



A Commitment Plan to End the *'Triple Threat'*



New HIV infections, mistimed pregnancies and sexual and gender-based violence cases among adolescents and young people

A whole of nation approach 2023-2030



REPUBLIC OF KENYA

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NATIONAL SYNDEMIC DISEASES
CONTROL COUNCIL





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ACRONYMS/ABBREVIATIONS

AGYW	Adolescent girls and young women
AIDS	Acquired Immunodeficiency Syndrome
ASRH	Adolescent sexual and reproductive health
CPR	Contraceptive prevalence rate
FGF	Female genital fistula
FGM	Female genital mutilation
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
KASF	Kenya AIDS Strategic Framework
KCSE	Kenya Certificate of Secondary Education
KDHS	Kenya Demographic Health Survey
KEMRI	Kenya Medical Research Institute
KNAP	Kenya National Action Plan
MDAS	Ministries, Departments and Agencies
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NCPD	National Council of Population and Development
NSDCC	National Syndemic Diseases Control Council
PEP	Post-exposure prophylaxis
RMNCAH/N	Reproductive, maternal, newborn, child, and adolescent health and nutrition
SDG	Sustainable Development Goals
SGBV	Sexual and gender-based violence
STIs	Sexually transmitted diseases
TB	Tuberculosis
UHC	Universal Health Coverage

FOREWORD



His Excellency Dr. William Samoei Ruto, the President of the Republic of Kenya, has emphasised the pivotal role of health as a fundamental pillar for strengthening Kenya's economy. He has reiterated the importance of prioritising preventive healthcare. In this context, we appreciate health not merely as a curative measure but as a state of complete physical, mental, and social well-being. Achieving this requires a holistic approach that involves fostering a community that supports and cares for each other.

Kenya remains steadfast in its determination to end AIDS and reduce adolescent pregnancies by 2030. The country has also pledged to eliminate sexual and gender-based violence by 2026.



***I cannot change the world but
I can cast a stone across the
water to create many ripples."***

— Mother Teresa

Unfortunately, these commitments are currently under threat due to persistent challenges, collectively referred to as the *Triple Threat*, which includes new HIV infections among adolescents and young people, adolescent pregnancies, and sexual and gender-based violence. For instance, our efforts to halt and reverse the HIV epidemic, are yet to fully yield results.

Structural factors continue to undermine our response, heightening risks and vulnerabilities. Firstly is the slow progress in reducing new HIV infections among adolescents and young people. In 2022, approximately 75% of the newly reported HIV cases in the country occurred among young people below the age of 34. This challenge disproportionately affects women and girls, mostly of reproductive age with about 12,558 new HIV infections reported among them, compared to 5,122 infections among men and boys. New HIV infections among young people of reproductive health age poses obstacles to the efforts aimed at eliminating mother-to-child transmission, as 4,474 children acquired HIV through maternal transmission.

Secondly, cases of sexual and gender-based violence remain prevalent. The Ministry of Health in 2023 attended to 53,960 sexual and gender-based violence cases, mostly perpetrated against young women, girls, and children. Regrettably, 37% (20,143) of these cases were against

adolescents aged 10-17. Sadly 3,203 children aged 0-9 were among those attended in the health facilities.

Thirdly, while there have been notable advancements in various child health indicators, such as increased school attendance and improved learning outcomes, Kenya still faces significant challenges. Many children are deprived of a fulfilling childhood experience, and the prevalence of child motherhood poses a significant setback in societal progress. In 2023, for example, our health facilities attended to 254,753 pregnant girls aged 10-19.

The consequences of sexual violence and child motherhood are dire, including maternal deaths and long-lasting psychological and physical challenges. Babies born to these young mothers also experience adverse health outcomes, leading to a strain on both health and economic outcomes for the nation.

In addition to these challenges, early sexual debut may lead to the contraction of sexually transmitted infections, including human papillomavirus (HPV), without access to preventive vaccines that are now widely available. HPV infection is a leading cause of cancer-related deaths among women, resulting in



approximately 3,400 deaths annually. Sadly, the uptake of screening remains low at 17% in 2022.

The health sector bears a significant burden in managing early and unprotected sexual activity among young people. Sexual and gender-based violence increases the risk of HIV and causes both physical and psychological traumas. Additionally, pregnancies among adolescent girls are often associated with negative health and social outcomes for both the mother and the baby, potentially leading to intergenerational cycles of poverty, poor education, and unemployment.

Adolescent girls and young women who contract HIV experience more adverse outcomes compared to older women. This includes delayed diagnosis, lower rates of treatment retention, and an elevated incidence of mother-to-child transmission of HIV during pregnancy and the breastfeeding period.

The ramifications of the triple challenge extend far beyond individual well-being, impacting the socio-economic development and overall prosperity of communities and nations alike. Recognising the urgency of this interconnected challenge, a collaborative and unified approach is indispensable to foster lasting and meaningful change. By adopting a joint strategy, we aim to synergise efforts, align resources, and share best practices to achieve a common goal.

To materialize these commitments beyond mere policy declarations, this plan lays out a comprehensive framework for a well-coordinated implementation process that brings together multiple government agencies and stakeholders to monitor efforts and accelerate progress.

Community engagement will be at the core of the implementation of these commitments. Breaking down bureaucratic silos, the Commitment Plan's approach seeks to maximise the impact of interventions by uniting various entities toward a shared vision and a common accountability scorecard. Ultimately, this will lead to improved health outcomes, reduced vulnerabilities among adolescents and young people, and bolstered socio-economic development.

The potential rewards of tackling these challenges are immeasurable. Delaying sexual debut by addressing individual and societal factors, providing access to appropriate services, and reinforcing accountability is the cornerstone of this initiative.

We commend the ministries, state agencies, and other entities that have taken the lead in this initiative, exemplifying the potential of a whole of nation and society approach to bring about transformative change and a legacy for generations to come—one where Kenya's adolescents and young people are empowered and healthy.



Nakumicha S Wafula, EGH
Cabinet Secretary
Ministry of Health

Preface



Ending the Triple Threat: Committing to a Transformed Future for Kenya's Adolescents and Young People

A commitment is more than just a promise; it is a solemn pledge to take practical actions and effect positive change. Kenya, as a nation, stands resolute in its goal to end AIDS as a public health threat, address all forms of sexual and gender-based violence, and combat adolescent pregnancies by 2030. These pressing issues compromise the well-being of our youth and hinder their socio-economic progress.

On March 4th, 2020, a national dialogue was convened by the Government to address the alarming rates of adolescent pregnancies. This dialogue led to the launch of the “Let’s Act to End Teenage Pregnancy Campaign.” In response to the surge in teenage pregnancies and gender-based violence during the COVID-19 pandemic lockdown, Principal Secretaries from various Government departments directed the establishment of County Technical Working Groups on ending teenage pregnancy and gender-based violence on September 9th, 2020. Consequently, 47 multi-sectoral County Technical Working Groups were established to address these issues at the county level.

Recognising the interconnection of new HIV infections, unintended pregnancies, and sexual and gender-based violence among adolescents, the National Syndemic Diseases Control Council (NSDCC), the National Council for Population and Development (NCPD), the State Department for Gender and Affirmative Action and the County Governments jointly decided to tackle the triad challenge on December 1st, 2021. This

collaborative effort was named “*End the Triple Threat*” initiative.

In 2022-2023, the Ministry of Interior and Government Coordination and the County Governments integrated the coordination of the Triple Threat initiative, incorporating responses to new HIV infections, sexual and gender-based violence, and pregnancies among adolescents into the functions of the National Government Administration offices and Community Health Promoters respectively. Working alongside the line ministries and state agencies, the Ministry of Interior and Government Administration and the County Governments oversee the initiative at the County level with the support from NSDCC, NCPD and the State Department of Gender and Affirmative Action and regularly engage relevant state and non-state stakeholders to review progress and at the county level.

To achieve the ambitious goals of this Commitment Plan, we are fostering a whole of nation approach while bringing in other key partners. We have established partnerships, including the United Nations Joint Programme on ending the Triple Threat, which brings together seven United Nations agencies (UNAIDS, UN Women UNESCO, UNICEF, UNFPA, IOM, and ILO), religious leaders, and other non-governmental organizations.

The implementation of this Commitment Plan therefore will rely on a coordinated and

accountable whole of nation approach and other stakeholders to leverage the resources and infrastructure of multiple agencies to pursue a shared objective of health and well-being for adolescents and young people. Emphasising inclusivity, the approach will:

- Adopt common objectives, clear responsibilities, and sense of urgency.
- Leverage on domestic resources and infrastructure across multiple sectors.
- Establish bold, cohesive and accountable leadership.
- Provide mechanisms to build sustained partnerships.

- Embrace and utilise technological innovations.
- Engage and empower adolescents and young people.

This Commitment Plan outlines key result areas that will be regularly monitored through a scorecard with impact areas and corresponding performance indicators.

At the national level, a steering committee of Principal Secretaries and the Chief Executive Officer Council of Governors will oversee the implementation of this plan supported by a technical multi-sectoral working group and coordinated by NSDCC and NCPD. We look forward to working with all partners to achieve a generation free of the triad challenge of sexual risks, vulnerabilities, and other harmful practices.



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

Ms. Anne Wang'ombe, CBS
Principal Secretary,
State Department for Gender
and Affirmative Action

Mr. James Muhati, CBS
Principal Secretary,
State Department for
Economic Planning and
Chair, Principal Secretaries
Committee on Ending
Triple Threat

Ms. Mary Mwiti
Chief Executive Officer,
Council of Governors

Acknowledgement

The successful development of this Commitment Plan Towards Ending the “Triple Threat” was made possible by the invaluable support and contributions from various stakeholders.

Special recognition goes to the ministries and agencies involved, including the Ministry of Health, National Treasury and Economic Planning, Education, Interior and National Administration, Gender, Culture, Arts and Heritage, Youth Affairs, Creative Economy and Sports, Labour and Social Protection, and county Governments. Their active involvement in the development process, including community sensitisation, consultations, interviews, and validation exercises, ensured that diverse perspectives from different sectors were incorporated into the plan.

We express gratitude to civil society and development partners including the United

Nations through UNAIDS and Partners for Health and Development in Africa who provided resources for technical support for the development of the plan. Appreciation to Dr. Samuel Siringi, who served as the consultant to support the development of the Plan

The relentless dedication of technical officers from various ministries and departments in shaping this Plan is wholeheartedly acknowledged. Special thanks are extended to the staff from the National Syndemic Diseases Control Council, National AIDS and STI Control Program and National Council for Population and Development for their exemplary leadership throughout the process.

The collective and bold leadership of all stakeholders involved in this initiative has culminated in the drawing of this Commitment Plan, laying the foundation for addressing and overcoming the Triple Threat in Kenya.



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

Geoffrey Gitu,
Board Chairperson,
National Syndemic Disease Control Council

Executive Summary

This plan to accelerate efforts to achieve Kenya's commitments in HIV prevention, mistimed pregnancies, sexual and gender-based violence cases among adolescents and young people outlines a comprehensive, evidence-based approach that advances the concept of a whole of nation and society approach to expedite progress, and foster accountability.

Adolescents in Kenya constitute 11.6 million individuals, accounting for 24.4% of the total population. This period marks a crucial transition from childhood to adulthood, characterised by significant physical, mental, and emotional growth which plays a pivotal role in human capital development. However, without proper holistic investments and guidance, most of the occurrence during this period can have negative impact on their lives. Therefore, it is essential to provide adequate support and resources to ensure their well-being and future success.

The 10–19 age range is a time of change, vulnerability, and opportunity for adolescents to learn and develop skills that help them build patterns of health-maintaining behaviors. It is also the optimal time for parents, caregivers, and other gatekeepers to provide safe and enabling environments that promote these behaviours.

Even so, the uptake of health services by adolescents, – especially sexual and reproductive health services, – remains a sensitive issue in many communities. Given that young people are most likely to use services in those communities that demonstrate the most awareness and approval, it is crucial that a range of gatekeepers, from parents to religious and other community leaders, are engaged and sensitised on the unique needs and developmental attributes of adolescents and young people for increased

community acceptance and support. This should in turn lead to a concurrent increase in demand for health services.

This holistic approach to promote sexual and reproductive health for adolescents and young people will be crucial to address challenges such as period poverty. It is estimated that Girls in Kenya miss approximately four days of school each month, amounting to an average of 20% of the school year, due to their periods. This significantly impacts their academic performance and retention in school, yet staying in school provides protection against early marriages and child motherhood, reducing the risk of HIV and other negative outcomes, potentially stemming from a decrease in transactional sex.

