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National AIDS Control Council

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# KENYA AIDS RESPONSE PROGRESS REPORT 2016



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# TABLE OF CONTENTS

List of figures and tables .....	vi
Acronyms and abbreviations.....	vii
Foreword .....	ix
Preface .....	x
Acknowledgement.....	xiii
Executive summary .....	xiv
Background.....	1
Vision, goal and objectives of the Kenya AIDS Strategic Framework (KASF) .....	2
Strategic Directions and Intervention Areas.....	3
Overview of Kenya’s Progress Towards the 2011 Global HIV and AIDS Targets.....	6
<b>SECTION 1. Strategic Direction 1: Reducing New HIV Infections.....</b>	<b>8</b>
Reducing new HIV infections among adults .....	11
Elimination of new HIV infections among children .....	13
<b>SECTION 2. Strategic Direction 2: Improving Health Outcomes and Wellness of All People Living With HIV.....</b>	<b>19</b>
Antiretroviral Treatment (ART) Coverage among adults and children.....	24
<b>SECTION 3. Strategic Direction 3: Human Rights Based Approach to Facilitate Access to Services .....</b>	<b>26</b>
<b>SECTION 4. Strategic Direction 4: Strengthening Integration of Health and Community Systems .....</b>	<b>29</b>
<b>SECTION 5. Strategic Direction 5: Strengthening Research, Innovation and Information Management to meet KASF Goals .....</b>	<b>30</b>
<b>SECTION 6. Strategic Direction 6: Promote Utilization of Strategic Information for Research and Monitoring and Evaluation to Enhance Programming.....</b>	<b>31</b>
<b>SECTION 7: Strategic Direction 7: Increasing Domestic Financing for a Sustainable HIV Response.....</b>	<b>32</b>
County HIV and AIDS Resource need and gaps .....	37
<b>SECTION 8: Strategic Direction 8: Promoting Accountable Leadership for Delivery of the KASF Results by All Sectors .....</b>	<b>39</b>
High level Political Engagement .....	41
National HIV campaigns.....	42
Leadership from the Counties.....	43
<b>SECTION 9: Conclusion.....</b>	<b>44</b>
Annexes .....	45
Bibliography .....	71

# LIST OF FIGURES AND TABLES

## LIST OF FIGURES

Figure 1: 2015 Adult HIV Prevalence by County .....	xv
Figure 2: New HIV Infections by County in 2015 .....	xvi
Figure 3: Mother-to-Child HIV Transmission (MTCT) rates in 2015 by Counties .....	14
Figure 4: Impact of Prevention of Mother to Child Transmission (PMTCT) .....	15
Figure 5: PMTCT coverage, 2015 .....	18
Figure 6: Number of people living with HIV by age .....	19
Figure 7: Number of people living with HIV compared to people on ART by County, 2015 ..	20
Figure 8: Deaths averted by ART .....	21
Figure 9: ART coverage in 2015 among adults (15+ years) by county .....	22
Figure 10: ART coverage in 2015 among children (0-14 years) by county .....	22
Figure 11: HIV Stigma Index in 2014 by counties .....	26
Figure 12: Sources of HIV funding and funding gap .....	33
Figure 13: HIV Commodities Gap, need and funding by year .....	34
Figure 14: Five Counties with Highest Resource Gap .....	37
Figure 15: KASF delivery infrastructure .....	42

## LIST OF TABLES

Table 1: Status of Kenya AIDS Epidemic and Response in 2015 .....	xiii
Table 2: Progress made in the Kenya AIDS response 2013-2015 .....	4
Table 3: Progress made against global HIV and AIDS targets .....	6
Table 4: Percentage Change in New HIV infections among adults by County, 2013 and 2015 .....	9
Table 5: Progress made in reducing new HIV infections among adults .....	18
Table 6: Progress made in elimination of Mother-To-Child transmission (eMTCT) .....	14
Table 7: Percentage Change on New HIV infections among children by county, 2013 and 2015 .....	16
Table 8: Progress made in eliminating HIV infections among children .....	17
Table 9: Progress made in improving health outcomes and wellness of all people living with HIV .....	23
Table 10: Progress on ART Programme among adults 2013 - 2015 in Counties .....	24
Table 11: Progress on ART Programme among children (0-14 years) 2013 - 2015 in Counties .....	25
Table 12: Progress made in promoting Human rights based approach to facilitate access to services .....	27
Table 13: Progress made in strengthening integration of health and community systems .....	29
Table 14: Progress made in Strengthening Research, Innovation and Information management to meet KASF goals .....	30
Table 15: Progress made in promoting utilization of Strategic Information for Research, Monitoring and Evaluation to enhance programming .....	31
Table 16: Progress made in HIV program financing .....	32
Table 17: County Resource needs and financial gap for HIV and AIDS response for 2015/2016 .....	38
Table 18: Progress made in promoting accountable leadership for delivery of KASF results ...	39

# ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Treatment/Therapy
ARV	Anti-Retroviral Drugs
CCM	Country Coordination Mechanism
CHW	Community Health Worker
CSO	Civil Society Organisation
DHIS	District Health Information System
DTC	District Technical Committee
EBI	Evidence Based Intervention
eMTCT	Elimination of Mother to Child Transmission
EPHT	Environmental Public Health Tracking
FBO	Faith Based Organisation
FMS	Financial Management System
FSW	Female Sex Worker
GARPR	Global AIDS Response Progress Reporting
GoK	Government of Kenya
HBC	Home Based Care
HBTC	Home Based Testing and Counseling
HCBC	Home and Community Based Care
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTC	HIV Testing and Counseling
IEC	Information, Education, and Communication
IPC	Infection Prevention and Control
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic and Health Survey
KNASP	Kenya National AIDS Strategic Plan
KP	Key Populations
LMIS	Logistical Management Information System
MDA	Ministries Department and Agencies
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoT	Modes of Transmission

MSM	Men who have Sex with Men
MSW	Male Sex Worker
MTR	Mid-Term Review
NACC	National AIDS Control Council
NASCOP	National AIDS & STI Control Programme
NCD	Non Communicable Diseases
NGO	Non-Governmental Organisations
NHIF	National Health Insurance Fund
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PC	Performance Contract
PEP	Post-Exposure Prophylaxis
PICT	Provider-initiated Counseling and Testing
PLHIV	People Living with HIV and AIDS
PMS	Post Marketing Surveillance
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre-Exposure Prophylaxis
PwD	People/Persons with Disabilities
PWID	People Who Inject Drugs
PHDP	Positive Health, Dignity and Prevention Results Based Management
SI	Strategic Information
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SW	Sex Workers
TB	Tuberculosis
TTI	Transfusion Transmissible Infection
UNAIDS	Joint United Nations Programme on HIV and AIDS
VCT	Voluntary Counseling and Testing
VMMC	Voluntary Medically Male Circumcision
WHO	World Health Organisation



# FOREWORD



The Kenya AIDS Progress report provides an update of the AIDS response based on the estimate data for 2016. This report provides insight of key indicators of the epidemic and builds on the Global AIDS Progress Update Report 2016 launched in Nairobi Kenya by UNAIDS Executive Director Michel Sidibé and myself. This is in line with the sixth Strategic Direction of the Kenya AIDS Strategic Framework (KASF) 2014/2015-2018/2019 which aims at promoting utilization of strategic information for research, monitoring and evaluation in order to enhance evidence based programming.

Kenya signed the 2011 UN Political Declaration on HIV and AIDS (General Assembly Resolution No. 65/277), adopted in June 2011 at the United Nations General Assembly High-Level Meeting on AIDS. The Global AIDS Progress Update Report 2016 marked the transition period between Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs). The report thus marks the baseline against which the country will assess progress in implementation of the 2016 United Nations Political declaration on HIV and AIDS made in June this year.

Kenya has set itself on a path to fast track the end of AIDS. This is guided by the national development blue print of Vision 2030 and the Kenya AIDS Strategic Framework (KASF) 2014/2015-2018/2019. The country aims at leveraging national and external resources to achieve a Kenya free of new HIV infections, stigma and AIDS related deaths.

The 2016 Political Declaration on HIV and AIDS; On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 provides the momentum needed for Kenya to achieve its ambitious goals.

We thank all our partners and stakeholders as we mark the progress made in our AIDS response and call upon their continued support to achieve the targets set out in the Kenya AIDS Strategic Framework (KASF) 2014/2015-2018/2019 as well as those of the 2016 global fast track declaration.

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

**Dr. Cleopa Mailu EBS**  
**Cabinet Secretary, Ministry of Health**

# PREFACE



The AIDS Response Progress Report (KARP) 2016 highlights progress that Kenya has made in its HIV response against the Global, National and County level targets. The report provides a review of the progress towards achieving the targets set out in the Kenya AIDS Strategic Framework 2014/15 – 2019/20. This report maps progress made against the KASF targets, providing policy, strategy and programming achievements and gaps, in line with the mandate of the National AIDS Control Council.

The report shows progress in all strategic directions with reduced new HIV infections, a 40% increase in persons living with HIV who are on life-long anti-retroviral therapy, enhanced uptake of services of Kenya's unique HIV Tribunal. Systems for surveillance, monitoring and evaluation, commodity availability have increasingly been strengthened. Indicators such as new infections among adolescents and young people, are off-target demonstrating that the work is not yet done. It is notable that the County Governments have all developed County AIDS Plans to guide their response.

This Kenya AIDS response progress report is a reflection of the effort, energy, commitment and persistence of all players in the HIV

response. It is the collective effort of the National Government, County Governments, Development and Implementing partners, the civil society, the public and private sectors in investing technical and financial resources. In particular, the role of the communities of persons living with HIV cannot be overstated in ensuring that we keep focused on the ultimate goals: zero new infections, zero AIDS related deaths and zero discrimination.

