, including government ministries, health departments, and healthcare providers, would be crucial in implementing interventions related to HIV prevention, treatment, and care, substance abuse and mental health: This sector would be responsible for implementing interventions related to HIV, alcohol, drug, and substance abuse disorders among men and boys.

Justice and Law Enforcement Sector, including the police, judiciary, and correctional facilities, will play a role in addressing criminality among men and boys. This will involve implementing crime prevention programs, law enforcement efforts, and rehabilitation and reintegration programs for offenders. To effectively address drugs, alcohol and substance abuse the programme will promote training law enforcement officers to identify and respond to these issues with sensitivity, ensuring due process and access to justice for those involved, and promoting alternatives to incarceration, such as rehabilitation, and community-based corrections.

Social Services Sector including social welfare departments, community-based organizations, religious institutions and non-governmental organisations, may be involved in providing support services for men and boys at risk of or affected by HIV, substance abuse, criminality, and radicalization. This will include social work interventions, counseling, and community-based support programs.

Education Sector, including schools, educational institutions, and teachers, will play a role in addressing challenges through education and prevention programs targeting men and boys. This will include prevention and early detection of drugs, alcohol and substance use disorders, school retention, life skills training, and awareness campaigns.

Youth and Sports Sector: The youth and sports sector, including youth organizations and sports programs, will be involved in engaging men and boys in positive activities, promoting healthy behaviors, and providing opportunities for personal development and empowerment as a preventive measure against risky behaviors.

Policy makers : Policy makers, including policymakers, ministries, and regulatory bodies, responsible for creating and implementing policies, guidelines, and regulations related to drugs, alcohol, drug and substance abuse disorders, HIV, criminality, and will be engaged, for policy formulation, resource allocation, and monitoring and evaluation of interventions.

Civil Society and Community Organizations: will play a crucial role in implementing interventions related to these issues. This will include community mobilization, awareness campaigns, advocacy, and service provision including providing HIV stigma free education for men to access HIV testing services and treatment and reduce the mortality rates

Private Sector will be engaged to provide solutions for challenges facing boys and men in Kenya including corporate social responsibility support for prevention, treatment, rehabilitation and economic empowerment initiatives.

7. Data for Decision Making

This initiative will be evidence-based, with decisions informed by reliable data and proven strategies aimed at increasing awareness and urgency among leaders to accelerate policies that promote constructive engagement of boys and men. The effectiveness of interventions will be measured through regular assessments of program outcomes, changes in knowledge, attitudes, behaviors, and community engagement. Data from multiple sectors will be consolidated to provide strategic information, identify areas for improvement, and ensure that programs positively impact men and boys in Kenya. Regular data collection, analysis, and reporting on key indicators will be leveraged across various sectors to track the progress and impact of the framework.



Interventions

PILLAR 1: PROMOTE HEALTHY MASCULINITY TO ACHIEVE BETTER HEALTH OUTCOMES AND WELL-BEING OF BOYS AND MEN

This section provides strategic actions to engage boys and men meaningfully as catalysts of change to transform social norms.

Strategy	Interventions	Actors
Engage boys and men meaningfully to transform social norms	Support forums for boys and men for mentorship and coaching (to question their attitudes, beliefs and values for sustained gender transformation; discuss the benefit of finishing school; anger management and conflict resolution)	Ministries - Education, Gender, Health, Interior and National Administration, Sports, Labor and Social Protection, Defence County Governments NSDCC CBOs Implementing partners Religious leaders
	Promote family empowerment fora at the community level to strengthen responsible parenting, and family relations that promote peace, harmony, unity and benefits of non-violence	CBOs Implementing partners Religious leaders Ministries - Labor and Social Protection County Governments
	Disseminate and create awareness for positive masculinity using different approaches such as peer-led interventions community mobilization, social and traditional media	NSDCC CBOs Implementing partners Religious leaders Ministry of Interior and National Administration
	Standardize resource materials for champions to use for positive masculinity in all settings	NSDCC
	Build the capacities of male champions and their social networks, including workplaces to advocate for the deconstruction of harmful social practices and norms using standardized resource materials	NSDCC CBOs Implementing partners County Governments
	Strengthen school-based curriculum on positive masculinities	Ministry - Education
	Support the effective implementation of the national policies that promote and protect the welfare of families	Ministries - Gender, Labor and Social Protection

Strategy	Actions	Actors
Increase male engagement in public education to reinforce legal frameworks around health and gender equality	Enhance awareness of boys and men on legal frameworks related to all pillars	Judiciary CSOs
	Engage boys and men in public education on legal frameworks related to boys and men in all pillars	Judiciary CSOs
	Strengthen the capacity of stakeholders in health and gender on the application of legal frameworks	Ministry - Gender
	Enhance the review of legal frameworks and instruments to incorporate male engagement.	Judiciary CSOs CBOs

PILLAR 2: PROMOTE MENTAL HEALTH AND IMPROVE ACCESS TO HIV, STIs, TUBERCULOSIS, DRUGS, ALCOHOL AND SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES AMONG MEN AND BOYS