Period poverty results from a lack of access to sanitary products due to financial constraints and is closely linked to gender inequality, discriminatory social norms, negative cultural taboos, and poverty. It adversely affects the health and socio-economic well-being of women and girls, perpetuating a cycle of risk and vulnerability that jeopardises their lives and livelihoods. The sensitisation programmes outlined in this Commitment Plan not only serve to highlight this challenge but to fast track the full implementation of universal access to menstrual hygiene products to girls in need.

We aim to establish an integrated approach to promote preventive health services that address interconnected challenges. For example, encouraging delayed sexual debut addresses the risk of mistimed pregnancies and sexually transmitted infections (STIs). Although many STIs are benign, some infections may have significant sequelae

Commitments



1 Reduce new HIV infections among adolescents and young people



2 Increase access to HIV diagnosis and treatment among adolescents and young people



3 Reduce sexual and gender based violence cases against adolescents and young people



4 Increase mean age of sexual debut in Kenya



5 Increase the proportion of adolescent girls who have access to menstrual health and hygiene products



6 Increase uptake of Human Papilloma Vaccine among adolescent girls



7 Reduce pregnancies among adolescent girls



8 Fully implement re-entry policy of back to school for adolescent mothers



9 Increase proportion of pupils transitioning to secondary school



10 Reduction in drug and substance abuse among adolescents and young people



11 Increased proportion of young people transitioning to gainful employment



12 Increase the proportion of community members sensitised on ending the Triple Threat

including pelvic inflammatory disease, chronic pelvic pain, infertility, ectopic pregnancy, and cervical cancer. Delayed sexual debut through encouraging abstinence and provision of adequate knowledge and services on prevention can contribute significantly to keeping girls in school and mediates these risks and vulnerabilities.

Cervical cancer is mainly caused by the Human

Papillomavirus (HPV) and is a leading cause of cancer-related deaths among women, resulting in approximately 3,400 deaths annually. The HPV vaccine programme began in 2019, focusing on non-sexually active adolescents aged 10 to 14 through health facilities and school-based programs, aligning with World Health Organization guidelines. The HPV vaccination coverage in Kenya has been sub-optimal, with only 33% receiving the first dose in 2020

and 31% completing both doses in 2021. These low coverage levels are attributed to vaccine hesitancy among healthcare providers and parents. Including HPV vaccination as a preventive measure in efforts to raise awareness about HIV and STI prevention will improve the integration of services.

In addition, **addressing alcohol, drugs and substance abuse and promotion of mental wellness for adolescents and young people is critical.** About 11.7% of school going boys and 5.4% of school going girls had abused drugs in the last 12 months preceding a survey. Injecting drugs practices significantly contributes to HIV and viral hepatitis.

The whole of nation and society approach outlined in this Commitment Plan offers a proactive and multifaceted strategy that prioritises prevention, early intervention, rehabilitation, socioeconomic empowerment, community engagement, collaboration, and advocacy for policy reforms to effectively address the challenges facing adolescents and young people. The successful implementation of this Commitment Plan should result in the de-stigmatisation of the subjects of coerced and unprotected sex; allowing communities and families to meaningfully engage adolescents from early age with the full spectrum of preventive, promotive and curative health services.



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



Dr Mohamed A Sheikh,
Director General,
National Council for Population
and Development



A Commitment Plan to End the Triple Threat 2023-2027



A Commitment Plan to End the Triple Threat 2023-2027

The Ministry of Education and Sports (MoES) has developed a commitment plan to end the triple threat of low quality, low access and low equity in the education system by 2027.





The Commitment Plan

“

This Commitment Plan outlines strategies for implementing a scorecard through a coordinated and accountable whole nation approach. The implementation of this initiative hinges on the success of multi-sectoral response to HIV which adopted the “Three Ones Principles,” one agreed upon HIV and AIDS Action Framework, one National AIDS Coordinating Authority vested with a broad-based multi-sector mandate, and one mutually agreed country-level monitoring and evaluation system.

”



Overall Goal

To mobilise stakeholders and accelerate actions for the implementation of a scorecard dedicated to reducing pregnancies, eliminating sexual and gender-based violence, and preventing new HIV infections among adolescents and young people in Kenya.

Key Considerations

The implementation of the scorecard will be guided by the following;

1

Common Objectives, defined responsibilities and accountability

The stakeholders will be unified around shared objectives, defined clear responsibilities, and instilling a sense of urgency for tracking progress by consistently facilitating stakeholders to conduct reviews of the scorecard through application of innovative digital technologies.

2

Promote Bold Leadership, Championship and Accountability

Advocate for streamlined implementation of policies and guidelines by sustaining political and technical leadership to address intertwined challenges including early sexual debut, female genital mutilation, early marriages, alcohol, drugs and substance abuse for positive health outcomes for adolescents and young people.

3

Leverage on sustainable domestic solutions

Utilise domestic resources and infrastructure across various sectors and implement mechanisms to align human, technical, and financial resources for comprehensive interventions.

4

Engaged multi-sectoral partnerships

Establish and maintain robust multi-sectoral coordination mechanism and platforms that unite all partners working on HIV adolescent health, gender equity and eradication of all forms of sexual and gender-based violence and harmful reproductive health practices targeting adolescents and young people.

5

Leaving no one behind

Maintain all stakeholders engaged in End the Triple Threat Initiative by leveraging existing platforms in community, education, religion, health and socio-economic activities.





Transforming Commitments into Actions



Priority Area 1: Fast tracking the end of new HIV infections and AIDS among adolescents and young people

Priority Area 2: Accelerating progress to reduce adolescent pregnancies

Priority Area 3: Commitment to eliminate sexual and gender-based violence

Priority Area 4: Addressing key factors that exacerbate risks and vulnerabilities to the Triple Threat



Priority Area 1: Fast tracking the end of new HIV infections and AIDS among adolescents and young people



Reduce new HIV infections among adolescents and young people



Increase HIV prevention knowledge

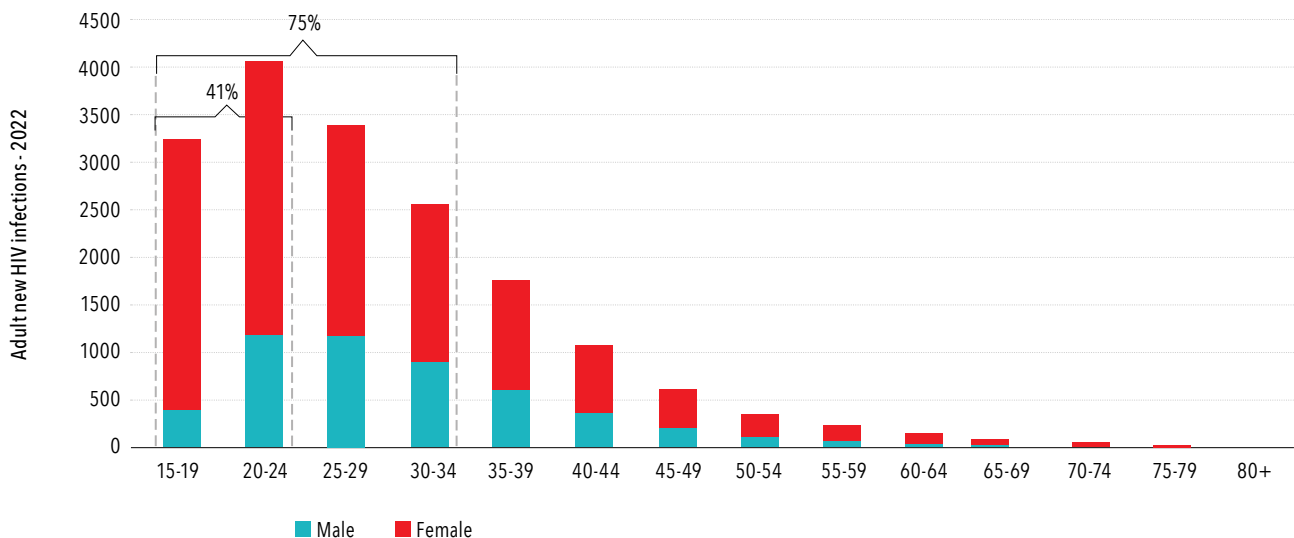


Increase access to HIV diagnosis and treatment among adolescents and young people

Adolescents and young people aged 10-24 years in Kenya constitute 16 million people, accounting for 34% of the total population (KNBS 2019 population census). Kenya is not

on course to achieve the targets set for ending AIDS among adolescents and young people as a public health threat by 2030.

Adolescents and young adults aged 15-24 years contributed to 41% of all new adult HIV infections in 2022



Data Source: NSDCC, Kenya HIV Estimates, 2023


3,244
 Estimated new
 HIV infections

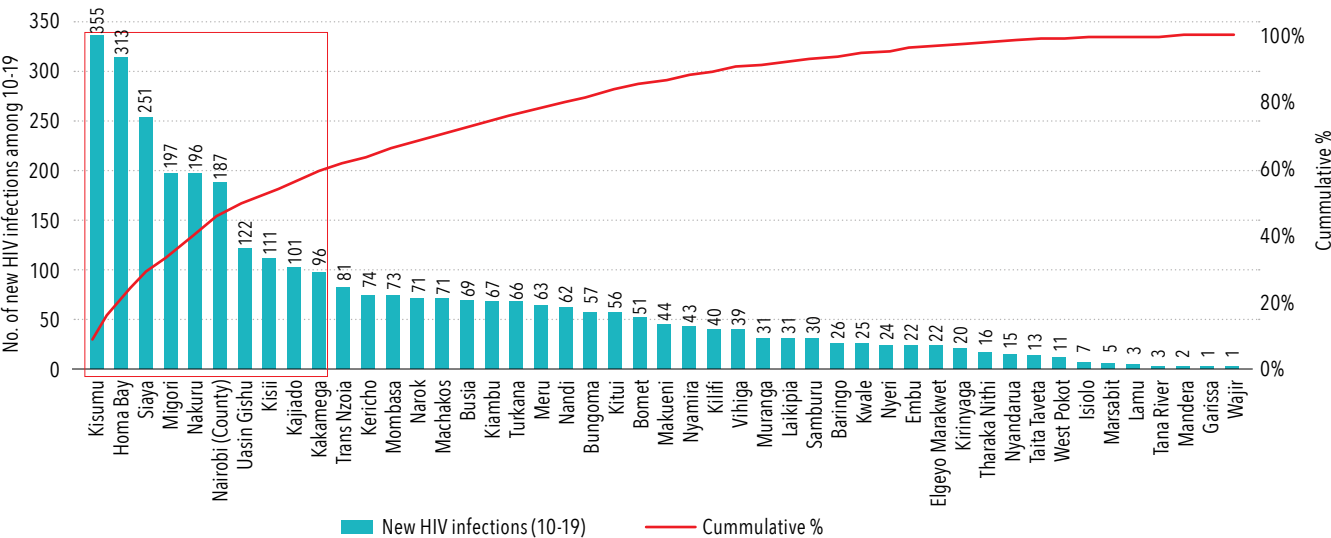

1,215
 Estimated AIDS
 related deaths

HIV continues to pose a significant public health challenge for adolescents and young people in Kenya and is a leading cause of mortality. In 2022, an estimated 1,215 AIDS-related deaths occurred among adolescents aged 10-19.

More than half (59%) of the new HIV infections in Kenya occurred among adolescents aged 10-19 in 2022 were in 10 counties.



Ten counties account for 59% of new HIV infections among adolescents (10-19) in 2022



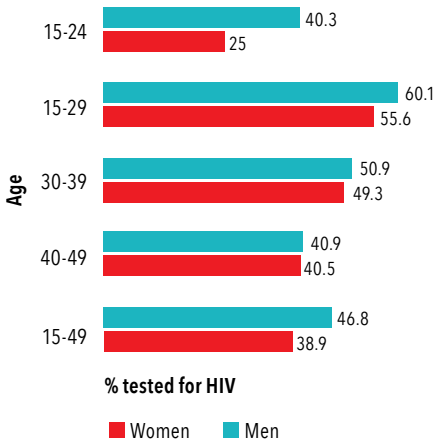
Source: HIV Estimates, 2023

Knowledge levels about HIV prevention remain relatively low among young people. In 2022, only 54% of young women and 55% of young men had comprehensive knowledge on HIV prevention. In the urban areas, higher proportion of younger men had comprehensive knowledge of HIV prevention methods than younger women.