The National AIDS Control Council recognizes and calls upon all stakeholders, National and County Governments to intensify their efforts guided by the Kenya AIDS Strategic Framework and the County Specific AIDS Strategic plans towards a vision of a **Kenya Free of new HIV infections, stigma and AIDS related Deaths.**

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

**Angeline Yiamiton Siparo**  
**Chairperson, National AIDS Control Council**

# ACKNOWLEDGEMENT



The National AIDS Control Council (NACC) wishes to acknowledge and appreciate the contribution of implementing and development partners who worked tirelessly and dedicated their time, intellectual and financial resources to compile data from different sources that is presented in this report.

NACC acknowledges the members of the KASF Strategic Information Working Groups who include; The National AIDS and STIs Control Program (NASCO); Health Management Information Systems (HMIS); Joint United Nations Programme on HIV and AIDS (UNAIDS); United Nations Children Fund (UNICEF); World Health Organization (WHO); the U.S. Government (USG); Centre for Disease Control (CDC); Kenya AIDS NGOs Consortium (KANCO); MEASURE Evaluation; National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK), among others.

Our sincere gratitude goes to the representatives of the 47 County Governments who compiled county level data, provided technical support and participated in the validation process.

Special thanks go to Strategic Information Task Team members involved in the development of the report. This include; John Kamigwi, Joshua Gitonga, Mercy Khasiani and Kennedy Mutai (NACC); Dr. Joyce Wamicwe and Dr. Jacob Odhiambo (NASCO); Onesmus Mlewa (KANCO); Dr. Brian Chirombo (WHO); Gurumurthy Rangaiyan (UNAIDS); Ulrike Gilbert (UNICEF); Nicholas Kweyu, Peter Young and Dr. Samwel Mwalili (CDC), Dr David Soti (HMIS), Dr. Njeri Nyamu (MEASURE Evaluation); and Nelson Otwoma (NEPHAK) and Kate Mbaire (USG).

We are grateful to UNAIDS and WHO for their technical support. We also thank Hivos and AHF for their financial support which facilitated development of this report.

We also wish to acknowledge the consultant Dr. Vincent Oeba for compiling the report; Peter Cheseret the designer; Reviewers Dr. Nduku Kilonzo and Joshua Gitonga (NACC), Gurumurthy Rangaiyan and Ruth Laibon-Masha of UNAIDS.

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

**Dr. Nduku Kilonzo**  
**Director, National AIDS Control Council**



H.E President Uhuru Kenyatta (Centre) receives a Anti Stigma Champion Jersey from youths during Maisha County League Trophy handover at statehouse Nairobi. Looking on are Cabinet Secretary for Health Dr.Cleopa Maillu (Left) and his Sports Counterpart Dr.Hassan Wario (Partly hidden-Right).The League seeks to involve young people in the HIV response and help tackle stigma and new HIV infections among youth through football. © NACC



Former Chairperson of Council of Governors Isaac Ruto addressing fellow Governors and partners during a Governors Consultative Forum on HIV and AIDS in 2014© NACC



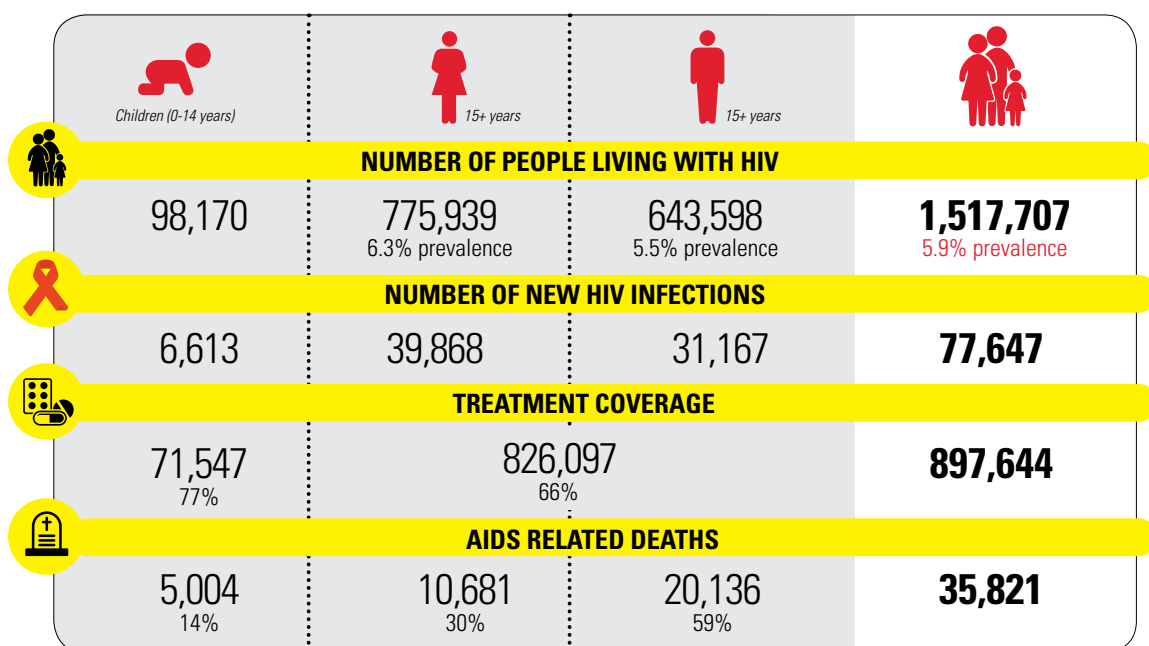
H.E President Uhuru Kenyatta (Centre) is taken through the Kenya HIV Situation Room by Health P.S Dr.Nicholas Muraguri (Left) as NACC Director Dr. Nduku Kilonzo (Right) looks on during its launch in 2014.© NACC

**Kenya has continued to invest more on HIV and AIDS response in order to combat its spread and save lives**

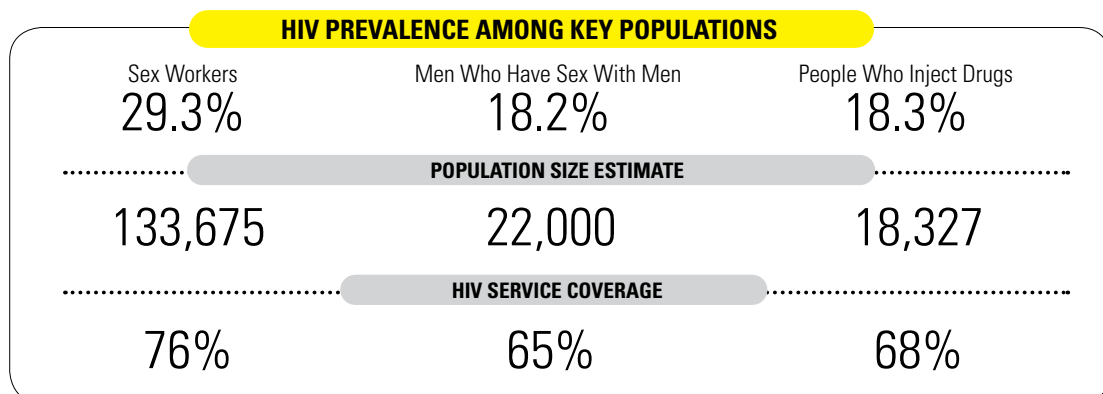
# EXECUTIVE SUMMARY

This report was developed to assess the progress Kenya has made on the national and global targets to combat the HIV epidemic. The country has mainstreamed the agreed global targets into Kenya AIDS Strategic Framework (KASF) 2014/15-2018/19 and developed KASF Monitoring and Evaluation Framework (KMEF) to track achievements on various indicators. The following is a summary on the status and progress made in fast tracking end of new HIV infections, stigma and AIDS related deaths:

**Table 1: Status of Kenya AIDS Epidemic and Response in 2015**



 **16 counties reduced new infections among adults in 2015**



Source: NASCOP Programme Data and MARPS Size Estimate Consensus Report

## HIV AMONG YOUNG PEOPLE (15-24 YEARS)

New HIV infections  
**35,776**

Living with HIV  
**268,586**

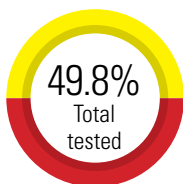
HIV related deaths  
**3,853**



**▲ Young people (15-24 years) contributed 51% of adult new HIV infections in 2015**

### HIV TESTING AMONG YOUNG PEOPLE

15-19 years



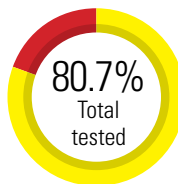
55.6%



44.7%



20-24 years



91.6%



67.3%

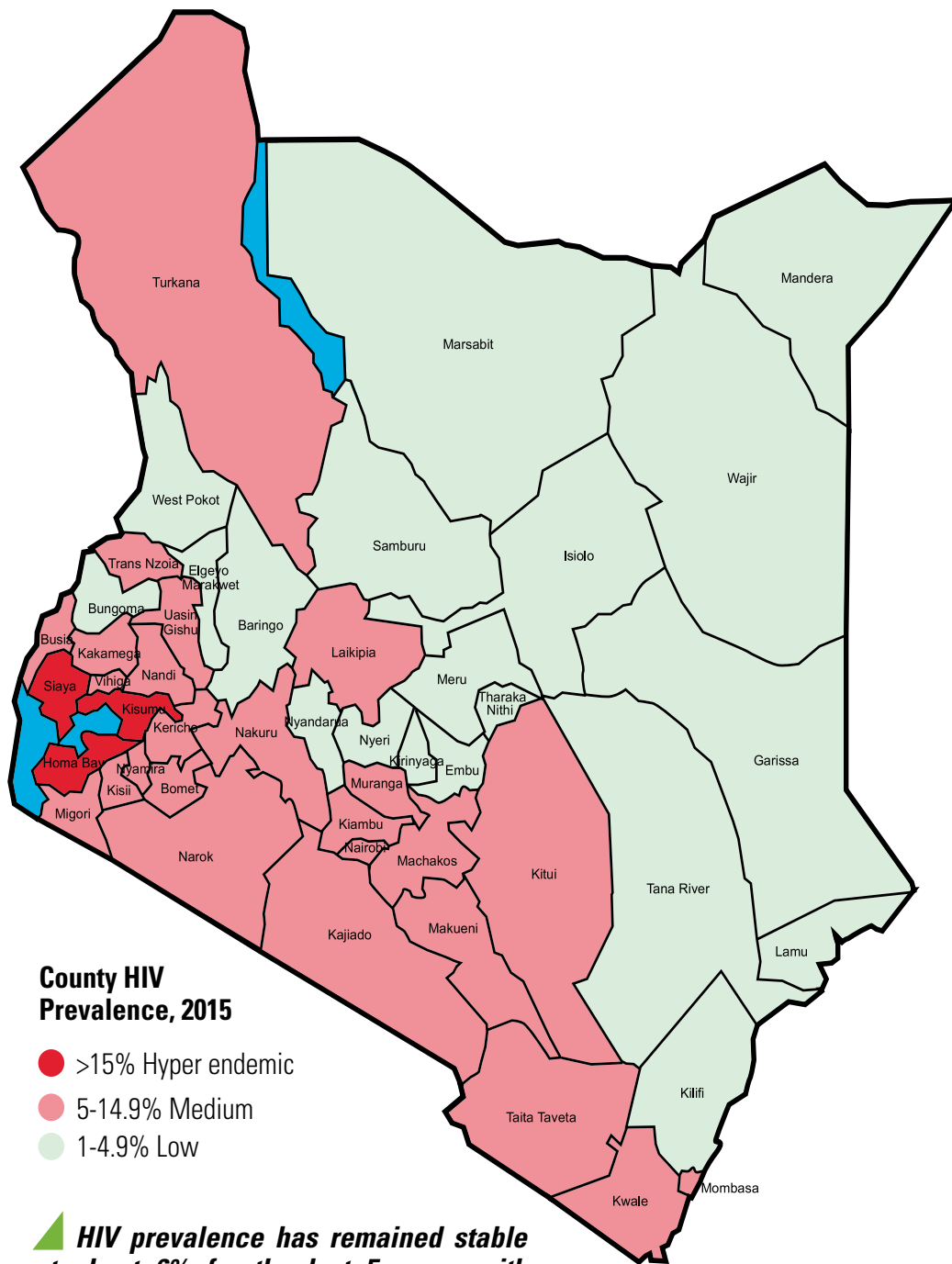


*H.E. President Uhuru Kenyatta applauds Elijah Lemayan-A youth Anti Stigma Champion after delivering a moving speech during United Nations General Assembly meeting in New York in 2015. © NACC*

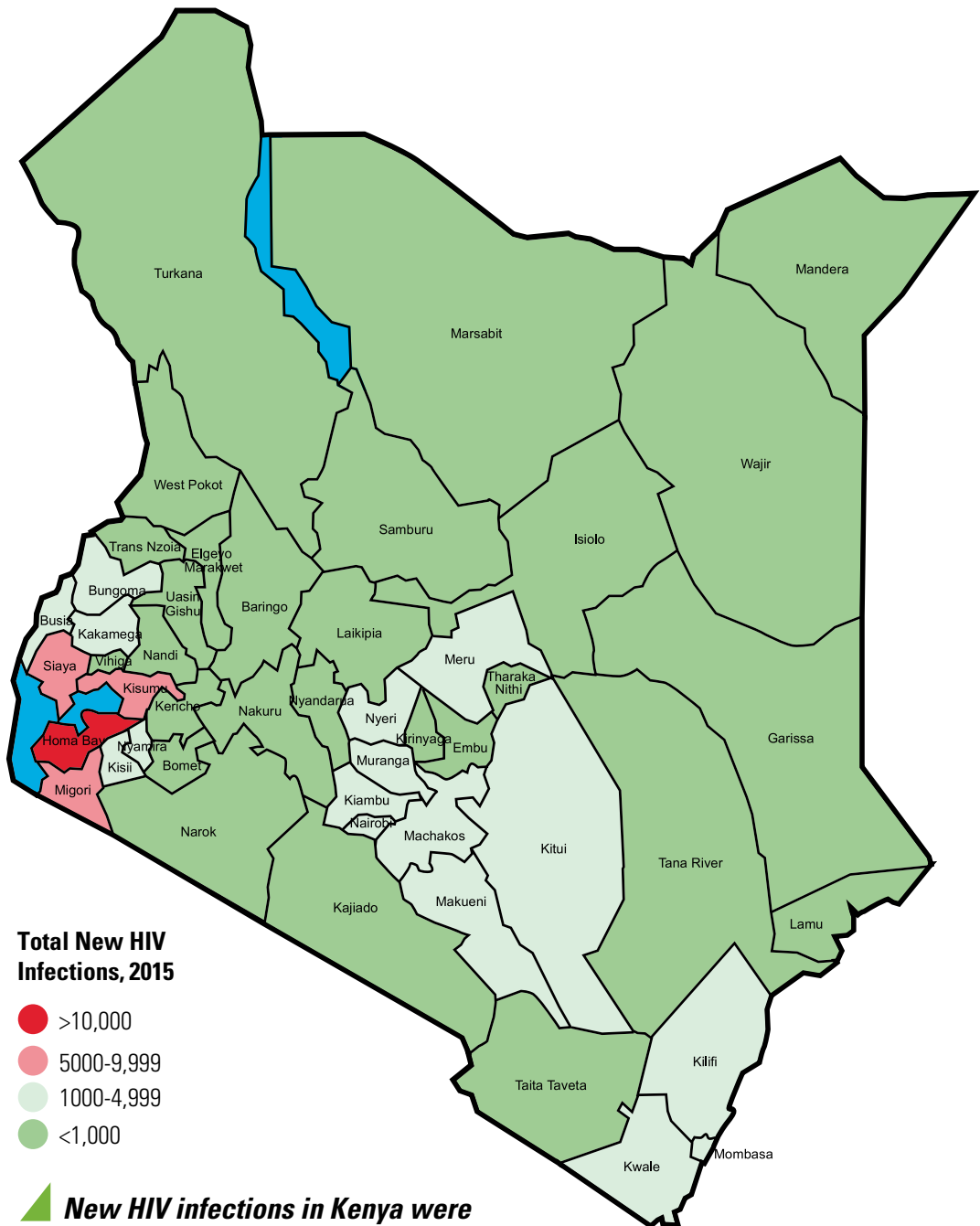
The young people significantly contribute to high HIV burden in the country. They constitute the largest proportion of people living with HIV. Notably, they have contributed 51% of adult HIV new infections showing rapid rise from 29% in 2013. A number of factors have advanced this alarming rate of infection such as incorrect perception of their risks on HIV; limited knowledge on sexual behaviour that expose them to HIV such as failure to use condoms during the first sexual intercourse; failure to resist forced sex from partner; having sexual intercourse under influence of alcohol or drugs among others. This suggest a need to promote programmes that will reverse this pattern over time.



**Figure 1: 2015 Adult HIV Prevalence by County**



**Figure 2: New HIV Infections by County in 2015**







*High-level meeting of the United Nations General Assembly on HIV/AIDS Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS ©UN Photo*



# BACKGROUND

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Kenya as a Member State of United Nations committed to implement the 2011 political declaration on HIV and AIDS. The the United Nations declaration is in line with Kenya Vision 2030 which targets to achieve zero new HIV infections by the year 2030. To implement this vision, the country developed the Kenya AIDS Strategic Framework 2014/15-2018/19 which provides eight strategic directions to guide stakeholders on HIV programming towards a vision of a **Kenya free of new HIV infections, stigma and AIDS related deaths**.

This report is an output of a process undertaken by the National Monitoring and Evaluation/ Strategic Information Technical Committee comprising of Government, Civil society, Bilateral and Multilateral partners. The team compiled data from various sub systems that included Population based surveys; Behavioral Surveillance Surveys; Specially Designed Surveys; Patient tracking systems; Health Information Systems; Sentinel Surveillance, Public sector reporting system, Community Based Activity Program reporting system and National HIV estimates developed using Spectrum software to provide data points used to describe the status of the epidemic and measure progress.

The report presents county generated data and provides a summary on the status of the AIDS epidemic and key milestones achieved in line with the eight KASF Strategic Directions. The global targets as shown in Annex 3 provides the progress made between 2011 and 2015 in line with the 2011 UN Declaration while the rest of the document assesses progress based on KASF, focusing on progress made between 2013 and 2015. It also highlights major recommendations based on the outcome of the 2016 United Nations High Level meeting on AIDS and Sustainable Development Goals that call for good health and wellbeing for all. Overall, the report is structured into sections according to the Strategic Directions of KASF 2014/2015-2018/2019. In each of the sections, KASF targets and key achievements are highlighted at national and county levels. Specific messages are also provided in line with the focus of each Strategic Direction.