THEME ONE – ACCESS TO HIV PREVENTION AND TREATMENT SERVICES

Strategy	Interventions	Actors
1. Provide information and education on HIV and STI combination prevention choices	Disseminate prevention messages and create awareness on abstinence, PrEP, PEP, use of condoms and VMMC through curriculum-based interventions, peer-led programs, community mobilization efforts, and campaigns to increase acceptability	Ministry - Health, Interior & National Administration, Education, Gender, Transport, Defence County Governments NSDCC Implementing partners
	Integrate comprehensive prevention tools (such as condoms, PrEP, PEP, VMMC) into all service delivery points including community platforms e.g. Huduma Centers, Online Pharmacies	Ministry - Health, Transport, Interior & National Administration, Education, Gender, County Governments NSDCC
	Leverage existing religious and cultural rites of passage events to reach adolescents and young men with HIV prevention messaging and services	Community gatekeepers CBOs Religious leaders
2. Scaling up HIV community-based testing, health facility testing and self-testing	Support community peer-led approaches to promote HIV testing, disclosure and positive living	Ministry - Health NASCOP Implementing partners
	Create demand for HIV testing through the dissemination of age-appropriate messages to increase uptake for high-risk boys and men [KPs, vulnerable populations (Fisherfolk, truckers, prisons and discordant couples) and priority populations (Boda-boda riders, miners, AYP)] using community mobilization, peer-to-peer mentorship	Ministry - Health NASCOP, Transport, Interior & National Administration, Education, Gender, County Governments NSDCC CBOs Implementing partners
	Provide e-directories for different distribution points of self-tests in community sites, workplaces, educational institutions, and the private sector (pharmacies, online, vending machines)	Ministry - Health NASCOP County Governments Implementing partners
	Scale up the integration of HIV testing services into diverse service delivery points, including leveraging the screening of other diseases	Ministry - Health NASCOP County Governments Implementing partners
	Scale up partner notification services in all health facilities to offer counselling and testing to the partners of people living with HIV.	Ministry - Health NASCOP County Governments Implementing partners CBOs
	Promote partner involvement during ante-natal care checks to scale up testing using provider-initiated testing and counselling	Ministry - Health NASCOP County Governments Implementing partners CBOs

Strategy	Interventions	Actors
3. Provide differentiated HIV service delivery, treatment and adherence	Accelerate same-day-initiation treatment support using e.g. peer escort to care	Ministry - Health NASCOP County Governments Implementing partners CBOs
	Disseminate and create awareness of emerging health issues to improve treatment	Ministry - Health NASCOP County Governments Implementing partners CBOs
	Decentralise ART sites to primary health care level to strengthen linkage to treatment services	Ministry - Health NASCOP County Governments Implementing partners CBOs
	Scale up multi-sectoral sensitization and engagement forums to address human rights and gender-related barriers to access HIV and TB services in “high stigma” counties	NSDCC Implementing partners CBOs
	Build capacity of health workers to provide non-stigmatizing care through different curricula	Ministry - Health NASCOP
	Advocate for multi-month ART dispensing	Ministry - Health NASCOP Implementing partners
	For adolescents living with HIV, support peer-to-peer mentorship for disclosure-related support and age- and developmentally appropriate treatment literacy and comprehensive sexuality education	Ministry - Health NASCOP, Education Implementing partners CBOs
	Develop standardized comprehensive treatment literacy for men for positive living and dignity, emerging health issues to improve treatment and age-appropriate disclosure	Ministry - Health NASCOP
	Support male groups and adherence clubs, both physical and virtual spaces, for continuity of treatment adherence and peer accountability	Ministry - Health NASCOP Implementing partners CBOs
	Create stigma-free environment for boys and men living with HIV	All

THEME TWO: PROMOTE ACCESS TO PREVENTION AND TREATMENT OF TUBERCULOSIS

Strategy	Interventions	Actors
Increase treatment coverage, reduce the burden of TB, and mitigate the emergence and spread of drug-resistant strains	Build capacities of community health promoters to conduct symptomatic screening and refer for facility confirmation	Ministry - Health TB Programme CBOs Implementing partners
	Support screening programs to identify cases early using community mobilization, mobile outreaches	Ministry - Health TB Programme, Education, Prisons CBOs Implementing partners
	Disseminate preventive messages and create awareness on TB control using social media, traditional media, school health programs, review of curriculum, sensitization in schools, drama, and music festivals etc to create demand for the TB services	Ministry - Health TB Programme, Education, Prisons, CBOs Implementing partners
	Support male support groups and adherence clubs, both physical and virtual spaces, for continuity of treatment adherence and peer accountability	Ministry - Health TB Programme, Education, Prisons, CBOs Implementing partners

THEME THREE: PROMOTE ACCESS TO PREVENTION AND TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS

Strategy	Actions	Actors
Scale up targeted prevention and management of STI	Disseminate and create awareness on health information, education and health promotion programmes on transmission and acquisition, the importance of reduced sexual partners, delaying sexual debut	NSDCC
	Promote male condoms for dual protection against sexually transmitted infections and unintended pregnancy through social and traditional media	NSDCC Implementing partners CBOs
	Support community structures to ensure demand creation and reduce stigma and discrimination	NSDCC Implementing partners CBOs
	Promote total market to increase demand and supply of quality, affordable condoms in traditional and non-traditional outlets	NSDCC
	Promote vaccination for human papillomavirus to reduce the incidence of cervical cancer	NSDCC National Cancer Institute