HIV diagnosis and treatment outcomes among children, adolescents, and young people with HIV are not satisfactory, highlighting the necessity for a multi-sectoral approach that connects healthcare systems, education, and families to deliver comprehensive care and tailored services. In 2022, about a third of estimated adolescents and young people living with HIV were not receiving treatment.

Lower proportion of young people aged 15-24 accessing HIV diagnosis

40% of girls and young women and 25% of boys and young men aged 15-24 received an HIV test in the past 12 months - 2022

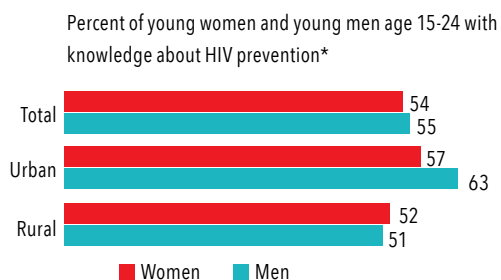


Source: KDHS 2022

HIV infections occurring among adolescents and young people are most likely to be diagnosed at the age of 25 or later

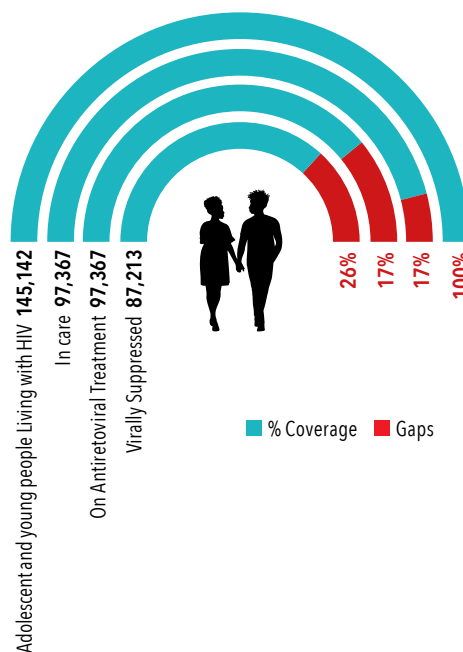


Knowledge of HIV prevention methods among young people



*Knowledge about HIV prevention means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two common misconceptions about transmission or prevention of HIV: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

HIV treatment cascade among young people aged 15-24 years, 2022





Priority Area 2: Accelerating progress to reduce adolescent pregnancies



**Reduce pregnancies
among adolescent girls**



**Improve policy and legal
environment to prevent
triple threat**



**Increase proportion of
pupils transitioning to
secondary school**

Adolescent pregnancies have a profound impact on girls' education, leading to significant disruptions in schooling. Young girls who become pregnant often face challenges in continuing their education, which can hinder their long-term prospects and opportunities for

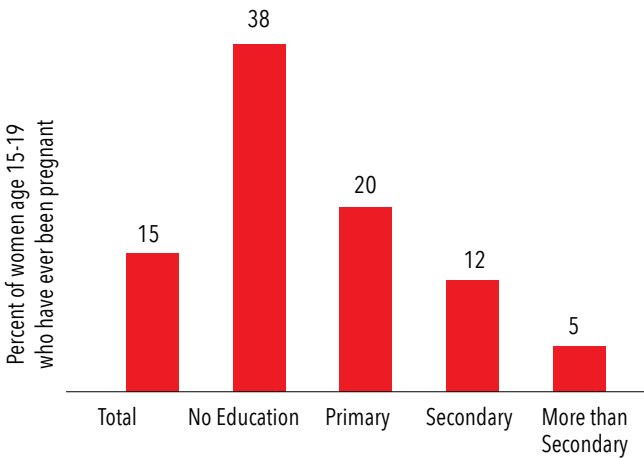
personal and economic development. Data from health facilities over the past seven years reveals that, on average, around one in every five clients seeking antenatal services are adolescents aged 10-19 years.

Adolescents aged 10-19 attending antenatal clinic - 2016-2023

Year	10-14 years	15-19 years	Total adolescent pregnancies (10-19 years)	Antenatal clinic clients	Proportion of adolescents attending antenatal clinic
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	12,996	241,757	254,753	1,500,800	17%

The Kenya Demographic Health Survey (2022) presents a compelling correlation between education and teenage pregnancies with 4 in 10 women aged 15-19 years with no education reporting ever been pregnant.

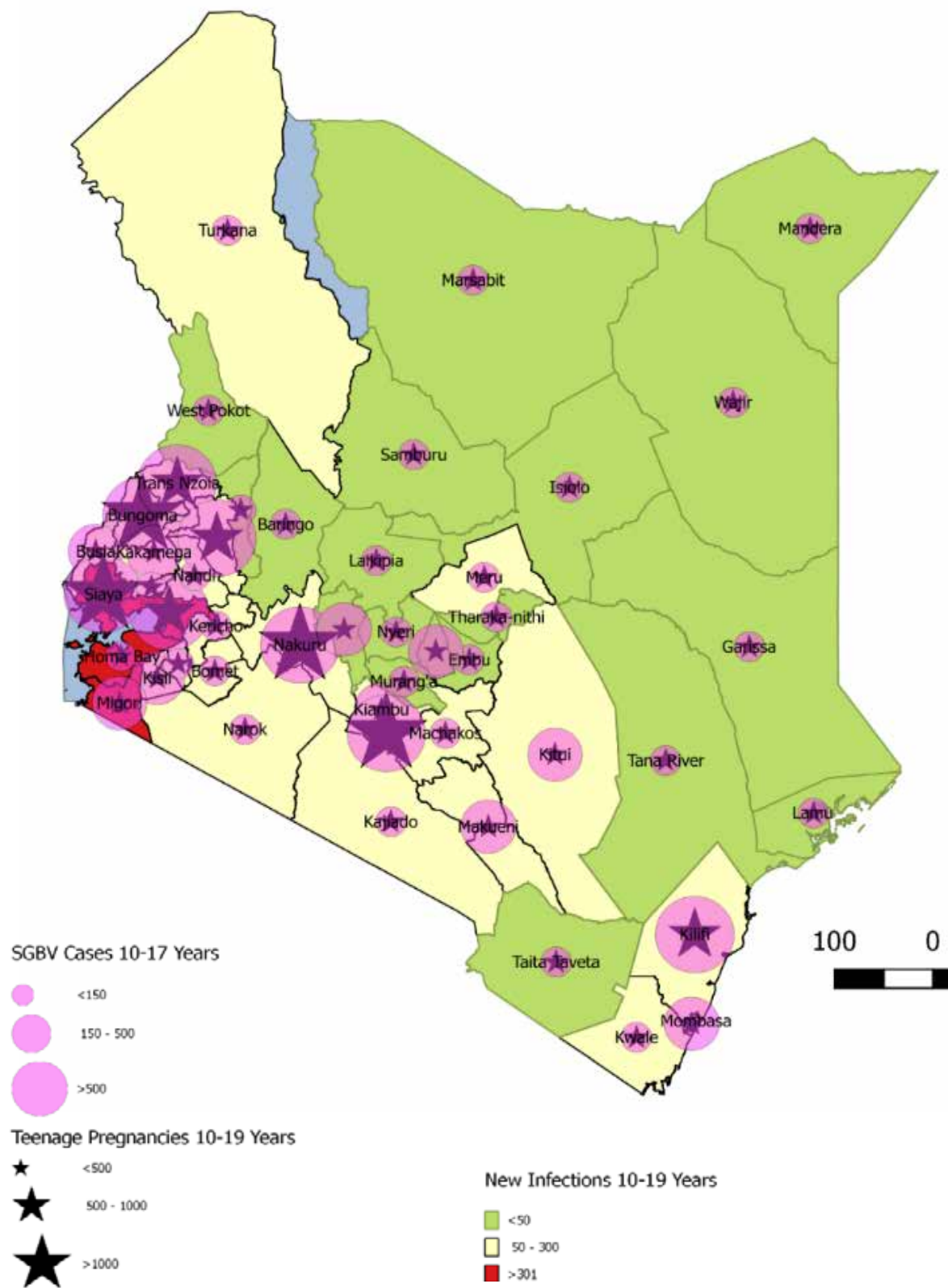
Teenage pregnancy by education level



There is an overlapping geographical correlation of new HIV infections, adolescent pregnancies and sexual and gender-based violence among adolescents aged 10-19 which pose a significant challenge for adolescents’ health, education and socio-economic development.

Highlights

- Adolescent mothers are vulnerable to stigma, discrimination, and mental health issues.
- Adolescent girls who get pregnant have higher vulnerabilities to HIV, other sexually transmitted infections and related complications, poor health outcomes such as the risks of premature birth, low birth weight, perinatal deaths, and disability.
- Adolescent mothers diagnosed with HIV must cope with mistimed pregnancies, HIV diagnosis and initiation onto lifelong treatment.
- Young mothers living with HIV have poor outcomes within the prevention of the mother-to-child transmission continuum of services leading to more babies born with HIV and infections during breastfeeding.
- Adolescent pregnancies impact the continuation of education for adolescent girls, interrupting educational attainment, leading to loss of economic opportunities. This perpetuates poverty at family, societal and national levels with increased burden on social services.



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



Priority Area 3: Commitment to eliminate sexual and gender-based violence



Reduce sexual and gender-based violence cases against adolescents and young people

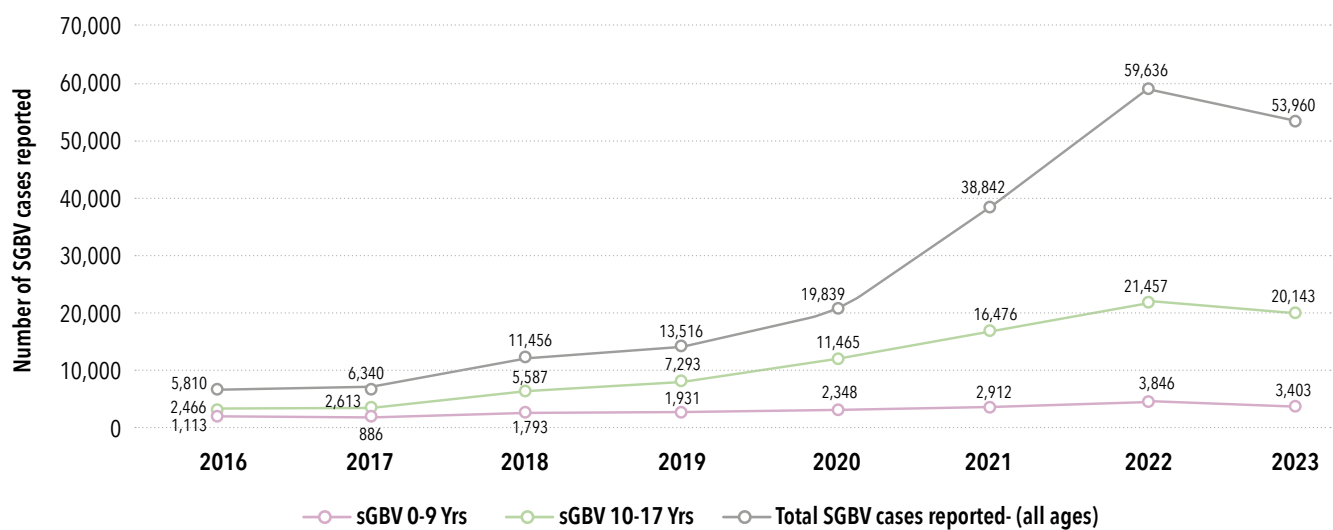
Sexual and Gender-Based Violence (SGBV) encompasses harmful acts committed against individuals without their consent, often influenced by gender norms and power imbalances. Kenya's commitment to eliminate all forms of SGBV is compromised. While the increase in reported cases may be due to higher reporting rates, cases against children and adolescents in Kenya have surged by over eight-fold between 2016 and



Supportive policy and legal environments

2022, with a significant proportion of perpetrators being relatives. According to a 2019 survey, 46% of women and 52% of men aged 18-24 in Kenya reported experiencing at least one form of violence during their childhood. In the last 7 years (2016 to 2023), the proportion of reported sexual and gender-based violence cases perpetrated against children and adolescents aged 10-17 is relatively high at 42% (87,500).

Figure 9: Trends in sexual and gender-based violence among adolescents aged 10-19



Source: Kenya Health Information System



21,457

Reported cases of sexual and gender-based violence among adolescents aged 10-17 in 2022

Representing

36%

of total (59,715) reported SGBV cases

Access to post-exposure prophylaxis (PEP) and emergency contraception to prevent HIV infection and pregnancies among adolescents who have experienced sexual violence.