# Vision, goal and objectives of the KASF



## VISION

A Kenya free of HIV infections, stigma and AIDS related deaths

## GOAL

Contribute to achieving Vision 2030 through universal access to comprehensive HIV prevention, treatment and care

## KASF OBJECTIVES

1. Reduce new HIV infections by 75%
2. Reduce AIDS related mortality by 25%
3. Reduce HIV related stigma and discrimination by 50%
4. Increase domestic financing of the HIV response to 50%

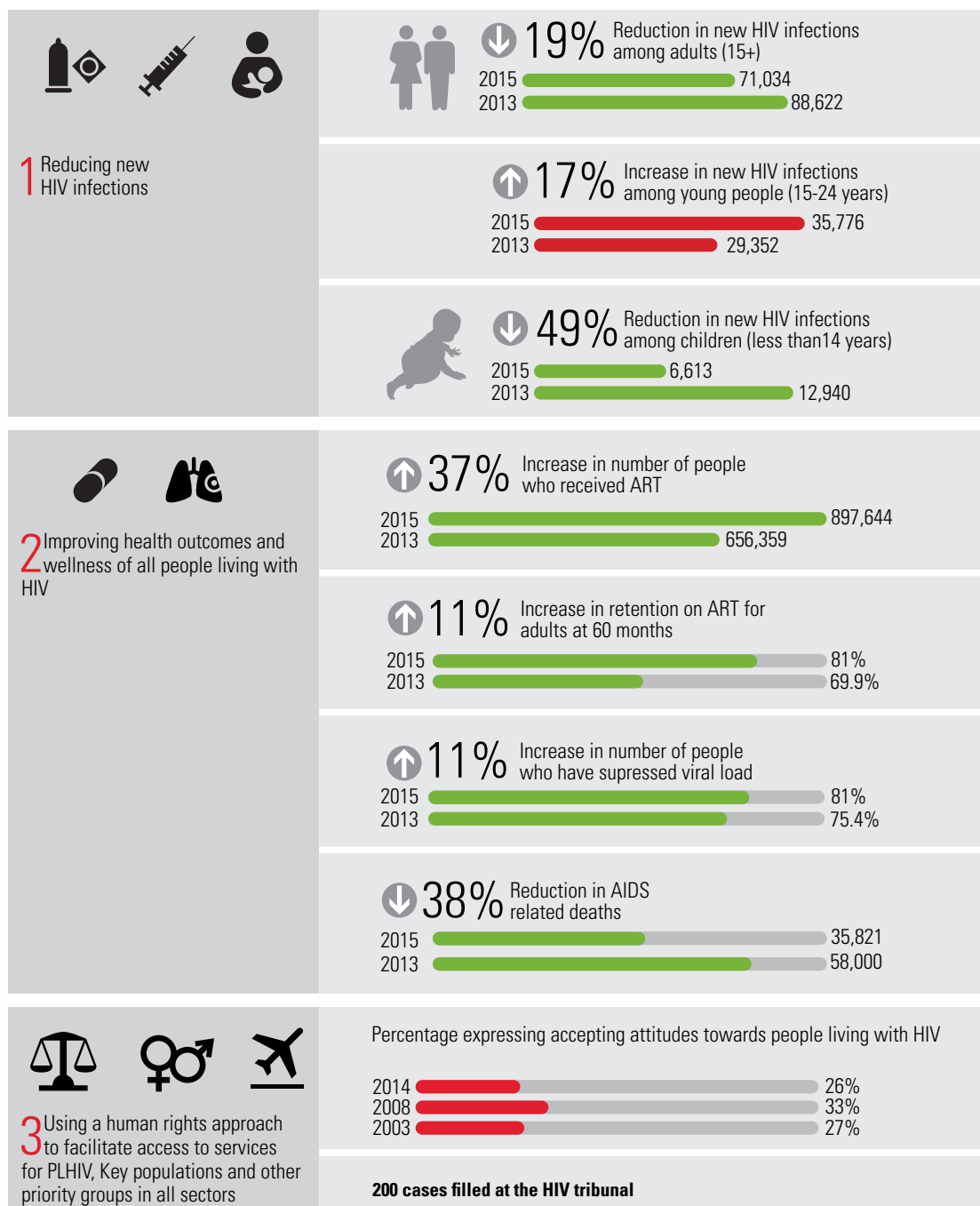
These objectives will be delivered through the following strategic directions

<p><b>Strategic Direction</b> <b>1</b> Reducing new HIV infections</p>	<p><b>Strategic Direction</b> <b>2</b> Improving health outcomes and wellness of all people living with HIV</p>	<p><b>Strategic Direction</b> <b>3</b> Using a human rights approach to facilitate access to services for PLHIV, Key populations and other priority groups in all sectors</p>
<p><b>Strategic Direction</b> <b>4</b> Strengthening integration of health and community systems</p>	<p><b>Strategic Direction</b> <b>5</b> Strengthening research and innovation to inform the KASF goals</p>	<p><b>Strategic Direction</b> <b>6</b> Promoting utilisation of strategic information for research and monitoring and evaluation (M&amp;E) to enhance programming</p>
<p><b>Strategic Direction</b> <b>7</b> Increasing domestic financing for a sustainable HIV response</p>	<p><b>Strategic Direction</b> <b>8</b> Promoting accountable leadership for delivery of the KASF results by all sectors and actors</p>	

# Strategic Directions and Intervention Areas

Strategic Directions	Priority intervention areas
<p><b>1</b> Reducing new HIV infections</p>	<ul style="list-style-type: none"> <li>• Increase coverage of combination HIV prevention interventions</li> <li>• Prioritise populations and geographic locations for an equitable HIV response.</li> <li>• Leveraging on different sectors and emerging technologies for HIV prevention</li> <li>• Maximising on the efficiencies and effectiveness of an integrated HIV,TB/SRH prevention response</li> </ul>
<p><b>2</b> Improving health outcomes and wellness of all people living with HIV</p>	<ul style="list-style-type: none"> <li>• Improve timely identification and linkage to care for persons diagnosed with HIV</li> <li>• Increase coverage of care and treatment with a particular focus on reducing the loss in the cascade of care</li> <li>• Scale up interventions to improve quality of care and improve health outcomes</li> <li>• Scale up nutrition interventions to improve nutrition status and improve health outcomes</li> </ul>
<p><b>3</b> Using a human rights approach to facilitate access to services for PLHIV, Key populations and other priority groups in all sectors</p>	<ul style="list-style-type: none"> <li>• Remove barriers to access of HIV, SRH and rights information and services in public and private entities</li> <li>• Improve National and County legal and policy environment for protection of priority and key populations and people living with HIV</li> <li>• Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector</li> <li>• Using Human rights approach to assist programs to pursue zero tolerance to stigma and discrimination.</li> </ul>
<p><b>4</b> Strengthening integration of health and community systems</p>	<ul style="list-style-type: none"> <li>• Build a competent, motivated and adequately staffed workforce at National and County levels to deliver HIV services integrated in the essential health package.</li> <li>• Strengthen health service delivery system at national and county levels for the delivery of HIV services integrated in the essential health package</li> <li>• Improve access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services</li> <li>• Strengthen community service delivery system at national and county levels for the provision of HIV prevention, treatment and care services</li> </ul>
<p><b>5</b> Strengthening research and innovation to inform the KASF goals</p>	<ul style="list-style-type: none"> <li>• Resource and implement an HIV research agenda informed by KASF</li> <li>• Increase evidence-based planning and use of implementation science outcomes to optimise programming and policy changes</li> <li>• Strengthen synergies between HIV research and other disease and development areas</li> </ul>
<p><b>6</b> Promoting utilisation of strategic information for research and monitoring and evaluation (M&amp;E) to enhance programming</p>	<ul style="list-style-type: none"> <li>• Implement a unified and functional M &amp; E framework under the NACC</li> <li>• Strengthen M &amp; E capacity to effectively track KASF performance and the HIV epidemic at national and county levels and across sectors</li> <li>• Conduct regular evaluations of the HIV prevention and treatment cascade at the county level to gauge programme effectiveness</li> </ul>
<p><b>7</b> Increasing domestic financing for a sustainable HIV response</p>	<ul style="list-style-type: none"> <li>• Promote innovative and sustainable domestic HIV financing options</li> <li>• Align HIV resources/investment to the Strategic Framework priorities</li> <li>• Maximise efficiency of existing delivery options for increased value and results within existing resources</li> </ul>
<p><b>8</b> Promoting accountable leadership for delivery of the KASF results by all sectors and actors</p>	<ul style="list-style-type: none"> <li>• Build and sustain high level political and technical commitment for strengthened country and county ownership of the HIV response</li> <li>• Entrench good governance and strengthen multi-sector and multi-partner accountability to delivery of KASF results</li> <li>• Establish and strengthen functional and competent HIV co-ordination mechanism at the national and county level</li> </ul>

**Table 2: Progress made in the Kenya AIDS response 2013-2015**



**▲ The youth (15-24 years) contributed 51% of adult new HIV infections in 2015**



#### 4 Strengthening integration of health and community systems

2013: Different HIV/ART commodity pipelines  
2015: One National commodity pipeline through KEMSA with enhanced planning and reduced stockout

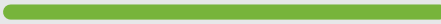

Number of community based organizations that delivered HIV programmes  
2015  15,400  
2013  7,000

#### 5 Strengthening research and innovation to inform the KASF goals

MAISHA Maarifa Research online hub for HIV, Sexual Reproductive Health and co-morbidities established as repository and interactive platform ([www.maishamaarifa.or.ke](http://www.maishamaarifa.or.ke))

Increased research funding by 1% of AIDS expenditure

Studies accessible from single hub for use in program decision making

2015  615  
2013  0

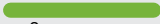

HIV and AIDS research agenda available

#### 6 Promoting utilisation of strategic information for research and monitoring and evaluation (M&E) to enhance programming

HIV Situation Room established to guide decisions and tracking of HIV program  
2013: 5 different sources of national data  
2015: Data integration with 5 subsystems feeding into one platform (the HIV Situation Room)

2015 National and County level HIV estimates generated

Reporting of programmes and resources available for counties by NGOs


2015  310  
2013  0

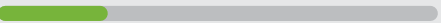
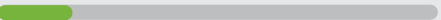


#### 7 Increasing domestic financing for a sustainable HIV response

The National HIV and AIDS Resource needs and gap for 2015/2016 was US\$ 315.27 million