THEME FOUR: PROMOTION OF MENTAL HEALTH AND PREVENTION AND TREATMENT OF DRUGS, ALCOHOL AND SUBSTANCE ABUSE

Strategy	Actions	Actors
Strengthen systems in the community and at the workplace	Disseminate and create awareness through campaigns, community platforms such as religious and cultural spaces, online platforms for healthy diets, benefits of physical activity, dangers of tobacco use and exposure, dangers of alcohol consumption and its related risks, risk factors for violence and injuries, cancer, diabetes, hypertension and mental illness	Ministry of Health National Cancer Institute Implementing partners CBOs
	Conduct community-based education programs that destigmatize mental health and drugs, alcohol and substance use disorders including supporting boys and men' post-treatment of drugs, alcohol and substance abuse	Ministry of Health National Cancer Institute Implementing partners CBOs NACADA Religious leaders
	Leverage National events and calendar events to promote mental health and wellness	Ministry of Health National Cancer Institute Implementing partners CBOs NACADA
	Promote peer-to-peer support groups for men to provide mentorship and motivation to promote critical thinking, good work ethics, tolerance, and resilience and provide a positive outlet for social and political engagement	Ministry - Health, Labor & Social Protection, Interior & National Administration Implementing partners CBOs NACADA Religious leaders
	Strengthen school-based curriculum on mental health and well-being, healthy diets, promotion of physical activity, dangers of tobacco use and exposure, dangers of alcohol consumption and its related risks, risk factors for violence and injuries	Ministry - Health, Education
	Establish linkages and leverage existing empowerment programs to build the capacity of men on financial literacy, entrepreneurial skills and economic empowerment	Ministry - Cooperatives & MSE Saccos Private Sector
	Support vocational training opportunities to equip boys and men to provide practical training, mentorship, and job placement	Ministry - Higher Education & TVET Private Sector

Strategy	Actions	Actors
	Build capacities of community leaders including community health promoters, religious leaders and national government administrative officers to manage alcohol, drugs and alcohol abuse disorders.	NSDCC NACADA Ministry Health
	Advocate and support roll out of specialized training for law enforcers to support treatment and rehabilitation of people with drug alcohol, and substance abuse and petty offenders by promoting alternatives to incarceration, such as rehabilitation, and community-based corrections	NSDCC Ministry - Interior & National Administration Judiciary
Increase access to and improve the provision of care and treatment for mental health and alcohol and substance abuse	Scale up the integration of mental health services into diverse service delivery points including the workplace programs	NSDCC Ministry of Health
	Strengthen referral and linkages to connect at-risk boys with the appropriate services through e-directories	Ministry of Health
	Advocate for increased expanding access to mental health services and reduced costs for treatment including enrollment of people with drugs, alcohol and substance abuse disorders on social health insurance fund to facilitate access to services	Ministry of Health NACADA
	Strengthen the capacity of service providers including healthcare providers to offer NCD and mental health services	Ministry of Health
	Strengthen the implementation of standardized guides for Life Skills and values training to empower adolescent boys and men to make informed decisions	Ministry of Education KICD Social Protection
	Promote the establishment of effective rehabilitation and treatment centers that address the geographic, financial, and logistical barriers that make services unaffordable to individuals of low socio-economic backgrounds	Ministry of Health NACADA Private Sector Religious Sector

PILLAR 3: STRENGTHEN COORDINATION MECHANISMS OF MULTI-SECTORAL PARTNERS IMPEMENTING INTERVENTIONS FOCUSING ON MEN AND BOYS AT THE NATIONAL AND COUNTY LEVELS

The National Syndemic Diseases Control Council will support County Governments to establish coordination mechanisms for the implementation of this framework. At the national level the National Technical Working Group will provide overall leadership , monitoring and coordination of partners.

a. National Technical Working Group

- Coordinate and oversee different government and stakeholder initiatives targeting boys and men.
- Develop a partnership framework to coordinate partners at national and county level
- Advise on new high-level strategic interventions for the engagement of boys and men.
- Review policy, strategy and guidelines on male engagement as necessary.
- Coordinate existing resources targeting boys and men to enhance efficiencies and attainment of results
- Receive quarterly progress reports from the different Government and partner initiatives/ working groups as and when required
- Monitor the results, provide oversight and guidance on needs and priorities to achieve targets set out in the KASF and the acceleration plan for boys and men
- Coordinate the capacity of stakeholders for effective implementation of male engagement programs.
- Identify strategic partners, mobilize and deploy resources for the strategy based on data
- Strengthen documentation of best practices and provide platforms for learning on effective engagement of the boys and men in the HIV response.

b. Institutional Accountability

AGENCY	RESPONSIBILITY
Ministry of Health NSDCC	<ul style="list-style-type: none"> ▪ Mobilise partners and coordinate implementation and monitoring of the framework. ▪ Disseminate annual targets and harmonise routine reporting tool for male engagement interventions for all stakeholder, consolidate and disseminate progress reports ▪ Identify gaps in research and promote knowledge management including through promoting platforms to share best practices among stakeholders ▪ Establish communities of practice for boys and men to build sustainable community programmes ▪ Strengthen data management systems in the priority areas ▪ Review and determine most effective and efficient costed minimum package for reaching boys and men
Ministry of Health NASCO	<ul style="list-style-type: none"> ▪ Provide technical guidance on implementation health service delivery models that meaningfully engage men and boys ▪ Support collation of timely health facility data for early intervention ▪ Build capacity of health care providers on men and boys engagement
County Governments	<ul style="list-style-type: none"> ▪ Responsible for implementation, data collection and reporting ▪ Analysis and use of data for decision-making at all levels of service delivery (sub-county, county & community levels)
Civil society and network of people living with HIV	<ul style="list-style-type: none"> ▪ Provide and/or advocate for comprehensive HIV prevention programmes that meet the variety of needs of individuals and communities. ▪ Deliver relevant and effective HIV prevention services to boys and men to complement government efforts. ▪ Advocate for legal and policy reforms that would enable effective programmes to be provided at scale. ▪ Advocate for resource allocation and monitor the implementation of the framework
Communities of practice for men and boys	<ul style="list-style-type: none"> ▪ Men and boys engaged in policy, programmes, research and programme design ▪ Promote the leadership of boys and men living with HIV as full, equal and essential partners to guide HIV prevention ▪ Leverage on technology to reach more men and boys with accurate information and knowledge about HIV, Drugs, alcohol and substance abuse
Private Sector	<ul style="list-style-type: none"> ▪ Implement effective workplace-based prevention programs and policies ▪ Leverage on private sector market segmentation to layer interventions focusing on men and boys ▪ Mobilize resources through the private sector for social re-integration of men and boys recovering from drugs, alcohol and substance abuse