Post-exposure prophylaxis refers to the use of a combination of antiretrovirals to prevent HIV infection after a possible exposure, serving as an emergency measure within 72 hours (3 days). These medications are taken once or twice a day for 28 days.

Despite the increase in reported cases of sexual and gender-based violence against adolescents in Kenya, which rose by over nine-fold between 2016 and 2022, reporting within the stipulated 72 hours is still low.

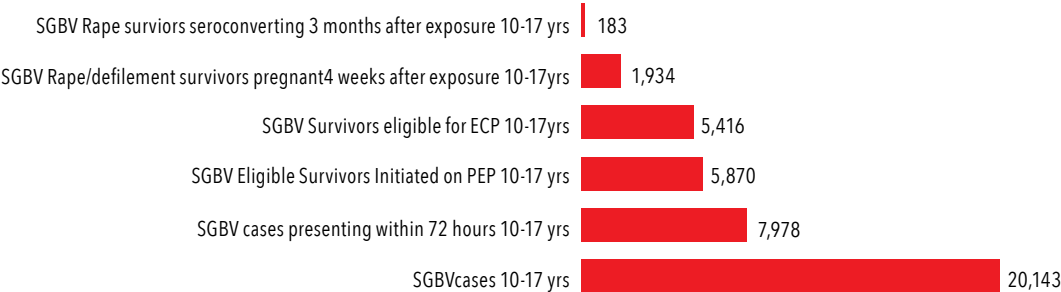
In 2023, among the 20,143 reported SGBV cases only 40% (7,978) reported within 72 hours to access emergency services. Among the survivors, 1934 were pregnant 4 weeks after exposure and 183 had acquired HIV three months after the sexual exposure.

Sexual violence not only violates an individual's rights but also heightens the risk of HIV infection and unintended pregnancies.

	All SGBV Cases (10-17)	Reported within 72 hours	SGBV Eligible Survivors Initiated on PEP 10-17 years	SGBV Eligible Survivors Completed PEP 10-17 years	SGBV Rape survivors seroconverting 3 months after exposure 10-17 years	Rape/defilement survivors pregnant 4 weeks after exposure 10-17 years
2017	2,613	-	2,001	804	59	136
2018	5,587	-	3,707	1,562	40	310
2019	7,293	-	4,195	1,535	46	445
2020	11,465	9,052	6,609	2,523	119	848
2021	16,476	7,876	5,890	2,626	236	1,665
2022	21,457	8,737	6,400	2,578	236	1,945
2023	20,143	7,978	5,870	2,499	183	1,934

Source: Kenya Health Information System


Only 40% of sexual and gender-based violence cases reported were presented within 72 hours in 2023



Source: Kenya Health Information System accessed 2023



Priority Area 4: Addressing key factors that exacerbate risks and vulnerabilities to the Triple Threat



Increase mean age of sexual debut among adolescents



Increase uptake of Human Papilloma Vaccine among adolescent girls



Increase proportion of pupils transitioning to secondary school



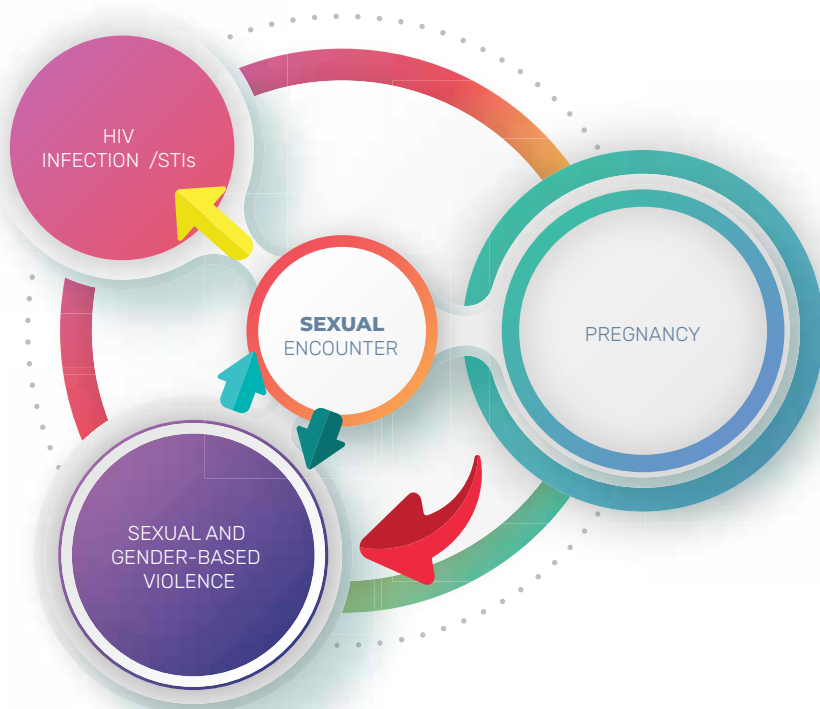
Increase proportion of young people transitioning to gainful employment



Reduce drug and substance abuse among adolescents and young people



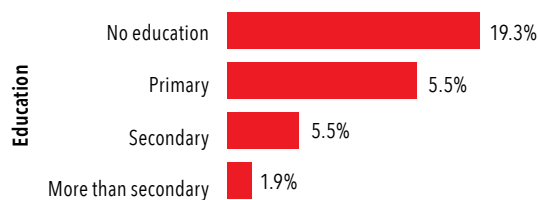
Increase the proportion of community members sensitised on ending the Triple Threat



Delaying Sexual Debut

Early sexual debut is defined as first sexual intercourse at or before age 15 and forced sexual initiation.

Delaying sexual debut significantly contributes to keeping girls in school and mediating various sexual risks and vulnerabilities. Adolescent girls and young people aged 15-24 with lower education levels are more likely to have had early sexual debut.



Kenya Demographic and Health Survey 2022



Promoting Universal Access to Human Papilloma Virus (HPV) Vaccination for girls aged 10-14

Human papilloma virus (HPV) is the leading cause of ano-genital cancers globally, with cervical cancer as the top cause of cancer-related deaths in women. HPV vaccination provides protection against HPV types 16 and 18 which are responsible for approximately 70% of cervical cancer cases. The optimal age of vaccination is in the early adolescent period before sexual debut. The HPV vaccination programme provides

an avenue to link and integrate other health promotion strategies targeting this age group, with other health interventions. The introduction of HPV vaccination for adolescents in school and in health facilities uptake has been sub-optimal with only 33% of targeted population receiving the first dose in 2020 and 16% returning for the 2nd dose¹

¹ Frontiers in public health 2022: Karanja-Chege CM, HPV Vaccination in Kenya: The Challenges Faced and Strategies to Increase Uptake <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8978582/>.



Promote Menstrual Health

Significant barriers to menstrual hygiene management persist across Kenya and remain a particular challenge for low-income women and girls. Formative research² shows inequitable gender dynamics become pronounced during puberty, occasionally marked by adolescent girls engaging in transactional sex to meet their basic needs.

- 65% of women and girls in Kenya are unable to afford sanitary pads.

- 50% of girls reported they openly discuss menstrual hygiene at home.
- Only 12% of girls reported they would be comfortable receiving menstrual information from their mothers.
- 32% of rural schools have a private place for girls to change their menstrual product.
- 2 out of 3 girls using sanitary pads, in rural Kenya, receive them from their sexual partners.
- 1 in 4 girls have low knowledge of menstruation and pregnancy.

² https://menstrualhygieneday.org/wp-content/uploads/2016/04/FSG-Menstrual-Health-Landscape_Kenya.pdf

Advocate for scale up of evidence-based prevention and education for drug, alcohol and other substance abuse disorders and mental wellness

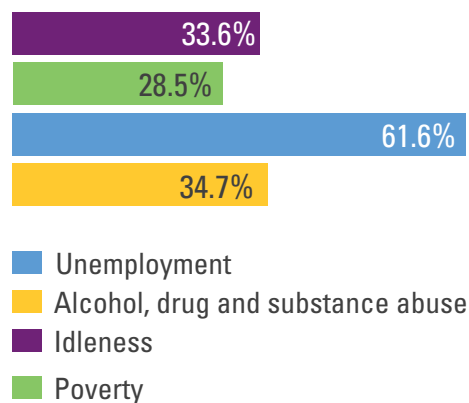
Adolescence and youth are a time of life when many changes occur. For example, changing schools, leaving home, and starting university or a new job. While for many, these are exciting times, they can also be times of stress and apprehension. If not recognised and managed, some issues can lead to mental illness. The expanding use of online technologies, while undoubtedly bringing many benefits, can also bring additional pressures.

Data shows that 50 percent of mental illness begins by age 14, and 75% begins by age 24. Globally, 1 in 5 young people suffer from a mental illness while suicide is the second leading cause of death among 15–29-year-olds. Alcohol and substance abuse, criminal behavior, and radicalisation among the youth poses challenges to public health, national safety, security, and social cohesion. While men and boys are disproportionately affected by alcohol and substance abuse, this also contributes negatively to their mental health and wellbeing. Mental health issues should be addressed proactively for all adolescents and young people³.

In Kenya, 11.7% of school going boys abuse drugs compared to 5.4% of school going girls of similar ages. The prevalence of lifetime usage of alcohol is higher among males at 48.7% compared to 15.5% among females (NACADA 2022). Alcohol and substance abuse disorders are closely linked to criminal activities including sexual violence. There is a need to focus on prevention, early intervention, rehabilitation, socioeconomic empowerment, community engagement, collaboration, monitoring, and evaluation.



Drivers of criminal activities in Kenya



Source: National Crime Research Centre Report, Kenya 2020

³ Division of Mental Health Ministry of Health, Kenya

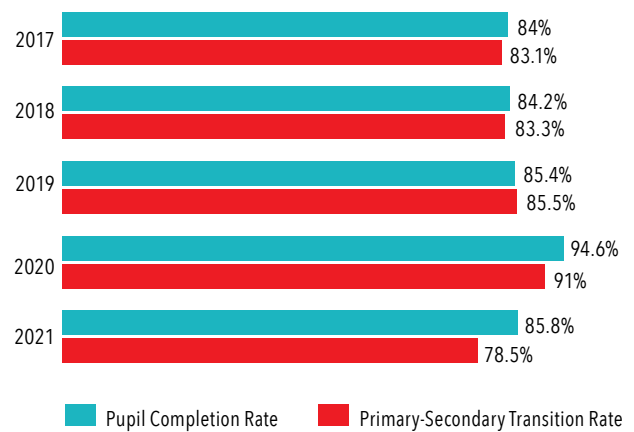


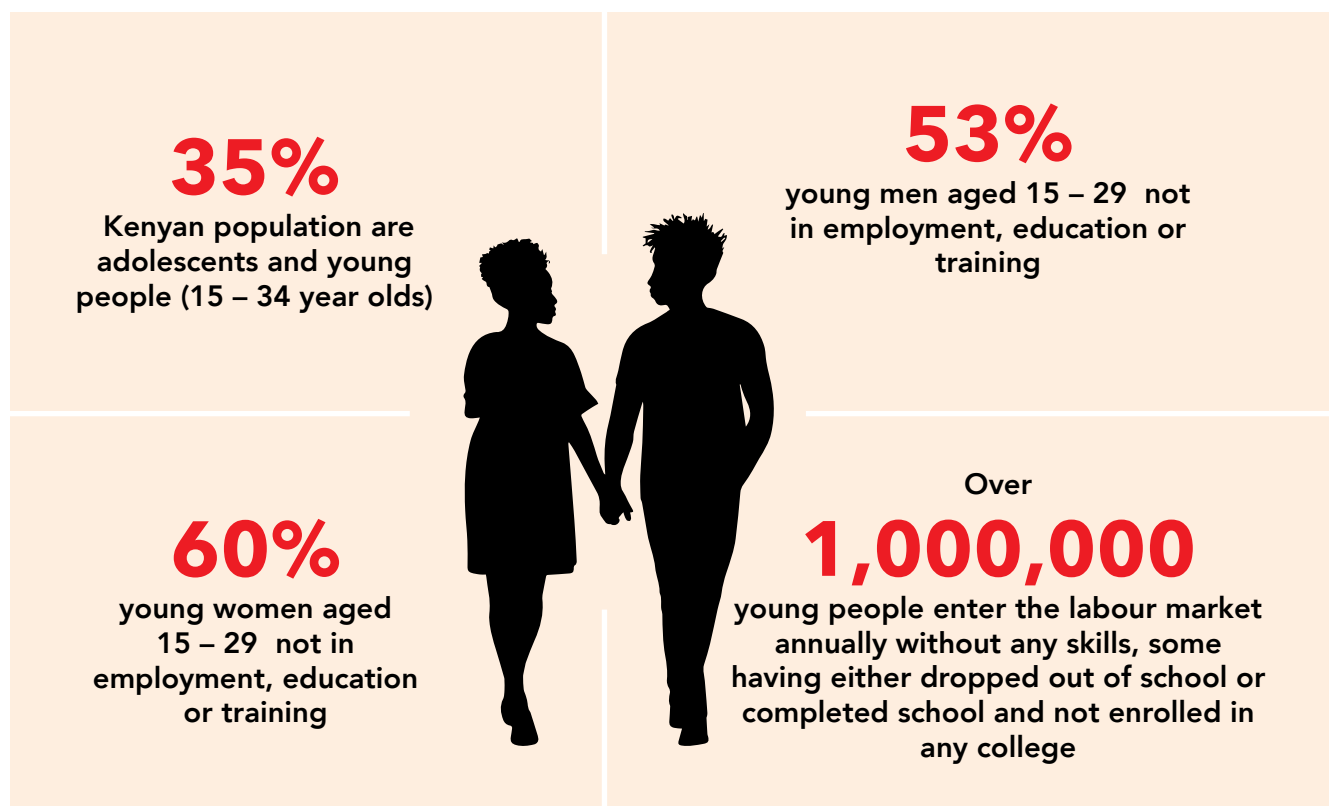
Transition from primary to secondary school, 'Education Plus'