##### Government funding for HIV response

 **8%** Increase in domestic financing of HIV response

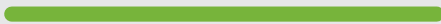

2015  25%  
2013  17%

#### 8 Promoting accountable leadership for delivery of the KASF results by all sectors and actors

##### National AIDS Policy Framework (KASF developed and launched in 2015)

County HIV and AIDS Strategic Plans finalized and launched

County AIDS Plans

2015  47  
2013  0

Policy documents to support KASF implementation

Strengthened Performance Contract reporting by MDAs through Maisha Certification

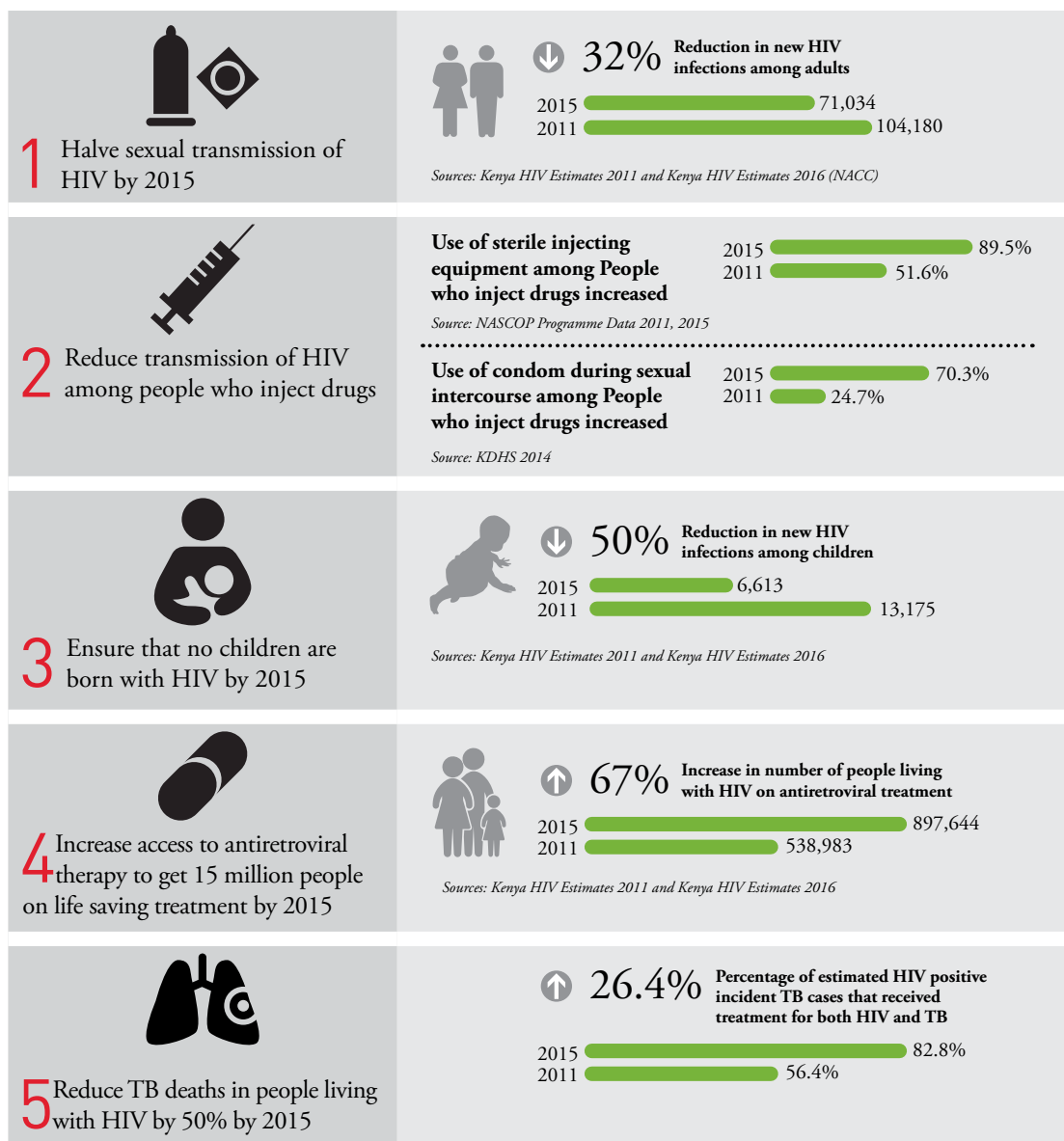
Sources: Kenya HIV Estimates 2013 and Kenya HIV Estimates 2015; Source: NASCOP Programme Data

**▲ Good progress was made in addressing HIV in Kenya, however, targeted interventions are needed for adolescents 15-24 years in order to tackle increasing new HIV infections. Stigma and discrimination is the main barrier to achieving this goal.**

# Overview of Kenya's Progress Towards the 2011 Global HIV and AIDS Targets

Kenya has made tremendous progress in a number of the global targets within the reporting period. The country achieved 20% reduction on sexual transmission of HIV and 49% reduction of new infection among children.

**Table 3: Progress made against global HIV and AIDS target**







**6** Reach a significant level of annual global expenditure (between \$22 billion and \$24 billion) in low and middle-income countries



HIV and AIDS spending in Kenya increased from Kshs 63 billion (US\$ 663 million) in 2009/2010 to Kshs 72 billion (US\$ 757.9 million) 2012/2013. The government allocation towards the HIV and AIDS response has more than doubled rising from USD 57.49 million in 2006/2007 to USD 153 million in 2012/2013.



**7** Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV

Reduction in number of women age 15-49 who have ever experienced sexual violence



Reduction in number of women who were ever married who experienced spousal violence



Sources: KDHS 2008/2009 and KDHS 2014



**8** Eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realization of all human rights and fundamental freedoms

Percentage expressing accepting attitudes on all four indicators (willing to care for a family member; buy fresh vegetables from a PLHIV shop keeper; female teacher living with HIV not sick should be allowed to continue teaching; would not want to keep secret that a family member got infected with HIV 15-49)



Kenya had a cumulative high stigma index of 45% scores on a 100 point scale derived from five (5) key indicators: Fear of non-invasive contact with PLHIV; Values targeting shame, blame and judgment; Enacted stigma; Disclosure and impact, 2014.

Source: KDHS 2008/2009 and KDHS 2014, The National HIV Stigma Index Survey



**9** Eliminate HIV-related restrictions on entry, stay and residence

Although Kenya has no restrictions on entry, stay and residence, the country continues to be vigilant of any form of restrictions based on HIV status. In 2011, the country established the First HIV tribunal to facilitate access to justice for people living with HIV and guard against institutionalised discrimination based on HIV status.



**10** Eliminate parallel systems for HIV-related services to strengthen integration of the AIDS response in global health and development efforts

The AIDS response in Kenya is multi-sectoral and integrated in key sectors such as education. The social protection system that provides regular and predictable cash transfers to poor and vulnerable households has been scaled up from about 135,000 households in 2011 to 240,000 in 2015 (reaching close to 500,000 orphans and vulnerable children)

Source: National Social Protection Secretariat, Kenya

SECTION  
**01**

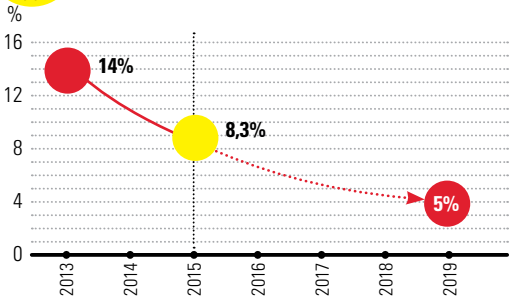
**STRATEGIC DIRECTION 1: REDUCING  
NEW HIV INFECTIONS**

In 2013, Kenya launched the Prevention Revolution Roadmap to End New HIV Infections by 2030. To operationalize the Roadmap, KASF was developed as a medium-term policy document to guide the process and fast track the achievement of zero new HIV infection, zero HIV related deaths and zero stigma and discrimination. The country achieved reduction of new HIV infections by 20 percent among adults and 49% among children with impressive gains made in counties between 2013 and 2015 against 2019 set targets. Sixteen counties reduced their number of new HIV infection by more than 50%.

**2019 TARGETS**

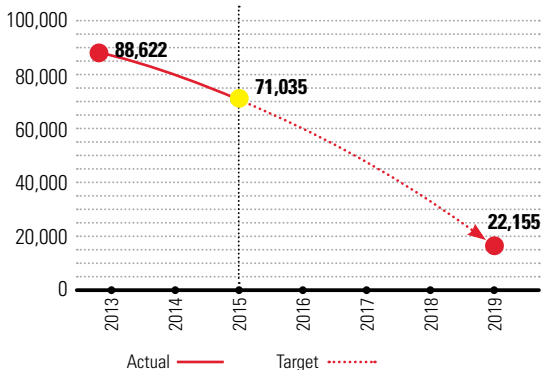
- Reduced annual new HIV infections among adults by 75%
- Reduced HIV transmission rates from mother to child from 14% to less than 5%

**REDUCE HIV TRANSMISSION RATES FROM MOTHER TO CHILD**

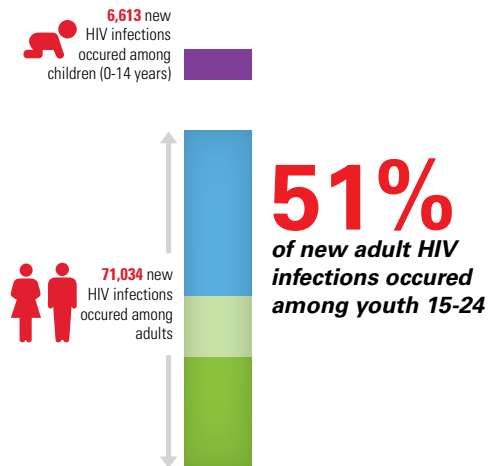


*The country is rapidly closing the gap to eliminate HIV infections among children*