Annexes

Annex 1: Results Framework

Level of measurement	Indicator	Disaggregation	Baseline (2023)	Source	Mid-term Target (2026)	End-term Target (2030)	Frequency
Impact Level							
Reduction in crime among boys and men	Boys and Men reported to have Committed Crimes	Age, Type of offense	80,737	Kenya Prison Service	30,000	15,000	Annually
Reduction of alcohol-related deaths among boys and men	The proportion of alcohol-related deaths out of total deaths	Age, county	0	WHO 2020			
Reduction in HIV incidence among adolescent boys and men	Number of new HIV infections among adolescent boys (15-24)	Age, county	1,588	HIV estimates 2022	700	300	Annual
Increase in male labor force participation rate (15-64)	The proportion of boys and men who are actively participating in the labour force	Age	45%	ILO Estimates 2023	50%	60%	Annual
Reduction in GBV incidence among women and girls perpetrated by men	Number of GBV cases perpetrated by men	Sex, County	54%	KHIS, KDHS	30%	20%	Annual
Outcome level							
Mainstreaming in the curriculum for defense and uniformed forces	Number of recruits reached with HIV information	Age, institution	NA		50%	100%	Annually
Increase HIV testing among boys and men	The proportion of boys and men who know their HIV status	Age, county	90%	KHIS	95%	95%	Annually
Reduction in suicide among boys and men	Number of suicide cases reported among men	Age, county	9.10%	National Police Service/ People Daily	7%	5%	
Increase in HIV prevention knowledge among adolescent boys and young men	The proportion of adolescent boys and young men who know about HIV prevention	Age, county	55%	KDHS (2022)	70%	90%	5 years
Increased awareness on prevention of alcohol, drug and substance abuse	The proportion of boys and men with adequate knowledge of prevention of drug abuse programs in the country	Total	NA	NACADA	70%	90%	Quarterly

Level of measurement	Indicator	Disaggregation	Baseline (2023)	Source	Mid-term Target (2026)	End-term Target (2030)	Frequency
Increased access to health services among boys and men	The proportion of boys and men accessing health services (HIV testing as a proxy)	Age, county	29%	KHIS	40%	50%	Monthly
Reduction in experience of Gender-based violence among girls and women	Percentage of women who have experienced any physical violence (committed by a husband, intimate partner, or anyone else) since age 15	Age, type of violence, county	34%	KDHS (2022)	20%	10%	Monthly
Increase in transition from primary to secondary school among boys	The proportion of adolescent boys and young men transitioning from primary to secondary school	Age, county	77.40%	Economic survey (2022)	80%	90%	Annual
Increased access to economic empowerment	Proportion of adolescents who have received economic empowerment services	Age, county	5%	Economic survey, 2023	10%	20%	Annually
Increased retention of adolescent boys in school	Proportion of adolescent boys' school dropouts	Age, county, level of schooling	25%	NEMIS	15%	10%	5 years
Reduction in alcohol and substance abuse among boys and men	Percentage of boys and men reporting use of one drug or substance of abuse	Age, county	30.70%	NACADA (2022)	20%	10%	5 years
Output							
Increased access to rehabilitative services at county and community levels supported by professional addiction counsellors	The proportion of boys and men suffering from alcohol and drug addiction undergoing rehabilitation	County	17%	NACADA	10%	5%	Quarterly
Increase in Peer educators trained	Number of male champions trained	county	254	Program reports	500	100	Quarterly

ESTIMATED NUMBER OF PEOPLE WHO INJECT DRUGS (PWIDs)

	Male PWIDs	Female PWIDs	Total PWIDs
Baringo	302	37	339
Bomet	518	64	582
Bungoma	368	45	413
Busia	250	31	281
Elgeyo Marakwet	259	32	291
Embu	-	-	-
Garissa	266	33	299
Homa Bay	49	6	55
Isiolo	727	90	817
Kajiado	388	48	436
Kakamega	293	36	329
Kericho	160	20	180
Kiambu	930	115	1,045
Kilifi	2,820	348	3,168
Kirinyaga	339	42	381
Kisii	26	3	29
Kisumu	347	43	390
Kitui	344	43	387
Kwale	1,003	124	1,127
Laikipia	334	41	375
Lamu	401	50	450
Machakos	36	4	40
Makueni	355	44	399
Mandera	462	57	519
Marsabit	349	43	392
Meru	53	7	60
Migori	136	17	153
Mombasa	1,773	219	1,992
Muranga	367	45	412
Nairobi	3,736	462	4,198
Nakuru	8	1	9
Nandi	588	73	661
Narok	359	44	403
Nyamira	582	72	654
Nyandarua	229	28	257
Nyeri	-	-	-
Samburu	434	54	488
Siaya	505	62	567
Taita Taveta	457	57	514
Tana River	466	58	524
Tharaka Nithi	506	62	568
Trans Nzoia	160	20	180
Turkana	542	67	609
Uasin Gishu	602	74	676
Vihiga	362	45	407
Wajir	-	-	-
West Pokot	549	68	617

New HIV infections (Adults 15+)