Being in school can protect and prevent HIV by reducing early marriage and risky sexual partnerships thus reducing the risk of acquiring HIV by two thirds (66%)⁴. Approximately 87% of pupils completed primary schooling, with 84% transitioning to secondary school between 2017 and 2021. Achieving 100% school transition to work which significantly impact positively on ending the Triple Challenge.

⁴ Pettifor A. Unpacking the results of HPTN 068: a randomized controlled cash transfer trial to prevent HIV infection in young women in South Africa. Presentation (<http://strive.lshtm.ac.uk/sites/strive.lshtm.ac.uk/files/HIV%20prevention%20for%20young%20South%20African%20women%20Lessons%20from%20Swa%20Koteka.pdf>, accessed 8 July 2016).

Pupil completion and Primary-Secondary Transition rates in Kenya, 2017-2021





Source: <https://ict.go.ke/wp-content/uploads/2020/08/Kenya-Youth-Development-Policy-2019.pdf>.

Reinforce implementation of school re-entry for adolescent mothers

The implementation of the Kenyan government's policy on school re-entry for adolescents has played a crucial role in boosting completion and transition rates. Aligned with the Basic Education Act of 2013, this re-entry policy is designed to improve access, retention, transition, relevance, equity, quality, safety, and security in education. In 2020⁵. The completion rate at the primary education level reached 82%, while the retention rate from Class 1 to Class 6 in primary schools was an impressive 96.1%. The re-entry policy specifically targeting adolescent mothers, offers a valuable opportunity to prevent school dropouts and mitigate the negative consequences associated with them.

⁵ Ministry of Education Basic Education statistical booklet 2020.

Transition of young people from schooling to work

The progress of youth into labour market is a key strategy to reduce sexual risks and vulnerabilities associated with social economic status. Kenya has a substantial unemployment rate among young people, with 60% young women and 53% young men aged 15-29 not in employment, education, or training⁶.

⁶ <https://ict.go.ke/wp-content/uploads/2020/08/Kenya-Youth-Development-Policy-2019.pdf>.

Committing Ministries, Agencies and Partners

In 2020, the National Treasury introduced a Stakeholder Engagement Framework to coordinate efforts toward Sustainable Development Goals. The framework emphasised strong collaboration between national and county governments, as well as the incorporation of bilateral, multilateral, and implementing partners.

This Commitment Plan – a product of collaborative effort – will be monitored through the use of scorecard with assigned responsibilities.

A. The Executive

- i. Ministry of Health
- ii. National Treasury and Economic Planning
- iii. Ministry of Education
- iv. Ministry of Interior and National Administration
- v. Ministry of Gender, Culture, Arts and Heritage
- vi. Ministry of Youth, Affairs, Creative Economy and Sports
- vii. Ministry of Labour and Social Protection
- viii. County Governments

B. The Legislature

C. The Judiciary

D. Non-State Actors

Commitment	Scorecard Responsibility
 Reduction in new HIV infections by increasing knowledge of HIV prevention, awareness of HIV status and uptake of antiretroviral therapy among adolescents and young people living with HIV	Ministry of Health
 Increased age of sexual debut among adolescents and young people	Ministry of Health, National Treasury and Economic Planning ; Ministry of Gender, Culture, Arts and Heritage
 Reduction in pregnancies among adolescent girls	Ministry of Health, Ministry of Interior and National Administration, National Treasury and Economic Planning
 Increased re-entry to school among adolescent and young mothers	Ministry of Education, Ministry of Gender, Culture, Arts and Heritage
 Increase in access to sanitary pads among adolescent girls in school	Ministry of Education, Ministry of Gender, Culture, Arts and Heritage
 Increased proportion of pupils transitioning to secondary school	Ministry of Education
 Reduction in sexual and gender-based violence against adolescents and young people	Ministry of Health, Ministry of Interior and National Administration, National Treasury and Economic Planning, Gender, Culture the Arts and Heritage
 Increased knowledge, awareness and actions to end triple threat, drugs, alcohol and substance use disorders among general community	Ministry of Health, Ministry of Interior and National Administration, National Treasury and Economic Planning
 Increased uptake of Human Papilloma Vaccine among adolescent girls	Ministry of Health, Ministry of Education
 Increased proportion of young people transitioning to gainful employment	Ministry of Labour and Social Protection, National Treasury and Economic Planning

Commitment		Scorecard Responsibility
	Reduction in drug and substance use disorders among adolescents and young people	Ministry of Health, Ministry of Education, Ministry of Interior and National Administration
	Improved policy and legal environment to prevent triple threat	Ministry of Health, Ministry of Education, Ministry of Gender, Culture, Arts and Heritage, Ministry of Labour and Social Protection, National Treasury and Economic Planning, Ministry of Interior and National Administration, Legislature and Judiciary



The accountability of the scorecard indicators will be vested in counties and ministries across financial, social, economic, labour and education sectors among others.

Executive



3.1 Commitments by the Ministry of Health

The Ministry of Health will mobilise state and non-state actors to implement programmes to meet specific needs of adolescents and young people by:

1. Providing tailored comprehensive health, HIV and mental health services.
2. Implementing strategies to prevent and respond to different forms of violence, with a particular focus on sexual and gender-based violence, while strengthening systems that facilitate the reintegration of survivors and offering the necessary support for their recovery and well-being.
3. Supporting pregnant adolescents to access prenatal care, interventions to prevent mother-to-child transmission of HIV, and guidance for positive parenting in alignment with policies promoting return to school.
4. Providing community education for parents, teachers, and local leaders, to actively support health initiatives including HPV vaccination tailored to the needs of adolescents and young people.
5. Establishing robust systems for collecting data and monitoring progress.



3.2 The National Treasury and Economic Planning

Under the stewardship of the National Treasury and Economic Planning, this sector is committed to:

- Coordinate the implementation of the National Plan of Action for Addressing Adolescent Health and Adolescent Pregnancies in Kenya.
- Mobilise domestic and external resources to support programmes to end the Triple Threat.



3.3 Ministry of Education

The Ministry of Education is dedicated to coordinating all stakeholders in the education sector to enhance the health, well-being of adolescents and young people by:

1. Providing age-appropriate family life education, knowledge, and life skills.
2. Strengthening guidance and counselling in schools to sensitise learners on ending the Triple Threat, screening of survivors of sexual and gender-based violence and providing appropriate services.
3. Fully implement the school re-entry policy for adolescent mothers to ensure completion of basic education and successful transition to work.
4. Implement the menstrual hygiene programme for learners in junior and senior secondary schools through provision of adequate sanitary towels.
5. Utilise the school platform to promote access to HPV vaccination.



3.4 Ministry of Internal Security and Government Administration

The ministry will facilitate multi-sectoral collaboration to implement the “End the Triple Threat” initiative at county and sub-county levels, ensuring smooth programme implementation. Specific actions include:

1. Fully integrating the End the Triple Threat initiative into internal security and administration agendas, as well as the training curricula for national government administrative officers.
2. Developing and implementing workplace policies to address and respond to HIV, sexual and gender based violence.
3. Organising barazas and community foras to raise awareness and advocate for the implementation of the End the Triple Threat initiative in security and correctional institutions.
4. Integrating tracking and reporting of the End the Triple Threat within the ministry’s framework.
5. Providing leadership for effective coordination of the initiative at all levels.
6. Combating drug, alcohol, and substance use disorders, addressing criminalisation, and promoting youth engagement programmes, while tackling the challenge of illicit drug and alcohol supplies.
7. Establishing forensic labs at the devolved units to facilitate access to DNA testing and processing of other forensic samples to enhance access to justice for sexual and gender-based violence survivors.



3.5 Ministry of Gender, Culture, Arts and Heritage

Interventions in the ministry will focus on coordinating programmes for the prevention, reduction, and elimination of sexual and gender-based violence including:

- Promoting accountability on enforcement and implementation of laws and policies on ending adolescent pregnancies, HIV infections and SGBV.
- Establishing and operationalising gender based recovery centres and shelters across 47 counties to facilitate access to treatment, care, mental health services, and justice for survivors.
- Capacity building of duty bearers on implementation of existing legislation and policies.
- Engage in coaching, mentoring and skilling of adolescents and young people including those targeting boys and men to address the Triple Threat and prevent drugs, alcohol and substance abuse.
- Sustain public education and community-level actions for an enabling and protective environment.



3.6 Ministry of Labour and Social Protection

This initiative will establish institutionalised social protection and economic empowerment measures for young people, aimed at building financial assets that contribute to improved health-seeking behaviour, reduced violence risk, and delayed onset of sexual activity.

1. Creating age-appropriate financial services tailored to varying needs and capacities of adolescents and young people.
2. Ensuring access to financial literacy programmes across all age groups, to lay the groundwork for future economic progress.
3. Aligning employment programmes with real market needs and opportunities, designing quality training processes to enhance technical and soft skills, and securing employer commitments to hire.
4. Facilitate a coordinated approach for transitioning young individuals from school to work, promoting economic empowerment, health, and overall well-being.



3.7 Ministry of Youth Affairs, Creative Economy, and Sports

The sector will coordinate organisations focused on youth affairs by:

- Establishing youth empowerment and recreational facilities at the county level to facilitate meaningful engagement of adolescents and young people.
- Provide guidelines for the operation of youth empowerment centres at national and county level.
- Nurturing grassroots talents and propelling them toward skill commercialisation for sustainable livelihoods.
- Establishing volunteerism and community service centers for young people.
- Integrating awareness and education regarding the Triple Threat among adolescents and young people.



3.8 County Governments

County governments will provide mechanisms for consultation with communities and the national government with a view to supporting the implementation of this Commitment Plan by:

- Coordinating all stakeholders, to implement laws, policies, strategies, and activities related to the End of the Triple Threat initiative at the county level.
- Co-creating with national government activities and interventions aimed at addressing the Triple Threat between the county governments and the national government.
- Enhancing domestic resource mobilisation and prioritising the implementation of interventions that address the Triple Threat into County plans and budgets.
- Establishing youth-friendly centres across counties.