**REDUCE ANNUAL NEW HIV INFECTIONS AMONG ADULTS BY 75%**



**ESTIMATED NEW HIV INFECTIONS, 2015**



- Children (0-14 years)  
9% of total new HIV infections (6,613)
- Adults (over 24 years)  
45% total of new HIV infections (6,613)
- Young male adults (15-24 years)  
16% of total new HIV infections (12,464)
- Young female adults (15-24 years)  
33% of total new HIV infections (23,312)

*Targeted interventions among the youth 15-24 need to be enhanced to meet expected target*

**Table 4: Percentage Change in New HIV infections among adults by County, 2013 and 2015**

County	2013		2015		% change in new infections
	New HIV infections 2013	% Contribution to all new HIV infections	New HIV infections	% Contribution to all new HIV infections 2015	
Bomet	1,875	2.1%	217	0.3%	-88.5
Samburu	461	0.5%	58	0.1%	-87.5
Turkana	2,997	3.4%	438	0.6%	-85.4
Baringo	707	0.8%	109	0.1%	-84.6
West Pokot	576	0.7%	93	0.1%	-83.8
Narok	1,806	2.0%	309	0.4%	-82.9
Nandi	1,253	1.4%	218	0.3%	-82.6
Nakuru	4,127	4.7%	801	1.1%	-80.6
Elgeyo Marakwet	400	0.5%	85	0.1%	-78.7
Laikipia	692	0.8%	151	0.2%	-78.2
Kajiado	1,545	1.7%	394	0.6%	-74.5
Kericho	1,214	1.4%	318	0.4%	-73.8
Uasin Gishu	1,921	2.2%	520	0.7%	-72.9
Trans Nzoia	1,867	2.1%	508	0.7%	-72.8
Kisii	4,891	5.5%	2,072	2.9%	-57.6
Garissa	116	0.1%	55	0.1%	-53.0
Mandera	137	0.2%	73	0.1%	-46.8
Nyamira	2,052	2.3%	1,484	2.1%	-27.7
Migori	6,786	7.7%	5,093	7.2%	-25.0
Siaya	9,869	11.1%	7,700	10.8%	-22.0
Homa Bay	12,279	13.9%	9,629	13.6%	-21.6
Muranga	1,984	2.2%	1,640	2.3%	-17.3
Kisumu	10,349	11.7%	8,790	12.4%	-15.1
Nyandarua	899	1.0%	768	1.1%	-14.6
Nyeri	1,307	1.5%	1,124	1.6%	-14.0
Kirinyaga	795	0.9%	742	1.0%	-6.7
Embu	518	0.6%	596	0.8%	+15.0
Tharaka	410	0.5%	586	0.7%	+18.6
Machakos	1,465	1.7%	1,744	2.5%	+19.2
Meru	1,090	1.2%	1,392	2.0%	+27.7
Isiolo	151	0.2%	193	0.3%	+28.1
Makueni	1,193	1.3%	1,571	2.2%	+31.7
Kiambu	2,931	3.3%	4,273	6.0%	+45.8
Mombasa	1,609	1.8%	2,426	3.4%	+51
Nairobi	3,098	3.5%	4,719	6.6%	+52
Wajir	18	0.0%	28	0.0%	+53
Kitui	988	1.1%	1,547	2.2%	+57
Taita Taveta	330	0.4%	527	0.7%	+60
Kwale	623	0.7%	1,068	1.5%	+71
Kilifi	821	0.9%	1,413	2.0%	+72
Marsabit	81	0.1%	152	0.2%	+88
Lamu	44	0.0%	104	0.0%	+135
Tana River	40	0.0%	125	0.2%	+212
Kakamega	154	0.2%	1,935	2.7%	+1156
Bungoma	83	0.1%	1,145	1.6%	+1280
Vihiga	31	0.0%	737	1.0%	+2279
Busia	51	0.1%	1,467	2.1%	+2776

**Four Counties - Busia, Bungoma, Kakamega and Vihiga increased their new HIV infections by more than a thousand fold**

**Nairobi and Mombasa cities increased their new HIV infections by more than 50% (from 4,707 in 2013 to 7,145 in 2015)**



*HIV testing campaign reaches thousands of motorcycle taxi riders in Nairobi © NACC*

▲ ***There is a need to fast track interventions to stem increase in new HIV infections in hotspots***

## Reducing new HIV infections among adults

The country has made significant progress on reducing HIV infections among adults through different service delivery areas on biomedical, behavioural and structural interventions. Specifically, there was a significant increase in the number of people counselled and tested for HIV; proportion of men and women who used condoms; number of males on voluntary medical male circumcision and provision of post exposure prophylaxis for those who reported sexual violence among others. There was also impressive progress on HIV testing and counseling at County levels. The achievements realized in each of the intervention areas is summarized in Table 5.

**Table 5: Progress made in reducing new HIV infections among adults**

Intervention Area	Progress
Policy interventions	<p>Policy documents launched between 2013-2015</p> <ul style="list-style-type: none"> <li>• Kenya AIDS Strategic Framework</li> <li>• Kenya HIV Prevention Revolution Roadmap</li> <li>• Kenya's Fast-track Plan to end HIV and AIDS among Adolescents and Young People</li> <li>• The Kenya HIV Testing Services Guidelines 2015 (revised)</li> <li>• National Plan for Accelerating HIV Care and Treatment</li> <li>• HIV Treatment and Care Guidelines (revised)</li> </ul>
HIV voluntary counseling and Testing	<ul style="list-style-type: none"> <li>• The number of people counselled, tested and received HIV results has significantly increased and is projected to reach over 10 million people in 2017</li> </ul> <p>Source: Program Data</p>
Condoms promotion	<ul style="list-style-type: none"> <li>• Multiple sexual partners and condom use</li> </ul> <p>Sources: KDHS 2008/09; KDHS 2014</p>
Voluntary medical male circumcision	<ul style="list-style-type: none"> <li>• The number of annual VMMC males circumcised (15-49)</li> </ul> <ul style="list-style-type: none"> <li>• Kenya surpassed VMMC target of 80% (860,000) in 2014</li> </ul>

Intervention Area	Progress																		
Comprehensive coverage of prevention programmes for key population	<p>Coverage of services for key populations programmes</p> <ul style="list-style-type: none"> <li>Female sex workers           <table border="0"> <tr> <td>2015</td> <td></td> <td>67%</td> </tr> <tr> <td>2013</td> <td></td> <td>70%</td> </tr> </table> </li> <li>Men who have sex with men           <table border="0"> <tr> <td>2015</td> <td></td> <td>69%</td> </tr> <tr> <td>2013</td> <td></td> <td>55%</td> </tr> </table> </li> <li>People Who Inject Drugs           <table border="0"> <tr> <td>2015</td> <td></td> <td>74%</td> </tr> <tr> <td>2013</td> <td></td> <td>24%</td> </tr> </table> </li> </ul> <p><i>Sources: PBS report 2015</i></p>	2015		67%	2013		70%	2015		69%	2013		55%	2015		74%	2013		24%
2015		67%																	
2013		70%																	
2015		69%																	
2013		55%																	
2015		74%																	
2013		24%																	
Delay in Sexual Debut	<ul style="list-style-type: none"> <li>Percentage of young people 15-24 who had sexual intercourse before age 15           <table border="0"> <tr> <td></td> <td>2014</td> <td></td> <td>12%</td> </tr> <tr> <td></td> <td>2008</td> <td></td> <td>11%</td> </tr> <tr> <td></td> <td>2014</td> <td></td> <td>21%</td> </tr> <tr> <td></td> <td>2008</td> <td></td> <td>22%</td> </tr> </table> </li> </ul> <p><i>Sources: KDHS 2008/09; KDHS 2014</i></p>		2014		12%		2008		11%		2014		21%		2008		22%		
	2014		12%																
	2008		11%																
	2014		21%																
	2008		22%																
Reducing Multiple sexual partners	<ul style="list-style-type: none"> <li>Percentage of those aged 15-49 years who had multiple sexual partners           <table border="0"> <tr> <td></td> <td>2014</td> <td></td> <td>3.7%</td> </tr> <tr> <td></td> <td>2008</td> <td></td> <td>7.1%</td> </tr> <tr> <td></td> <td>2014</td> <td></td> <td>12.7%</td> </tr> <tr> <td></td> <td>2008</td> <td></td> <td>14.7%</td> </tr> </table> </li> </ul>		2014		3.7%		2008		7.1%		2014		12.7%		2008		14.7%		
	2014		3.7%																
	2008		7.1%																
	2014		12.7%																
	2008		14.7%																
Knowledge on HIV prevention	<ul style="list-style-type: none"> <li>Percentage of those aged 15-24 years with knowledge of HIV prevention           <table border="0"> <tr> <td></td> <td>2014</td> <td></td> <td>73%</td> </tr> <tr> <td></td> <td>2008</td> <td></td> <td>48%</td> </tr> <tr> <td></td> <td>2014</td> <td></td> <td>82%</td> </tr> <tr> <td></td> <td>2008</td> <td></td> <td>55%</td> </tr> </table> </li> </ul>		2014		73%		2008		48%		2014		82%		2008		55%		
	2014		73%																
	2008		48%																
	2014		82%																
	2008		55%																
Keeping Girls in school (transition to High school - Higher learning)	<ul style="list-style-type: none"> <li>Increased provision of sanitary towels</li> <li>Enhanced return to school policy for young mothers</li> <li>University admissions policy with lowered entry points for girls enhanced</li> <li>Enhanced campaigns against female genital mutilations (FGM), that encouraged early marriages and early pregnancies</li> </ul>																		
Cash transfer to Reduce vulnerabilities	<ul style="list-style-type: none"> <li>Provision of regular and predictable cash transfers to poor and vulnerable households           <table border="0"> <tr> <td>2015</td> <td></td> <td>240,000</td> </tr> <tr> <td>2011</td> <td></td> <td>135,000</td> </tr> </table> </li> </ul>	2015		240,000	2011		135,000												
2015		240,000																	
2011		135,000																	
<p style="text-align: center;"> <b>In 2015 the cash transfer reached close to 500,000 orphans and vulnerable children</b></p> <p style="text-align: center;"><i>Source: National Social Protection Secretariat, Kenya</i></p>																			



## Elimination of new HIV infections among children

Kenya reduced number of new HIV infections among children by 49% between 2013 and 2015. More than half (24) of the 47 counties significantly reduced their new HIV infections among children. This progress is marked against the country's ambitious national framework to eliminate new HIV infections among children as well as substantially reduce AIDS-related maternal deaths by the end of 2015.