	Total	Male	Female
Mombasa	468	138	330
Kwale	163	43	120
Kilifi	260	65	195
Tana River	24	6	18
Lamu	21	6	15
Taita taveta	79	25	54
Garissa	7	2	5
Wajir	4	1	3
Mandera	12	4	8
Marsabit	47	11	36
Isiolo	52	12	39
Meru	443	111	333
Tharaka nithi	99	23	76
Embu	130	31	99
Kitui	334	72	263
Machakos	469	107	362
Makueni	261	59	202
Nyandarua	84	18	66
Nyeri	122	28	94
Kirinyaga	100	23	77
Muranga	144	33	112
Kiambu	463	110	353
Turkana	409	128	282
West Pokot	75	22	53
Samburu	178	51	127
Trans Nzoia	441	127	314
Uasin Gishu	672	200	473
Elgeyo Marakwet	138	40	98
Nandi	355	102	253
Baringo	163	47	116
Laikipia	153	45	107
Nakuru	931	276	655
Narok	430	124	306
Kajiado	614	189	425
Kericho	426	125	301
Bomet	287	82	205
Kakamega	552	170	382
Vihiga	201	61	140
Bungoma	365	108	257
Busia	373	109	264
Siaya	1,041	329	712
Kisumu	1,520	503	1,017
Homa Bay	1,248	402	846
Migori	906	290	616
Kisii	527	162	365
Nyamira	194	61	132
Nairobi	1,694	484	1,210

SCHOOL TRANSITION RATES (2020)

County	Boys	Girls
Nyeri	93.6	93.9
Kirinyaga	92.4	92.4
Muranga	92	92.2
Nyandarua	91.6	91.6
Nyamira	90.9	91.5
Kiambu	90.8	91.4
Makueni	90.5	91.4
Nairobi	90.4	90.5
Kisii	90.1	90.2
Kisumu	89.8	90.1
Embu	89.7	90.1
Machakos	88.7	89.3
Nakuru	88.3	88.9
Uasin Gishu	88.2	88.8
Laikipia	87.6	88.8
Vihiga	87.4	88.6
Kakamega	87.3	88
Kericho	87.2	87.5
Bungoma	87.2	87.6
Homa Bay	87.2	87.8
Tharaka Nithi	87.1	87.1
Migori	86.9	87
Trans Nzoia	86.8	86.9
Mombasa	86.7	86.8
Busia	86.6	86.8
Nandi	86.4	86.8
Baringo	86	86.8
Siaya	85.9	86.4
Mandera	85.8	86.1
Meru	85.8	86.3
Turkana	85.3	85.5
West Pokot	85.1	85.2
Isiolo	85	84
Garissa	84.8	83.4
Taita Taveta	84.6	82.6
Kajiado	84.6	82.7
Tana River	84.3	82.2
Wajir	84.2	81.8
Elgeyo Marakwet	83.5	81.8
Bomet	83	80.9
Lamu	82.7	80.3
Narok	82.2	80.1
Kilifi	81.9	80
Kitui	81.5	79.7
Marsabit	79.7	79.2
Kwale	79.5	79
Samburu	78.9	78.9
Kenya	87.1	87.2

Data source: Basic education statistical booklet - 2020.

SEXUALLY TRANSMITTED DISEASES

County	Sexually Transmitted Infections >5 years 2021	Sexually Transmitted Infections >5 years 2022	Sexually Transmitted Infections >5 years 2023
Baringo	2370	2241	1991
Bomet	2778	1860	3141
Bungoma	13798	9161	9685
Busia	5770	5271	5085
Elgeyo Marakwet	2203	2447	2533
Embu	3043	2437	2857
Garissa	883	1265	848
Homa Bay	7428	7854	10097
Isiolo	1045	977	1664
Kajiado	8845	7963	10593
Kakamega	12881	11678	14533
Kericho	3548	3797	4229
Kiambu	15032	15561	16849
Kilifi	12265	11810	13551
Kirinyaga	4597	5141	5215
Kisii	7671	8357	8569
Kisumu	7218	6765	8302
Kitui	6861	5465	6666
Kwale	5355	5820	6477
Laikipia	3758	3501	3150
Lamu	1242	1064	1249
Machakos	11939	10813	11466
Makueni	5914	5737	7034
Mandera	2543	2775	3277
Marsabit	530	621	875
Meru	8283	6277	6599
Migori	10832	10797	9582
Mombasa	8629	8524	7395
Muranga	4710	4625	5011
Nairobi	41266	33396	37003
Nakuru	23008	18449	20231
Nandi	3167	2452	2414
Narok	7575	6346	8528
Nyamira	4447	3292	3556
Nyandarua	8326	4058	3858
Nyeri	6155	6065	5056
Samburu	3502	3050	4301
Siaya	6953	5820	6865
Taita Taveta	3105	1985	1988
Tana River	968	1465	1436
Tharaka Nithi	3777	2973	3030
Trans Nzoia	3872	3244	3928
Turkana	3803	3236	2881
Uasin Gishu	6874	6967	9619
Vihiga	1842	1938	2200
Wajir	473	1185	1762
West Pokot	3751	1794	2207

Data source: Kenya Health Information System

COUNTY TREATMENT CASCADE (Adults 15+ years)