The Legislature

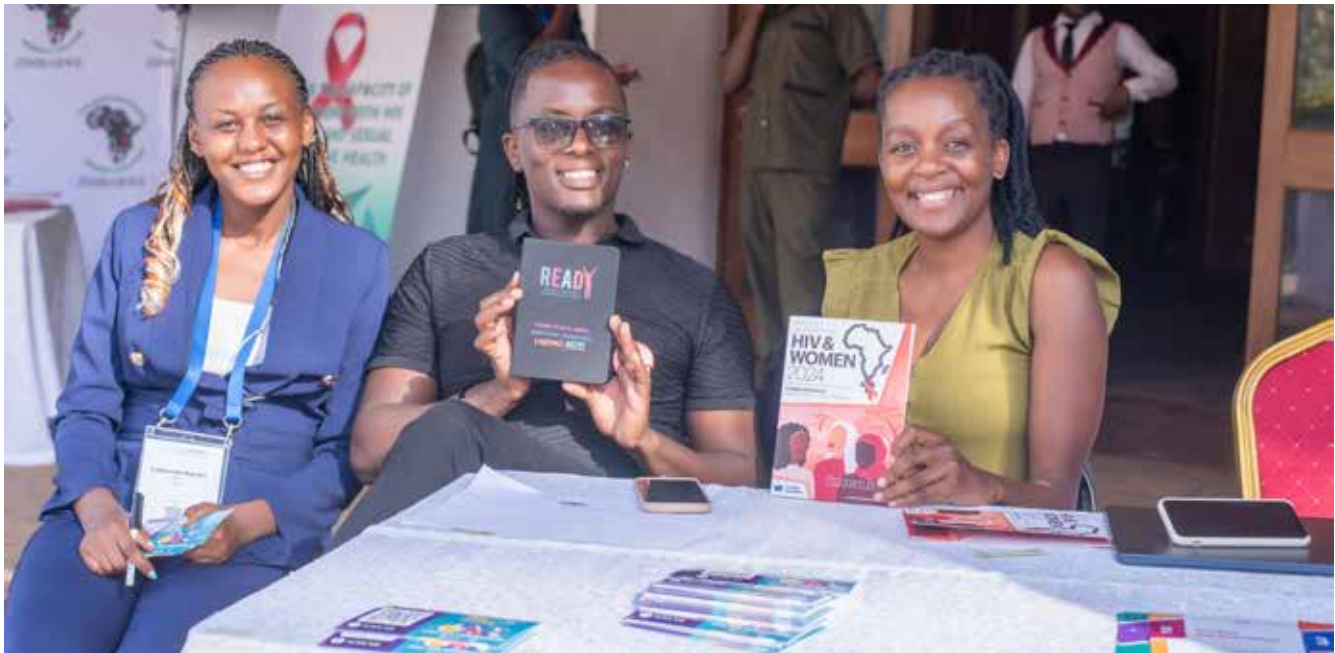
Parliament will play a pivotal role in advancing the implementation of this Commitment Plan by enacting enabling legislation to establish a conducive environment for comprehensive programmes aimed at addressing challenges of adolescent pregnancies, new HIV infections, and sexual and gender-based violence among adolescents and young people.



The Judiciary

The judiciary will play a crucial role in expediting the processing of cases related to sexual and gender-based violence offences and alignment with existing laws and evidence. Facilitating access to justice for survivors will serve as a deterrent measure.

The Role of Non-State Actors



Development Partners

- Increase financial support for the End the Triple Threat initiative while mobilising resources to finance the implementation of the Commitment Plan.
- Support the documentation of results, monitoring and accountability of the scorecard.
- Support processes for attaining legal and policy environment to tackle the challenge.

Civil Society

- Advocate for adequate resources from government, partners and other non-state actors.
- Strengthen the capacity of communities, policy makers, duty bearers and rightsholders' at all levels.
- Enhance social economic interventions to address risks and vulnerabilities that enhance and contribute to the increase of new HIV infections, SGBV and adolescent pregnancies.
- Scale up interventions to address retrogressive socio-cultural norms and practices that fuel the triple threats.
- Provide platforms to enhance accountability of the scorecards.



Role of Religious Leaders

Religious leaders commit to lead institutions in taking deliberate and strategic actions, separately and jointly, aimed at transforming social attitudes to secure and empower adolescents and young people's health and well being by:

- Enhancing the capacities of clergy, congregational leaders, chaplains, youth leaders, and Sunday School and Madrasa teachers to deliver the messages and drive social attitude transformation.
- Strengthening social support systems for survivors of sexual and gender-based violence and teenage pregnancies and those newly infected with HIV.
- Delivering life skills, value-based education and school reintegration for survivors of sexual and gender based violence, adolescents and young people living with HIV and adolescent mothers.
- Develop a comprehensive framework to harmonise the training content of alternative rites of passage programmes and sensitise parents and communities on positive masculinity.
- Support in delivery of livelihoods skilling for out-of-school adolescents and advocate for re-admission of adolescent mothers.
- Advocating for effective judicial action against sexual offenders.
- Work closely in partnership with the Kenya Institute for Curriculum Development to finalise the development of human sexuality framework and advocate for its integration into the school curriculum.



Role of Business Community

- Enhance corporate social responsibility schemes to support the “End the Triple Threat” programmes such as supporting menstrual hygiene programmes, construction of temporary shelters and issuance of scholarships for return to school to adolescent mothers.
- Provide lessons from the private sector that can be used to strengthen or support results-based planning and service delivery systems to address the triple threat challenge.
- Provide support to establish and utilise harmonised accountability mechanisms that take stock of progress towards ending the Triple Threat.

Role of Councils of Elders

- Utilise convening power to educate communities on ending the triple threat.
- Advocate for resolutions against alternative dispute resolutions mechanism for sexual offenders to enhance supportive legal environment.
- Provide support to establish community level accountability mechanisms that take stock of progress towards ending the Triple Threat.



3

Monitoring Progress



The Commitment Plan includes the implementation of a scorecard to monitor progress.

THE END THE TRIPLE THREAT SCORECARD INDICATORS

		Indicator	Disaggre- gation	Baseline (2022)	2023	2024	2025	2026	2027	Responsible ministry
Impact / Outcome Level										
1	 Reduce new HIV infections among adolescents and young people	Number of new HIV infections among adolescents	Sex, Age, County	3244	2693	2141	1590	1038	485	Ministry of Health
		Number of new HIV infections among young people	Sex, Age, County	7,307	5,992	4,676	3,361	2,046	730	Ministry of Health
2	 Raise the proportion of adolescents with knowledge about HIV prevention	Proportion of adolescents who have knowledge about HIV prevention and treatment	Sex, Age, County Men Women	47.3% 48.7%	54%	60%	67%	73%	>80%	Ministry of Health
		Proportion of young people who have knowledge about HIV prevention and treatment	Sex, Age, County	61.1% 63.8%	65%	69%	72%	76%	>80%	Ministry of Health
3	 Increase access to HIV diagnosis and treatment among adolescents and young people	Proportion of adolescents living with HIV aware of their status	Sex, Age, County	83%	85%	88%	90%	93%	95%	Ministry of Health
		Proportion of young people living with HIV aware of HIV status	Sex, Age, County	67%	73%	78%	84%	89%	95%	Ministry of Health
4	 Increase uptake of antiretroviral therapy among adolescents and young people living with HIV	Proportion of adolescents living with HIV on ART	Sex, Age, County	83%	85%	88%	90%	93%	95%	Ministry of Health
		Proportion of young people living with HIV on ART	Sex, Age, County	67%	73%	78%	84%	89%	95%	Ministry of Health
5	 Increase mean age of sexual debut in Kenya	Proportion of adolescents who had sexual debut after 18 years	Sex, Age, County	15	15	16	16	17	18	Ministry of Health, Ministry of Interior, National Treasury and Economic Planning
6	 Decrease the proportion of adolescents attending antenatal care	Proportion of adolescent girls presenting with a pregnancy at first ANC	Age, County	20%	17%	14%	11%	8%	<5%	Ministry of Health, Ministry of Interior, National Treasury and Economic Planning

		Indicator	Disaggregation	Baseline (2022)	2023	2024	2025	2026	2027	Responsible ministry
7	 Reduce pregnancies among adolescent girls	Proportion of young women reporting having mistimed pregnancies	Age, County	-	-	-	-	-	-	Ministry of Health, Ministry of Interior, National Treasury and Economic Planning
8	 Reduce sexual and gender-based violence cases against adolescents and young people	Proportion of SGBV cases among adolescents	Sex, Age, County	42%	34.60%	27.20%	19.80%	12.40%	<5%	Ministry of Health, Ministry of Interior and National Administration, National Treasury and Economic Planning, Gender, Culture the Arts and Heritage
		Proportion of SGBV cases among young people	Sex, Age, County	-	-	-	-	-	-	Ministry of Health, Ministry of Interior and National Administration, National Treasury and Economic Planning, Gender, Culture the Arts and Heritage
9	 Increase the proportion of community members sensitized on ending the Triple Threat	Number of people reached with triple threat messages	Sex and County	-	4,700,000	9,400,000	14,100,000	18,800,000	23,500,000	Ministry of Health, Ministry of Interior and National Administration, National Treasury and Economic Planning
10	 Increase uptake of Human Papilloma Vaccine among adolescent girls	Number of adolescents vaccinated for HPV	-	-	-	-	-	-	-	Ministry of Health, Ministry of Education
11	 Reduction in drug and substance abuse among adolescents and young people	Proportion of adolescent and young people who have drug and substance use disorders	Age, Sex, County	11.70%	10%	9%	8%	7%	<5%	Ministry of Health, Ministry of Education, Ministry of Interior and National Administration

		Indicator	Disaggregation	Baseline (2022)	2023	2024	2025	2026	2027	Responsible ministry
12		Proportion of adolescents transitioning from primary to secondary school	Age, sex, county	79.5%	100%	100%	100%	100%	100%	Ministry of Education
	Increase proportion of pupils transitioning to secondary school									
13		Proportion of adolescent and young mothers who re- enter school	Age, County	-	-	-	-	-	-	Ministry of Education, Ministry of Gender, Culture the Arts and Heritage
	Fully implement re-entry policy of back to school for adolescent mothers									
14		Number of girls in schools who received sanitary pads	Age, County	-	5,735,584	5,735,584	5,735,584	5,735,584	5,735,584	Ministry of Education and Ministry of Gender, Culture the Arts and Heritage
	Increase the proportion of adolescent girls who have access to menstrual health and hygiene products									
15		Proportion of young people who receive gainful employment	Sex, Age, County Men Women	54.15% 26.85%	59%	64%	68%	73%	78%	Ministry of Labour and social protection, National Treasury and Economic Planning
	Increased proportion of young people transitioning to gainful employment									
16		Number of policies developed and laws reformed to prevent triple threat		-	-	-	-	-	-	Ministry of Health, Ministry of Education, Ministry of Gender, Culture, Arts and Heritage, Ministry of Labour and Social Protection, National Treasury and Economic Planning, Ministry of Interior and National Administration, Legislature and Judiciary
	Improved policy and legal environment to prevent triple threat									

The End Triple Threat Campaign Inter-Ministerial Steering Committee, comprising of principal secretaries of ministries, departments and agencies involved will be responsible for progress monitoring.

The Principal Secretaries' Inter-Ministerial Committee will:

- Facilitate an annual platform for monitoring the implementation of the Commitment Plan.
- Sustain leadership advocacy and momentum at national and county levels to achieve the campaign targets.
- Monitor the progress of targets in line with national commitments.
- Provide strategic leadership to unblock policy, financial and programme bottlenecks that impede progress on the End Triple Threat initiative.
- Advocate for financial and political support for accelerated programme scale-up and improved quality of services to deliver results.

The Committee will be supported by a National Multi-sectoral Working Group co-chaired by NSDCC and NCPD that will follow day-to-day progress of the implementation of the Commitment Plan by:

- Strengthening coordination and harmonisation of partners and stakeholders engaged in the End Triple Threat campaign.
- Collating reports from all entities and stakeholders involved and preparing progress reports.
- Planning for annual inter-ministerial meetings.
- Mobilising partnerships and resources to fully implement the initiative.
- Assuring meaningful engagement of communities including adolescents and young people.