<b>TARGETS</b>	<ul style="list-style-type: none"> <li>• Reduce number of new child HIV infections by 90%</li> <li>• Reduce HIV-attributable deaths among infants and children &lt;5yrs by 50%</li> <li>• Reduce HIV incidence in women of Reproductive Age (15-49 yrs) by 50%</li> <li>• Eliminate unmet FP need among all women (especially HIV positive women)</li> <li>• Reduce HIV-related maternal deaths up to 12 months postpartum by 90%</li> </ul>
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**Table 6: Progress made in elimination of Mother-To-Child transmission (eMTCT)**

Intervention Area	Progress
Elimination of Mother-To-Child transmission (eMTCT)	<ul style="list-style-type: none"> <li>• High level championship of the First Lady of the Republic of Kenya H.E. Margaret Kenyatta through Beyond Zero Campaign</li> <li>• County investments in eMTCT</li> <li>• The County leadership in stock taking meetings and vibrant campaign dubbed bring back the women and children increased accountability and accelerated progress.</li> <li>• Free maternity services</li> <li>• Introduction of option B+ in Kenya</li> </ul>



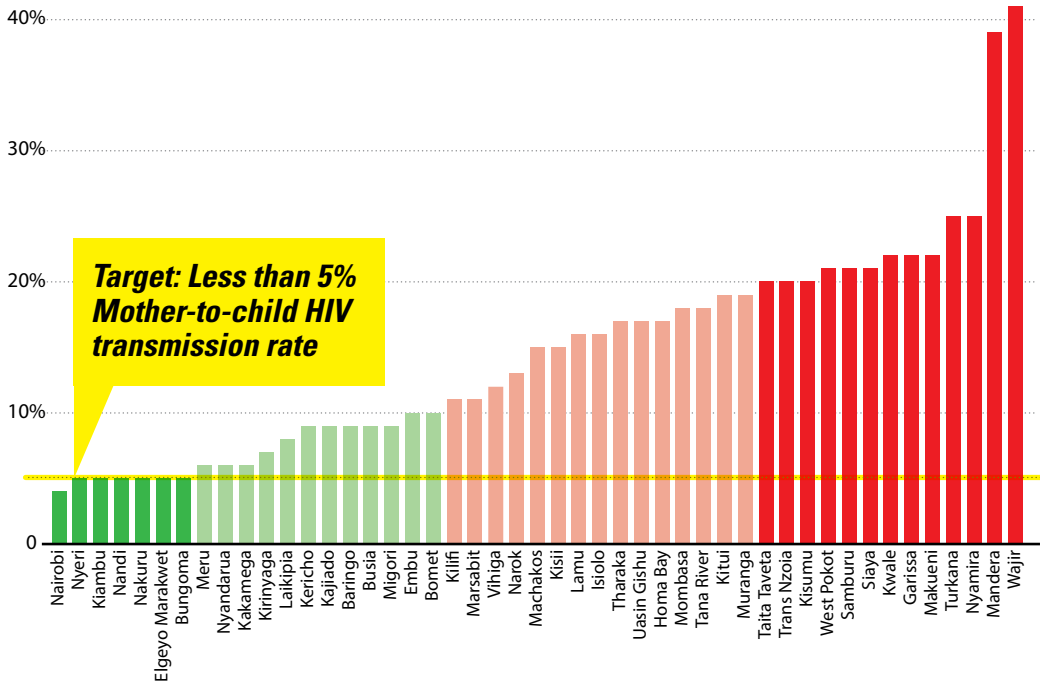
*H.E The First Lady Margaret Kenyatta (Right) hands over Beyond Zero Mobile Clinic to H.E John Mruttu Governor Taita Taveta County at Wundanyi. © NACC*

▲ **24 of the 47 Counties reduced new HIV infections among children**

▲ **60% of new HIV infections among children in 2015 were from mothers diagnosed late in pregnancy or while attending post natal services**

*(NAS COP 2016 Service Quality Assessment Report)*

**Figure 3: Mother-to-Child HIV Transmission (MTCT) rates in 2015 by Counties**



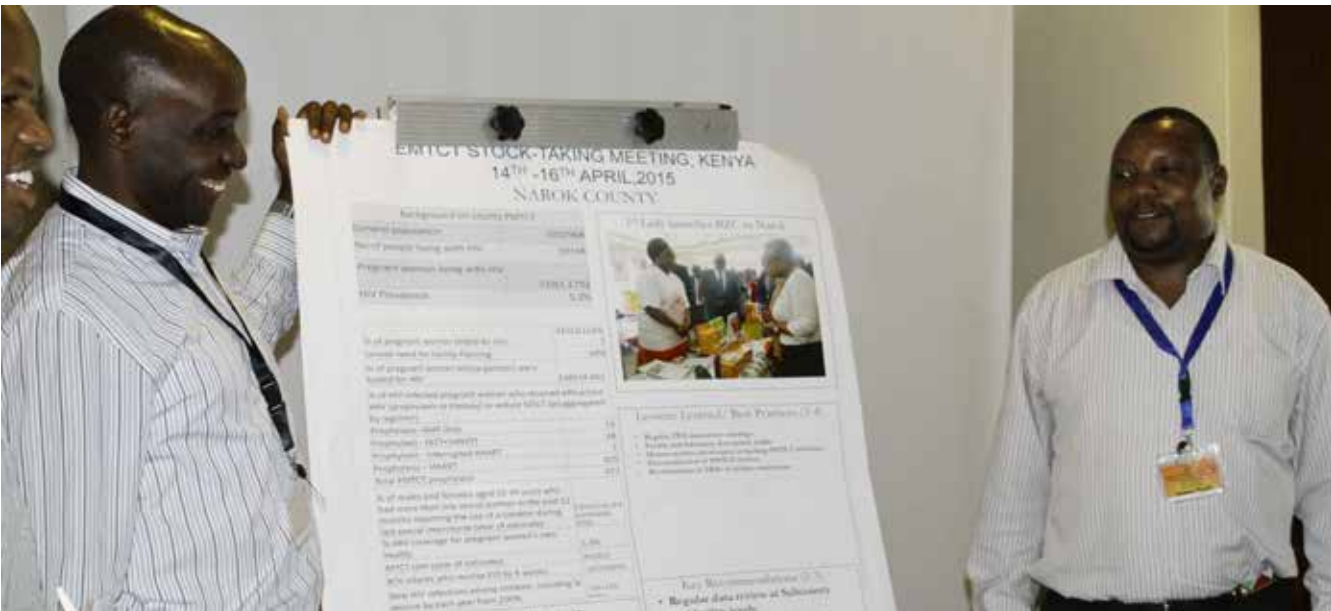
▲ **7 of the 47 Counties have achieved the target of Less than 5% Mother-to-child HIV transmission rate ahead of the 2019 target**

Nairobi, Nyeri, Kiambu, Nandi, Nakuru, Elgeyo Marakwet, Bungoma

▲ **Overall, 24 counties reduced HIV infections among children with Kisii, Nyamira and Migori counties being top three**

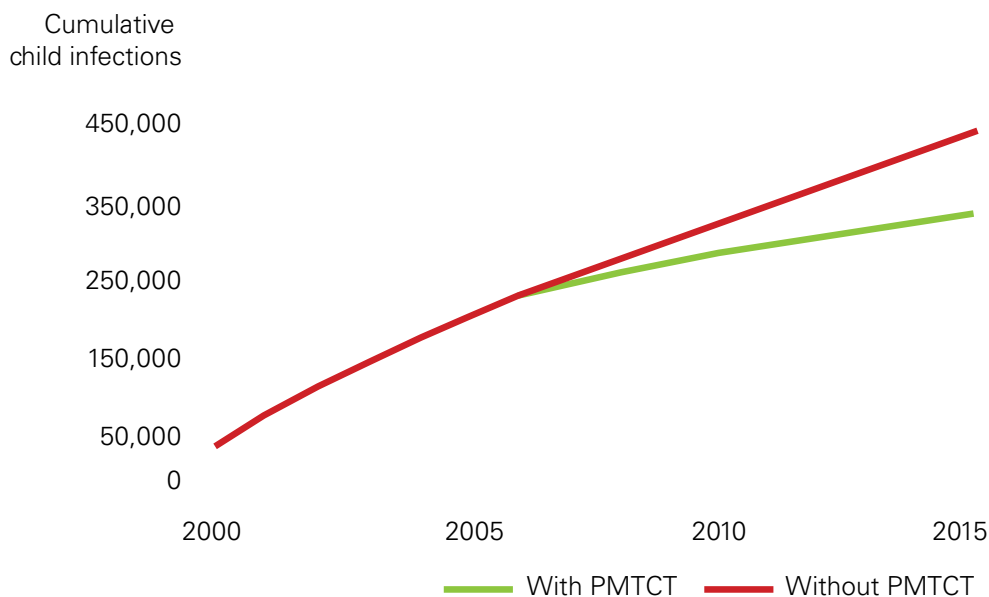
▲ **In 9 counties (Kitui, Kwale, Kilifi, Marsabit, Garissa, Mandera, Lamu, Tana River and Wajir) HIV infection among children increased over hundred fold (Table 6)**