2023		Male 15+							Female 15+						
County	Esti- mates	On CARE	on ART	No. Sup- pressed	1 st 95	2 nd 95	3 rd 95		Estimates	On CARE	on ART	No. Sup- pressed	1 st 95	2 nd 95	3 rd 95
Nairobi	47,427	57,344	57,344	54,734	121%	121%	115%		92,824	115,833	115,833	111,097	125%	125%	120%
Kisumu	38,944	38,735	38,735	36,804	99%	99%	95%		74,292	73,333	73,333	70,859	99%	99%	95%
Homa Bay	34,043	40,854	40,854	38,944	120%	120%	114%		66,030	81,879	81,879	79,018	124%	124%	120%
Migori	30,472	24,054	24,054	23,174	79%	79%	76%		61,803	51,752	51,752	50,399	84%	84%	82%
Siaya	28,618	32,360	32,360	30,765	113%	113%	108%		54,058	61,765	61,765	59,486	114%	114%	110%
Kiambu	22,569	13,471	13,471	12,891	60%	60%	57%		42,869	29,713	29,713	28,482	69%	69%	66%
Busia	20,283	10,990	10,990	10,500	54%	54%	52%		20,900	24,243	24,243	23,430	116%	116%	112%
Nakuru	18,963	14,270	14,270	13,579	75%	75%	72%		36,518	30,438	30,438	29,102	83%	83%	80%
Mombasa	17,851	16,254	16,254	15,529	91%	91%	87%		38,707	34,662	34,662	33,170	90%	90%	86%
Kakamega	16,800	13,575	13,575	12,951	81%	81%	77%		34,845	32,643	32,643	31,488	94%	94%	90%
Bungoma	11,762	7,953	7,953	7,449	68%	68%	63%		31,542	20,492	20,492	19,519	65%	65%	62%
Uasin Gishu	11,395	10,962	10,962	10,486	96%	96%	92%		20,924	22,049	22,049	21,202	105%	105%	101%
Machakos	11,126	9,314	9,314	8,886	84%	84%	80%		24,099	20,956	20,956	20,126	87%	87%	84%
Meru	9,134	7,018	7,018	6,639	77%	77%	73%		16,589	14,905	14,905	14,248	90%	90%	86%
Kisii	8,952	11,361	11,361	10,764	127%	127%	120%		21,394	26,224	26,224	25,056	123%	123%	117%
Kitui	8,622	6,668	6,668	6,232	77%	77%	72%		21,336	17,255	17,255	16,498	81%	81%	77%
Kilifi	8,090	7,509	7,509	7,052	93%	93%	87%		13,645	20,675	20,675	19,692	152%	152%	144%
Kwale	7,494	3,585	3,585	3,339	48%	48%	45%		15,591	9,995	9,995	9,464	64%	64%	61%
Kajiado	7,442	5,138	5,138	4,732	69%	69%	64%		16,387	11,902	11,902	11,013	73%	73%	67%
Kericho	6,700	4,937	4,937	4,675	74%	74%	70%		10,804	10,287	10,287	9,744	95%	95%	90%
Vihiga	6,622	5,631	5,631	5,399	85%	85%	82%		12,778	11,826	11,826	11,360	93%	93%	89%
Makueni	6,040	6,929	6,929	6,561	115%	115%	109%		13,226	16,629	16,629	15,940	126%	126%	121%
Nyeri	6,028	6,321	6,321	6,005	105%	105%	100%		11,334	12,556	12,556	12,076	111%	111%	107%
Muranga	5,911	5,382	5,382	5,114	91%	91%	87%		11,813	11,615	11,615	11,132	98%	98%	94%
Turkana	4,971	3,762	3,762	3,384	76%	76%	68%		7,128	6,332	6,332	5,820	89%	89%	82%
Nandi	4,946	3,991	3,991	3,710	81%	81%	75%		9,127	8,817	8,817	8,343	97%	97%	91%
Trans-Nzoia	4,883	5,605	5,605	5,301	115%	115%	109%		9,705	12,796	12,796	12,217	132%	132%	126%
Nyamira	4,512	5,028	5,028	4,788	111%	111%	106%		9,872	10,857	10,857	10,436	110%	110%	106%
Narok	4,213	3,615	3,615	3,337	86%	86%	79%		7,945	7,759	7,759	7,211	98%	98%	91%
Kirinyaga	3,938	3,822	3,822	3,652	97%	97%	93%		7,649	8,316	8,316	7,956	109%	109%	104%
Bomet	3,435	3,467	3,467	3,244	101%	101%	94%		6,585	7,530	7,530	7,055	114%	114%	107%
Embu	3,397	3,348	3,348	3,128	99%	99%	92%		6,788	7,331	7,331	6,974	108%	108%	103%
Taita Taveta	3,003	2,285	2,285	2,161	76%	76%	72%		5,416	5,045	5,045	4,751	93%	93%	88%
Tharaka Nithi	2,557	2,506	2,506	2,317	98%	98%	91%		4,637	5,108	5,108	4,851	110%	110%	105%
Nyandarua	2,529	3,360	3,360	3,197	133%	133%	126%		4,857	6,992	6,992	6,707	144%	144%	138%
Laikipia	2,343	3,099	3,099	2,966	132%	132%	127%		3,965	6,665	6,665	6,386	168%	168%	161%
Elgeyo-Marakwet	1,926	1,337	1,337	1,259	69%	69%	65%		3,855	3,115	3,115	2,977	81%	81%	77%
Baringo	1,594	1,645	1,645	1,522	103%	103%	96%		3,075	3,769	3,769	3,536	123%	123%	115%
Samburu	1,064	611	611	531	57%	57%	50%		2,265	1,519	1,519	1,357	67%	67%	60%
West Pokot	846	1,334	1,334	1,238	158%	158%	146%		1,538	2,572	2,572	2,423	167%	167%	158%
Isiolo	716	507	507	468	71%	71%	65%		1,274	1,058	1,058	967	83%	83%	76%
Lamu	650	533	533	490	82%	82%	75%		1,081	1,174	1,174	1,079	109%	109%	100%
Garissa	539	467	467	438	87%	87%	81%		941	1,010	1,010	945	107%	107%	100%
Tana River	538	390	390	343	72%	72%	64%		1,128	1,028	1,028	927	91%	91%	82%
Marsabit	502	221	221	213	44%	44%	42%		838	739	739	711	88%	88%	85%
Mandera	456	94	94	-	21%	21%	0%		525	127	127	-	24%	24%	0%
Wajir	228	98	98	86	43%	43%	38%		340	218	218	207	64%	64%	61%
Kenya	445,073	411,740	411,740	390,982	93%	93%	88%		864,841	873,504	873,504	837,436	101%	101%	97%

Data Source: Kenya HIV Estimates 2023.