APPENDICES



Adolescent Girls aged 10-19 years presenting at first Antenatal Clinic 2023

ADOLESCENT GIRLS 10-19 YEARS PRESENTING AT FIRST ANC CLINIC										
County	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	6,139	52	16%
Busia	10,590	9,924	11,425	6,700	5,707	6,003	5,244	5,436	49	20%
Migori	15,071	12,882	13,000	10,733	9,342	10,107	9,119	9,159	39	19%
Siaya	10,557	11,055	13,696	10,858	7,758	7,161	6,017	6,030	43	18%
Mombasa	4,757	7,532	6,922	3,684	2,365	3,358	3,274	3,195	33	9%
Kilifi	10,335	11,142	15,590	9,478	7,058	7,440	6,736	6,946	33	15%
Kwale	9,186	9,888	12,480	11,251	8,279	6,640	5,454	5,026	45	17%
Lamu	1,113	1,771	1,465	1,307	1,062	871	893	810	27	15%
Uasin Gishu	6,611	8,704	9,948	9,455	4,750	5,258	5,386	4,973	25	14%
Kiambu	9,641	10,947	14,859	13,526	10,382	8,330	7,876	7,978	17	12%
Homa Bay	11,324	14,646	14,733	13,644	11,867	10,116	8,345	8,460	25	21%
Kisii	11,301	10,923	13,542	10,980	9,601	10,149	7,367	7,821	31	23%
Nyamira	4,781	4,965	5,919	8,255	5,403	4,446	3,298	3,295	31	19%
Muranga	4,396	4,591	6,681	6,660	5,519	4,195	3,547	3,700	16	17%
Makueni	4,829	6,552	8,157	7,234	5,396	4,724	4,062	3,882	20	16%
Taita Taveta	1,438	2,413	3,594	1,590	1,428	1,421	1,390	1,449	-1	16%
Nairobi	18,178	25,814	27,239	26,545	22,128	17,990	16,601	15,690	14	10%
Kirinyaga	2,331	3,127	4,298	3,311	2,422	2,347	1,987	1,909	18	13%
Machakos	5,796	7,534	9,955	10,898	5,432	5,857	5,199	5,162	11	16%
Nakuru	10,712	13,875	18,040	16,496	12,450	11,469	8,423	8,445	21	12%
Kitui	6,826	9,015	11,486	8,471	6,468	7,666	6,714	6,471	5	21%
Embu	2,105	3,077	2,108	2,151	2,310	2,416	2,112	2,459	-17	17%
Nyeri	1,623	2,723	2,611	3,022	2,380	1,898	1,612	1,586	2	11%
Nyandarua	2,087	2,462	3,836	3,924	2,306	2,497	2,063	2,008	4	14%
Kericho	5,514	5,397	9,020	10,523	8,427	7,150	6,153	5,448	1	22%
Nandi	4,422	5,911	8,237	8,071	7,089	5,781	4,530	4,704	-6	22%
Baringo	3,978	4,194	6,223	4,917	4,376	5,214	4,135	3,820	4	18%
Wajir	2,342	2,642	3,153	2,954	3,457	3,252	2,628	2,008	14	10%
Tana River	3,366	3,532	5,569	5,467	4,584	4,712	3,669	3,227	4	23%
Kajiado	7,721	7,510	10,342	12,856	10,872	11,084	9,101	8,048	-4	17%
Bomet	6,984	9,552	10,075	11,153	9,154	10,147	5,666	5,430	22	21%
Tharaka Nithi	1,904	2,714	4,016	4,015	3,563	2,767	2,145	2,326	-22	20%
Elgeyo Marakwet	2,545	3,002	4,137	4,019	4,004	3,757	2,354	2,099	18	16%
Laikipia	2,684	3,798	4,999	5,506	5,489	4,030	3,248	2,573	4	16%
Meru	9,414	13,346	16,057	15,826	14,669	14,417	10,549	9,510	-1	27%
Isiolo	1,457	1,679	2,772	2,865	2,092	2,256	1,721	1,493	-2	18%
Bungoma	8,845	17,636	19,186	14,512	13,376	14,054	12,095	11,833	-34	22%
West Pokot	5,664	5,704	8,756	8,560	9,808	9,111	7,697	8,282	-46	25%
Narok	8,359	10,861	15,287	14,962	15,225	13,593	11,318	10,459	-25	26%
Turkana	4,272	6,463	7,882	8,390	8,450	6,973	6,642	8,529	-100	16%
Samburu	2,406	2,093	3,938	4,648	4,905	4,201	3,043	2,739	-14	24%
Vihiga	2,621	3,900	6,620	7,355	6,322	4,674	3,856	3,193	-22	20%
Trans Nzoia	3,985	5,532	11,979	11,997	11,601	7,413	6,013	5,861	-47	20%
Garissa	2,524	3,395	4,460	4,890	3,168	6,033	5,589	5,643	-124	16%
Marsabit	1,547	1,751	2,933	3,684	3,873	3,799	2,945	3,064	-98	21%
Kakamega	4,206	8,465	16,969	17,489	14,768	15,166	12,962	11,702	-178	20%
Mandera	432	1,200	4,570	4,456	3,950	7,481	3,711	4,733	-996	17%
KENYA	275,633	339,676	427,135	396,840	331,549	316,187	260,785	254,753	8	17%

Key: % change 2016-2023)

(Negative) Value denotes Increase (Upward arrow) + (positive) value denotes decrease (downward arrow)

Source: Kenya Health Information System

Percentage of women aged 15–19 who have ever been pregnant

Samburu	50.1
West Pokot	36.3
Marsabit	29.4
Narok	28.1
Meru	23.6
Homa Bay	23.2
Migori	22.4
Kajiado	21.8
Siaya	20.9
Baringo	20.3
Bungoma	18.6
Turkana	18.5
Taita Taveta	18.4
Busia	18.3
Trans Nzoia	17.8
Tana River	17.2
Isiolo	16.7
Nakuru	16.5
Nyamira	15.5
Kakamega	15.1
Kwale	14.8
Garissa	14.8
Kericho	14.5
Embu	14.4

Kisii	14.2
Mandera	13.9
Lamu	13.7
Kilifi	12.5
Elgeyo/Marakwet	12.1
Kiambu	11.9
Machakos	11.3
Makueni	11.1
Kisumu	11.1
Wajir	10.8
Uasin Gishu	10.7
Nandi	10.5
Tharaka-Nithi	9.9
Mombasa	9.4
Kitui	9.2
Laikipia	9.1
Bomet	9
Nairobi City	8.4
Vihiga	7.7
Murang'a	7.4
Kirinyaga	7.3
Nyandarua	5.2
Nyeri	4.5

Source: Kenya Demographic Health Survey 2022

Reported Sexual and Gender-Based Violence cases among adolescents aged 10-17

County	2016	2017	2018	2019	2020	2021	2022	2023	Total % of SGBV among adolescents 10-19
Kisumu	170	246	707	1,903	1,198	976	1,293	1,377	56%
Busia	66	100	144	94	259	607	637	497	20%
Migori	61	79	177	204	394	485	464	425	56%
Siaya	12	20	126	153	496	1,598	1,632	1,157	39%
Mombasa	15	39	228	306	413	522	697	420	48%
Kilifi	396	419	770	707	805	900	879	655	61%
Kwale	1	5	9	9	21	213	420	274	54%
Lamu	-	2	1	1	19	29	32	39	50%
Uasin Gishu	81	145	237	508	520	248	111	262	18%
Kiambu	18	26	24	21	155	211	612	137	34%
Homa Bay	28	38	92	161	261	697	2,046	1,598	28%
Kisii	68	46	135	136	461	832	1,011	1,052	45%
Nyamira	95	61	72	115	403	872	411	378	31%
Muranga	26	7	14	18	94	236	286	196	39%
Makueni	36	35	53	144	274	308	228	151	48%
Taita Taveta	15	1	1	2	13	60	71	31	6%
Nairobi	223	221	522	538	803	1,341	2,407	2,935	36%
Kirinyaga	36	24	42	33	132	189	215	184	47%
Machakos	32	15	13	90	148	197	178	185	38%
Nakuru	439	388	503	409	712	1,099	1,067	1,124	48%
Kitui	43	9	99	63	180	238	300	215	38%
Embu	58	65	82	74	128	82	8	13	62%
Nyeri	52	78	138	69	294	227	259	156	34%
Nyandarua	51	39	35	34	82	240	214	196	41%
Kericho	3	5	14	15	117	64	137	317	33%
Nandi	1	2	12	24	45	69	240	301	27%
Baringo	4	-	2	5	5	30	47	35	19%
Wajir	-	3	3	6	13	-	5	8	44%
Tana River	-	-	4	5	4	37	104	129	98%
Kajiado	12	112	199	237	329	336	547	767	46%
Bomet	10	5	53	56	92	46	159	361	38%
Tharaka Nithi	2	3	30	88	112	102	126	120	33%
Elgeyo Marakwet	1	5	1	-	17	30	157	57	24%
Laikipia	40	26	40	44	94	96	119	59	32%
Meru	41	70	80	73	118	163	397	242	38%
Isiolo	-	-	3	-	1	9	12	34	56%
Bungoma	32	55	174	333	684	1,127	1,138	1,099	38%
West Pokot	4	-	3	-	14	24	23	22	14%
Narok	16	11	67	43	127	86	216	487	38%
Turkana	79	37	65	31	202	172	212	197	20%
Samburu	-	4	5	8	16	25	37	27	12%
Vihiga	39	48	94	61	74	279	406	337	44%
Trans Nzoia	99	47	329	286	574	483	668	647	53%
Garissa	-	1	-	-	19	62	90	116	48%
Marsabit	-	1	-	18	20	3	8	14	39%
Kakamega	61	69	183	168	523	824	1,123	1,097	37%
Mandera	-	1	2	-	-	2	8	13	52%
KENYA	2,466	2,613	5,587	7,293	11,465	16,476	21,457	20,143	37%

Source: Kenya Health Information system

New HIV infections by age and gender, 2023

	Male	Female	Total
Total	7,388	14,767	22,155
0-14	2,266	2,208	4,474
15-19	398	2,845	3,243
20-24	1,190	2,875	4,065
25-29	1,181	2,220	3,402
30-34	894	1,673	2,567
35-39	607	1,159	1,767
40-44	373	700	1,073
45-49	214	402	616
50-54	116	249	366
55-59	69	174	243
60-64	40	116	156
65-69	23	77	100
70-74	12	46	57
75-79	5	23	28
80+	0	0	0

Source: National Syndemic Diseases Control Council; HIV Estimates 2023

New HIV infections among adolescents aged 10-19, 2023

County	2015	2017	2019	2020	2021	2022	% change in new HIV infections (2015-2022)
Kisumu	2,688	884	852	579	495	335	88
Busia	154	136	120	109	111	69	55
Migori	1,557	620	426	353	290	197	87
Siaya	2,355	890	760	447	371	251	89
Mombasa	681	289	190	166	211	73	89
Kilifi	397	229	96	107	114	40	90
Kwale	300	134	48	55	72	25	92
Lamu	29	18	9	6	10	3	88
Uasin Gishu	158	120	173	195	184	122	23
Kiambu	353	222	171	96	86	67	81
Homa Bay	2,945	1,004	582	566	462	313	89
Kisii	634	274	275	182	163	111	83
Nyamira	454	137	66	68	64	43	90
Muranga	135	114	24	37	40	31	77
Makueni	441	81	63	73	65	44	90
Taita Taveta	148	71	23	26	39	13	91
Nairobi	1,035	1,222	386	433	338	187	82
Kirinyaga	61	54	18	24	25	20	68
Machakos	490	99	118	105	106	71	86
Nakuru	243	185	239	287	297	196	19
Kitui	435	95	84	80	83	56	87
Embu	167	35	26	32	33	22	87
Nyeri	93	81	35	38	31	24	74
Nyandarua	63	60	20	19	19	15	76
Kericho	97	65	119	106	112	74	23
Nandi	66	48	83	76	94	62	6
Baringo	33	22	41	35	39	26	22
Wajir	9	-	1	1	2	1	91
Tana River	35	16	6	6	8	3	92
Kajiado	119	93	140	120	153	101	15
Bomet	66	40	83	74	77	51	22
Tharaka Nithi	137	28	20	19	24	16	88
Elgeyo Marakwet	26	18	26	34	34	22	14
Laikipia	46	35	40	49	46	31	33
Meru	391	79	80	91	94	63	84
Isiolo	54	10	14	6	10	7	88
Bungoma	120	106	29	98	92	57	53
West Pokot	28	22	20	16	16	11	62
Narok	94	68	138	75	108	71	24
Turkana	133	87	120	59	100	66	50
Samburu	17	11	15	12	46	30	(73)
Vihiga	77	70	49	56	63	39	49
Trans Nzoia	154	108	125	102	123	81	47
Garissa	17	-	2	1	4	1	92
Marsabit	43	8	21	6	8	5	88
Kakamega	203	187	189	166	154	96	53
Mandera	23	-	1	2	5	2	91
KENYA	18,004	8,177	6,166	5,294	5,123	3,244	82

Source: National Syndemic Diseases Control Council; HIV Estimates 2023

Key: % change in new HIV infections (2015-2022)
(Negative) Value denotes Increase (Upward arrow) + (positive) value denotes decrease (downward arrow)