ANNEX 3: TRENDS IN NEW HIV INFECTIONS, ADOLESCENT PREGNANCIES AND SGBV AMONG ADOLESCENTS 10-19

County	ADOLESCENT PREGNANCY (10-19 years)									
	2016	2017	2018	2019	2020	2021	2022	2023	% change (2016 - 2023)	% of adolescent pregnancies (10-19) 2023
Kisumu	12,853	13,837	8,371	7,552	6,514	6,763	6,296	6,158	▼	17%
Busia	10,590	9,924	11,425	6,700	5,707	6,003	5,244	5,405	▼	20%
Migori	15,071	12,882	13,000	10,733	9,342	10,107	9,119	9,096	▼	18%
Siaya	10,557	11,055	13,696	10,858	7,758	7,161	6,017	6,038	▼	18%
Mombasa	4,757	7,532	6,922	3,684	2,365	3,358	3,274	3,208	▼	9%
Kilifi	10,335	11,142	15,590	9,478	7,058	7,440	6,736	6,939	▼	15%
Kwale	9,186	9,888	12,480	11,251	8,279	6,640	5,454	4,971	▼	16%
Lamu	1,113	1,771	1,465	1,307	1,062	871	893	813	▼	15%
Uasin Gishu	6,611	8,704	9,948	9,455	4,750	5,258	5,386	4,811	▼	14%
Kiambu	9,641	10,947	14,859	13,526	10,382	8,330	7,876	8,031	▼	12%
Homa Bay	11,324	14,646	14,733	13,644	11,867	10,116	8,345	8,043	▼	20%
Kisii	11,301	10,923	13,542	10,980	9,601	10,149	7,367	7,500	▼	22%
Nyamira	4,781	4,965	5,919	8,255	5,403	4,446	3,298	3,296	▼	19%
Muranga	4,396	4,591	6,681	6,660	5,519	4,195	3,547	3,700	▼	17%
Makueni	4,829	6,552	8,157	7,234	5,396	4,724	4,062	3,882	▼	16%
Taita Taveta	1,438	2,413	3,594	1,590	1,428	1,421	1,390	1,450	▲	16%
Nairobi	18,178	25,814	27,239	26,545	22,128	17,990	16,601	15,590	▼	9%
Kirinyaga	2,331	3,127	4,298	3,311	2,422	2,347	1,987	1,909	▼	13%
Machakos	5,796	7,534	9,955	10,898	5,432	5,857	5,199	4,878	▼	15%
Nakuru	10,712	13,875	18,040	16,496	12,450	11,469	8,423	8,442	▼	12%
Kitui	6,826	9,015	11,486	8,471	6,468	7,666	6,714	6,354	▼	21%
Embu	2,105	3,077	2,108	2,151	2,310	2,416	2,112	2,303	▲	16%
Nyeri	1,623	2,723	2,611	3,022	2,380	1,898	1,612	1,586	▼	11%
Nyandarua	2,087	2,462	3,836	3,924	2,306	2,497	2,063	2,008	▼	14%
Kericho	5,514	5,397	9,020	10,523	8,427	7,150	6,153	5,448	▼	22%
Nandi	4,422	5,911	8,237	8,071	7,089	5,781	4,530	4,527	▲	21%
Baringo	3,978	4,194	6,223	4,917	4,376	5,214	4,135	3,820	▼	18%
Wajir	2,342	2,642	3,153	2,954	3,457	3,252	2,628	2,047	▼	10%
TanaRiver	3,366	3,532	5,569	5,467	4,584	4,712	3,669	3,247	▼	23%
Kajiado	7,721	7,510	10,342	12,856	10,872	11,084	9,101	7,985	▲	18%
Bomet	6,984	9,552	10,075	11,153	9,154	10,147	5,666	5,430	▼	21%
Tharaka Nithi	1,904	2,714	4,016	4,015	3,563	2,767	2,145	2,326	▲	20%
Elgeyo Marakwet	2,545	3,002	4,137	4,019	4,004	3,757	2,354	2,099	▼	16%
Laikipia	2,684	3,798	4,999	5,506	5,489	4,030	3,248	2,573	▼	16%
Meru	9,414	13,346	16,057	15,826	14,669	14,417	10,549	9,510	▲	27%
Isiolo	1,457	1,679	2,772	2,865	2,092	2,256	1,721	1,493	▲	18%
Bungoma	8,845	17,636	19,186	14,512	13,376	14,054	12,095	11,713	▲	21%
West Pokot	5,664	5,704	8,756	8,560	9,808	9,111	7,697	8,282	▲	25%
Narok	8,359	10,861	15,287	14,962	15,225	13,593	11,318	10,317	▲	25%
Turkana	4,272	6,463	7,882	8,390	8,450	6,973	6,642	8,521	▲	16%
Samburu	2,406	2,093	3,938	4,648	4,905	4,201	3,043	2,739	▲	24%
Vihiga	2,621	3,900	6,620	7,355	6,322	4,674	3,856	3,197	▲	20%
Trans Nzoia	3,985	5,532	11,979	11,997	11,601	7,413	6,013	5,847	▲	20%
Garissa	2,524	3,395	4,460	4,890	3,168	6,033	5,589	5,643	▲	16%
Marsabit	1,547	1,751	2,933	3,684	3,873	3,799	2,945	3,064	▲	21%
Kakamega	4,206	8,465	16,969	17,489	14,768	15,166	12,962	11,688	▲	20%
Mandera	432	1,200	4,570	4,456	3,950	7,481	3,711	4,733	▲	17%
KENYA	275,633	339,676	427,135	396,840	331,549	316,187	260,785	252,660	▼	17%