New HIV infections among adolescents and young people (15-24 years), 2023

	2015	2017	2019	2020	2021	2022	% change (2022-2015)	% of adult new HIV infections
Mombasa	1,283	96	535	288	419	161	-87	34%
Kwale	565	265	100	131	167	64	-89	39%
Kilifi	747	33	200	283	276	106	-86	41%
Tana River	66	434	13	16	25	10	-85	41%
Lamu	55	730	20	11	20	8	-86	37%
Taita Taveta	278	596	49	44	69	27	-90	34%
Garissa	31	30	4	2	8	3	-91	43%
Wajir	16	1,852	3	1	4	2	-90	40%
Mandera	42	45	2	5	15	6	-87	45%
Marsabit	80	175	52	22	32	21	-74	45%
Isiolo	102	-	37	17	33	22	-79	42%
Meru	736	218	225	205	242	162	-78	36%
Tharaka Nithi	257	224	55	41	54	36	-86	36%
Embu	315	138	71	59	69	46	-85	35%
Kitui	818	88	187	191	209	140	-83	42%
Machakos	923	376	316	214	254	170	-82	36%
Makueni	831	179	145	160	151	101	-88	39%
Nyandarua	216	44	40	38	44	34	-84	40%
Nyeri	315	23	77	60	56	43	-86	35%
Kirinyaga	208	257	44	38	44	34	-84	34%
Muranga	460	374	50	62	68	52	-89	36%
Kiambu	1,199	251	434	236	228	174	-85	38%
Turkana	249	505	244	161	277	186	-25	45%
West Pokot	53	253	42	47	49	33	-37	45%
Samburu	33	243	33	35	124	83	154	47%
Trans Nzoia	289	1,641	275	252	279	188	-35	43%
Uasin Gishu	295	1,143	445	433	412	277	-6	41%
Elgeyo Marakwet	48	36	57	82	89	60	24	43%
Nandi	124	132	190	179	218	146	18	41%
Baringo	62	2,587	85	89	107	72	17	44%
Laikipia	86	198	92	94	84	57	-34	37%
Nakuru	455	70	603	578	540	363	-20	39%
Narok	175	187	323	191	276	185	6	43%
Kajiado	224	-	372	260	342	229	3	37%
Kericho	181	27	283	256	261	176	-3	41%
Bomet	123	562	188	183	183	123	0	43%
Kakamega	656	112	482	352	366	224	-66	41%
Vihiga	250	1,630	110	102	131	80	-68	40%
Bungoma	388	261	73	235	249	153	-61	42%
Busia	497	446	301	225	261	160	-68	43%
Siaya	4,377	338	1,592	773	744	487	-89	47%
Kisumu	4,996	314	1,946	1,086	1,101	721	-86	47%
Homa Bay	5,473	-	1,251	1,007	948	621	-89	50%
Migori	2,895	138	925	751	695	455	-84	50%
Kisii	1,178	299	605	365	343	225	-81	43%
Nyamira	843	80	144	122	118	77	-91	40%
Nairobi	2,282	36	1,089	1,244	951	508	-78	30%
Kenya	35,776	17,667	14,410	11,229	11,638	7,307	-80	41%

Source: National Syndemic Diseases Control Council; HIV Estimates 2023

Antiretroviral Treatment Therapy coverage among adolescents and young people

	Adolescents aged 10-19 living with HIV	Adolescents (10-19) on ART	% ART Coverage (10-19)	Adolescents and young people (15-24) living with HIV	Adolescents and young people (15-24) on ART	% ART Coverage (Adolescents and Young people) (15-24)
Baringo	516	350	68	1,013	452	45
Bomet	1,027	726	71	1,905	920	48
Bungoma	1,956	1833	94	3,317	2368	71
Busia	2,365	1921	81	3,965	2413	61
Elgeyo Marakwet	449	277	62	839	328	39
Embu	751	565	75	977	798	82
Garissa	214	64	30	261	174	67
Homa Bay	7,204	8577	119	13,635	10460	77
Isiolo	218	88	40	443	118	27
Kajiado	2,032	884	44	3,040	1375	45
Kakamega	3,280	3048	93	5,186	3691	71
Kericho	1,489	954	64	2,584	1398	54
Kiambu	2,880	1787	62	4,327	3235	75
Kilifi	1,748	1947	111	3,159	2294	73
Kirinyaga	844	470	56	1,040	740	71
Kisii	2,545	2322	91	3,872	3551	92
Kisumu	7,720	6877	89	13,297	8568	64
Kitui	1,866	1853	99	3,405	2185	64
Kwale	1,111	970	87	1,958	1048	54
Laikipia	615	541	88	870	824	95
Lamu	151	124	82	231	149	65
Machakos	2,368	1802	76	3,378	2342	69
Makueni	1,463	1660	113	2,331	2079	89
Mandera	313	9	3	470	21	4
Marsabit	176	82	47	402	78	19
Meru	2,106	1485	71	3,167	1883	59
Migori	4,525	5198	115	8,973	6357	71
Mombasa	3,228	2045	63	4,214	3149	75
Muranga	1,333	888	67	1,832	1298	71
Nairobi	8,305	5680	68	10,962	10725	98
Nakuru	3,950	2425	61	5,945	3420	58
Nandi	1,254	727	58	2,165	1046	48
Narok	1,432	825	58	2,828	1096	39
Nyamira	994	1022	103	1,384	1418	102
Nyandarua	648	589	91	1,098	848	77
Nyeri	1,030	760	74	1,335	1308	98
Samburu	607	187	31	1,343	215	16
Siaya	5,784	6190	107	9,775	6646	68
Taita Taveta	591	375	63	772	566	73
Tana River	130	104	80	247	126	51
Tharaka Nithi	538	383	71	768	602	78
Trans Nzoia	1,632	1187	73	2,967	1564	53
Turkana	1,328	804	61	2,832	973	34
Uasin Gishu	2,448	1693	69	4,061	2604	64
Vihiga	1,349	1203	89	1,956	1485	76
Wajir	124	17	14	157	16	10
West Pokot	216	228	106	453	324	72

Source: Kenya Health Information System
Kenya HIV Estimates 2023

Key: Red- Below 95% coverage
Green: Above 95% coverage

Percentage of young people aged 15-24 who had sexual intercourse before age 15

		Women	Men
Age	15–19	6.8	18.4
	20–24	8.5	19.4
	15–24	7.6	18.8
Education	No education	19.3	18.8
	Primary	14.5	21.7
	Secondary	5.5	17.5
	More than secondary	1.9	17.8

Source: Kenya Demographic and Health Survey 2022

Knowledge about HIV prevention among young people aged 15-34

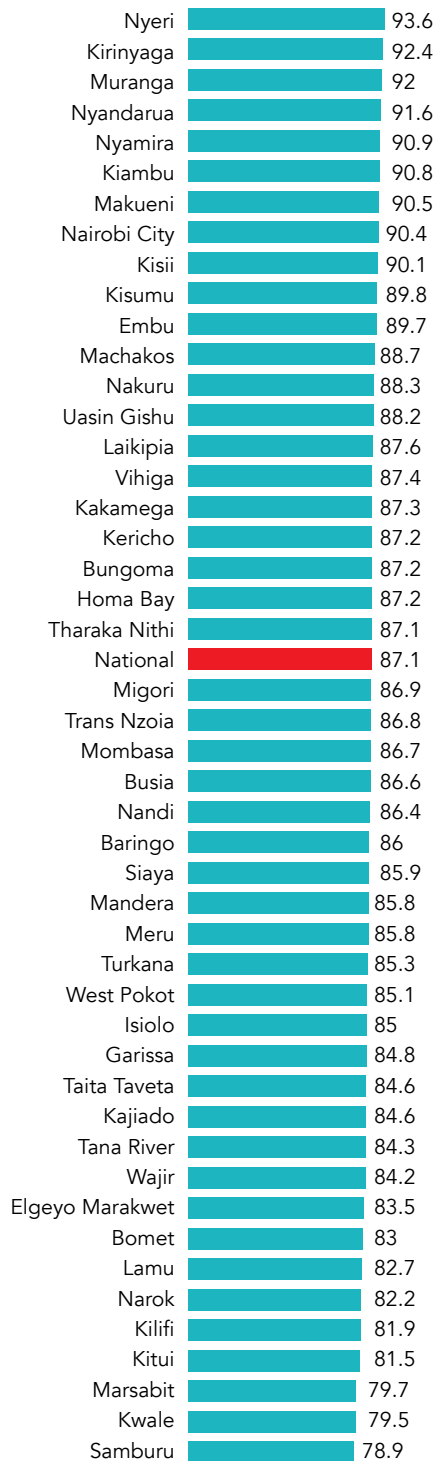
County	Women	Men
	2022	2022
Mombasa	57.9	63.2
Kwale	61.9	49.8
Kilifi	59.5	57
Tana River	32.8	42.7
Lamu	39.9	89.7
Taita Taveta	58.1	57.5
Garissa	17.3	90.9
Wajir	28.3	42.5
Mandera	3.1	21.9
Marsabit	20	31.3
Isiolo	38.8	55.4
Meru	45	51.7
Tharaka Nithi	55	58.4
Embu	57.5	52
Kitui	69.5	83.1
Machakos	71.7	65
Makueni	60	58.5
Nyandarua	70.6	48.8
Nyeri	68.3	59.3
Kirinyaga	71.2	75.1
Muranga	52.3	61.4
Kiambu	60.4	55.8
Turkana	25.9	38.7
West Pokot	43.1	78.6
Samburu	39	35.3

County	Women	Men
	2022	2022
Trans Nzoia	78.1	65.3
Uasin Gishu	62.9	72.3
Elgeyo Marakwet	59.9	46
Nandi	49.2	67.4
Baringo	43.1	47.6
Laikipia	58.1	46.6
Nakuru	65	36.9
Narok	48.1	39.8
Kajiado	62.7	56
Kericho	51.1	85.2
Bomet	61.1	59.7
Kakamega	59.8	50.4
Vihiga	64	52.1
Bungoma	45.6	40
Busia	67.5	46
Siaya	76.1	42.7
Kisumu	73.7	82.5
Homa Bay	58.8	52.5
Migori	52.3	66.6
Kisii	80.2	95.5
Nyamira	80	54.5
Nairobi	62.9	74.3
Kenya	59.2	60.5

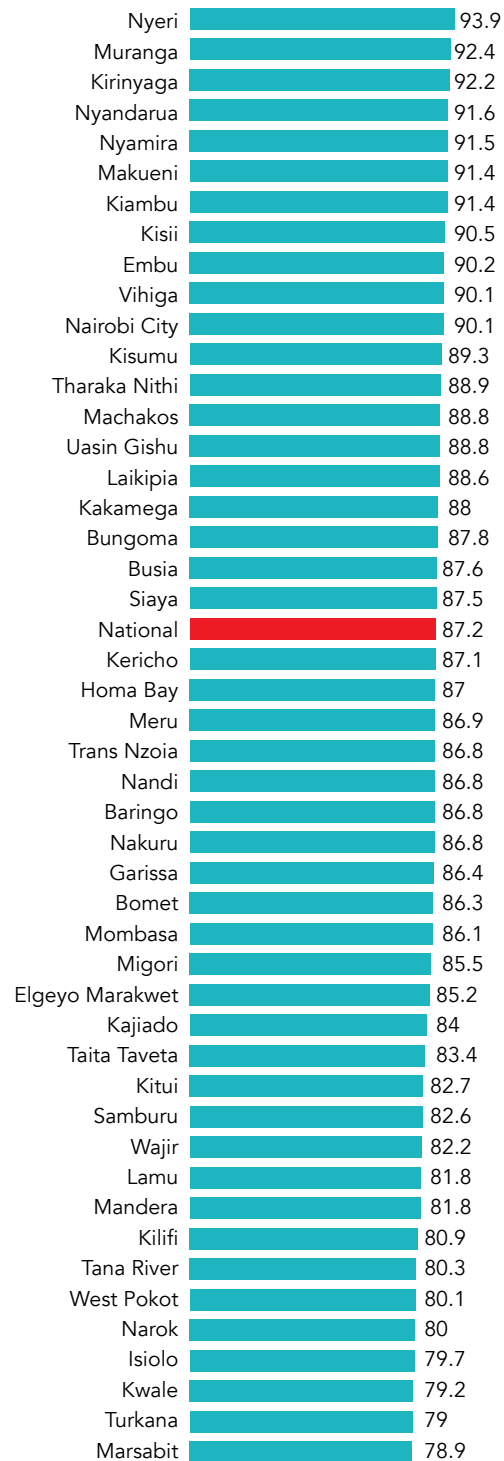
Source: Kenya Demographic and Health Survey 2022

Transition from primary to secondary school

Boys



Girls



Source: Basic Statistical Booklet 2020

Notes

Notes

Notes



**NATIONAL SYNDemic DISEASES
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