	SGBV (10-17 years)										NEW HIV INFECTIONS (10-19)						
	2016	2017	2018	2019	2020	2021	2022	2023	% change (2016-2023)	% of SGBV among adolescents 10-19 (2023)	2015	2017	2019	2020	2021	2022	% change in new HIV infections(2015-2022)
	170	246	707	1,903	1,198	976	1,293	1,377	▲	56%	2,688	884	852	579	495	335	▼
	66	100	144	94	259	607	637	497	▲	20%	154	136	120	109	111	69	▼
	61	79	177	204	394	485	464	425	▲	56%	1,557	620	426	353	290	197	▼
	12	20	126	153	496	1,598	1,632	1,158	▲	39%	2,355	890	760	447	371	251	▼
	15	39	228	306	413	522	697	420	▲	48%	681	289	190	166	211	73	▼
	396	419	770	707	805	900	879	656	▲	61%	397	229	96	107	114	40	▼
	1	5	9	9	21	213	420	274	▲	54%	300	134	48	55	72	25	▼
	-	2	1	1	19	29	32	39	▲	50%	29	18	9	6	10	3	▼
	81	145	237	508	520	248	111	262	▲	18%	158	120	173	195	184	122	▼
	18	26	24	21	155	211	612	137	▲	34%	353	222	171	96	86	67	▼
	28	38	92	161	261	697	2,046	1,598	▲	28%	2,945	1,004	582	566	462	313	▼
	68	46	135	136	461	832	1,011	1,052	▲	45%	634	274	275	182	163	111	▼
	95	61	72	115	403	872	411	378	▲	31%	454	137	66	68	64	43	▼
	26	7	14	18	94	236	286	196	▲	39%	135	114	24	37	40	31	▼
	36	35	53	144	274	308	228	151	▲	48%	441	81	63	73	65	44	▼
	15	1	1	2	13	60	71	31	▲	6%	148	71	23	26	39	13	▼
	223	221	522	538	803	1,341	2,407	2,951	▲	36%	1,035	1,222	386	433	338	187	▼
	36	24	42	33	132	189	215	184	▲	47%	61	54	18	24	25	20	▼
	32	15	13	90	148	197	178	187	▲	38%	490	99	118	105	106	71	▼
	439	388	503	409	712	1,099	1,067	1,124	▲	48%	243	185	239	287	297	196	▼
	43	9	99	63	180	238	300	239	▲	40%	435	95	84	80	83	56	▼
	58	65	82	74	128	82	8	13	▼	62%	167	35	26	32	33	22	▼
	52	78	138	69	294	227	259	156	▲	34%	93	81	35	38	31	24	▼
	51	39	35	34	82	240	214	197	▲	41%	63	60	20	19	19	15	▼
	3	5	14	15	117	64	137	323	▲	34%	97	65	119	106	112	74	▼
	1	2	12	24	45	69	240	301	▲	27%	66	48	83	76	94	62	▼
	4	-	2	5	5	30	47	35	▲	19%	33	22	41	35	39	26	▼
	-	3	3	6	13	-	5	8	▲	44%	9	-	1	1	2	1	▼
	-	-	4	5	4	37	104	129	▲	98%	35	16	6	6	8	3	▼
	12	112	199	237	329	336	547	771	▲	46%	119	93	140	120	153	101	▼
	10	5	53	56	92	46	159	361	▲	38%	66	40	83	74	77	51	▼
	2	3	30	88	112	102	126	120	▲	33%	137	28	20	19	24	16	▼
	1	5	1	-	17	30	157	57	▲	24%	26	18	26	34	34	22	▼
	40	26	40	44	94	96	119	76	▲	36%	46	35	40	49	46	31	▼
	41	70	80	73	118	163	397	242	▲	38%	391	79	80	91	94	63	▼
	-	-	3		1	9	12	34	▲	56%	54	10	14	6	10	7	▼
	32	55	174	333	684	1,127	1,138	1,099	▲	38%	120	106	29	98	92	57	▼
	4	-	3	-	14	24	23	22	▲	14%	28	22	20	16	16	11	▼
	16	11	67	43	127	86	216	487	▲	38%	94	68	138	75	108	71	▼
	79	37	65	31	202	172	212	207	▲	20%	133	87	120	59	100	66	▼
	-	4	5	8	16	25	37	27	▲	12%	17	11	15	12	46	30	▲
	39	48	94	61	74	279	406	346	▲	43%	77	70	49	56	63	39	▼
	99	47	329	286	574	483	668	695	▲	53%	154	108	125	102	123	81	▼
	-	1	-	-	19	62	90	116	▲	48%	17	-	2	1	4	1	▼
	-	1	-	18	20	3	8	14	▲	39%	43	8	21	6	8	5	▼
	61	69	183	168	523	824	1,123	1,096	▲	37%	203	187	189	166	154	96	▼
	-	1	2	-	-	2	8	13	▲	52%	23	-	1	2	5	2	▼
	2,466	2,613	5,587	7,293	11,465	16,476	21,457	20,281	▲	37%	18,004	8,177	6,166	5,294	5,123	3,244	▼



REPUBLIC OF KENYA



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