Participants discuss during the eMTCT Stock -Taking Meeting in April 2015 © NACC

**Figure 4: Impact of PMTCT**






















**▲ 97,400 child HIV infections have been averted due to PMTCT scale up in 2013 through to 2015**

**Table 7: Percentage Change on New HIV infections among children by county, 2013 and 2015**

County	New HIV infections 2013	New HIV infections 2015	Percentage change on new infections
Kisii	1,085	214	-80%
Nyamira	455	153	-66%
Migori	1,506	527	-65%
Siaya	2,190	796	-64%
Homa Bay	2,724	996	-63%
Kisumu	2,296	909	-60%
Muranga	65	29	-55%
Nyeri	43	20	-53%
Nyandarua	29	14	-52%
Bomet	90	45	-50%
Kirinyaga	26	13	-50%
Samburu	22	12	-45%
Turkana	144	90	-38%
Baringo	34	22	-35%
West Pokot	28	19	-32%
Kakamega	173	119	-31%
Narok	87	64	-26%
Nandi	60	45	-25%
Bungoma	93	71	-24%
Kiambu	96	76	-21%
Nairobi	316	262	-17%
Nakuru	199	165	-17%
Laikipia	33	31	-6%
Elgeyo Marakwet	19	18	-5%
Kajiado	74	81	+9%
Kericho	58	66	+14%
Uasin Gishu	92	107	+16%
Trans Nzoia	90	105	+17%
Vihiga	35	45	+29%
Busia	58	90	+55%
Embu	28	44	+57%
Machakos	80	128	+60%
Tharaka	22	36	+64%
Meru	59	102	+73%
Isiolo	8	14	+75%
Makueni	65	115	+77%
Mombasa	171	319	+87%
Taita Taveta	35	69	+97%
Kitui	54	113	+109%
Kwale	66	140	+112%
Kilifi	87	186	+114%
Garissa	14	36	+157%
Marsabit	4	11	+175%
Lamu	5	14	+180%
Mandera	17	48	+182%
Tana River	4	16	+300%
Wajir	2	18	+800%

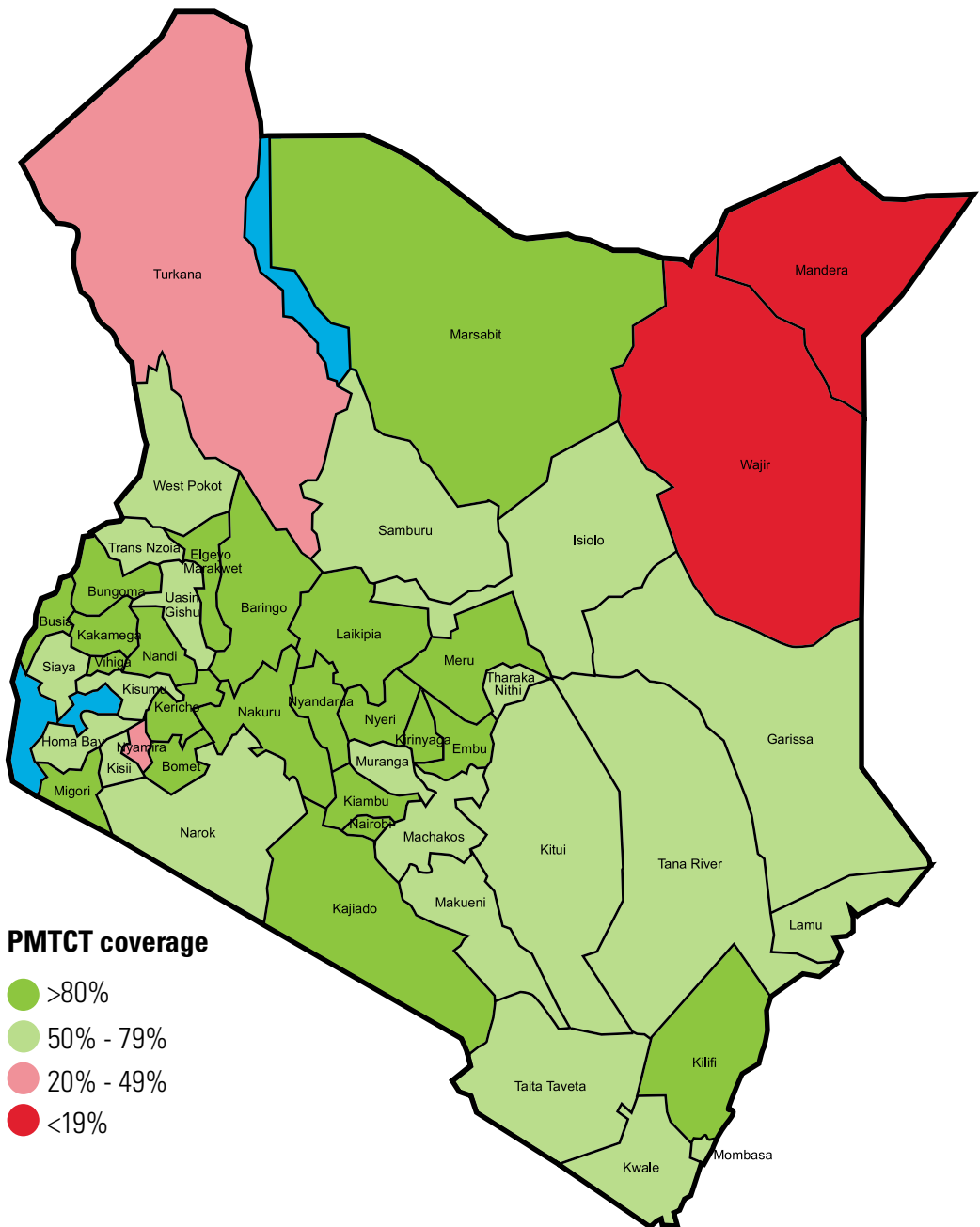
**Table 8: Progress made in eliminating new HIV infections among children**

Intervention Area	Progress
Reduce mother to child transmission rates	Percentage of mother to child transmission rates at 18 months
	2015  8.3
	2013  14
	2012  16
Reduce number of new child HIV infections	Number of new HIV infections among children
	2015  6,613
	2013  12,826
Reduce HIV incidence in women of reproductive age (15-49)	Need for prevention of mother to child transmission services
	2015  79,475
	2013  79,036
Identify HIV positive pregnant women for PMTCT services	Number of HIV positive women identified
	2015  63,778
	2013  76,074
Increase provision of ARVs to pregnant women living with HIV	Number of pregnant women receiving ARVs
	2015  59,253
	2013  52,180
Eliminate unmet FP need among all women (especially HIV positive women)	Unmet need for family planning
	2015  17.5%
	2013  27%
<i>KDHS 2008/9 and KDHS 2014</i>	
Increase skilled birth deliveries	Number of women delivering under skilled attendance
	2015  62%
	2013  44%
<i>KDHS 2008/9 and KDHS 2014</i>	
Increase the coverage for early infant diagnosis for HIV	2015  54,242 (68%)
	2013  51,758 (65%)
	<i>Kenya HIV estimates 2013;2015</i>
Reduce HIV-attributable deaths among children 0-14yrs	2015  5,004
	2013  10,393

**▲ There was a 49% reduction in mother to child HIV transmission between 2013 and 2015**

**▲ 2015 PMTCT coverage improved from 60% in 2013 to 75% by county.**

**Figure 5: PMTCT coverage, 2015**



**▲ 22 counties achieved a PMTCT coverage of 80% or more, out of these, 13 had more than 90% coverage**

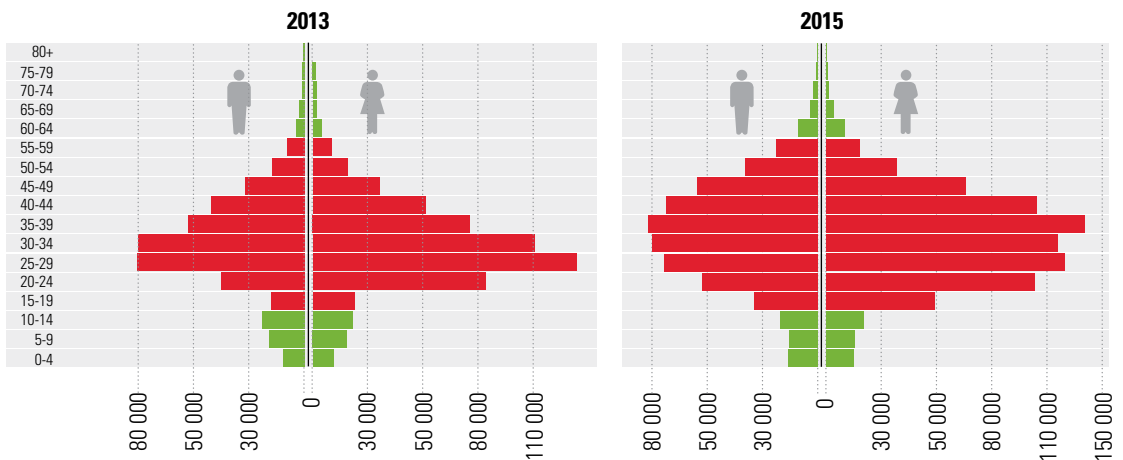
Kenya has the second largest treatment programme in Africa with close to 900,000 people on treatment by end of 2015. This has made the country be recognized globally for her contribution towards the global target of reaching 15 million people living with HIV on ART by 2015.

**TARGETS**

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

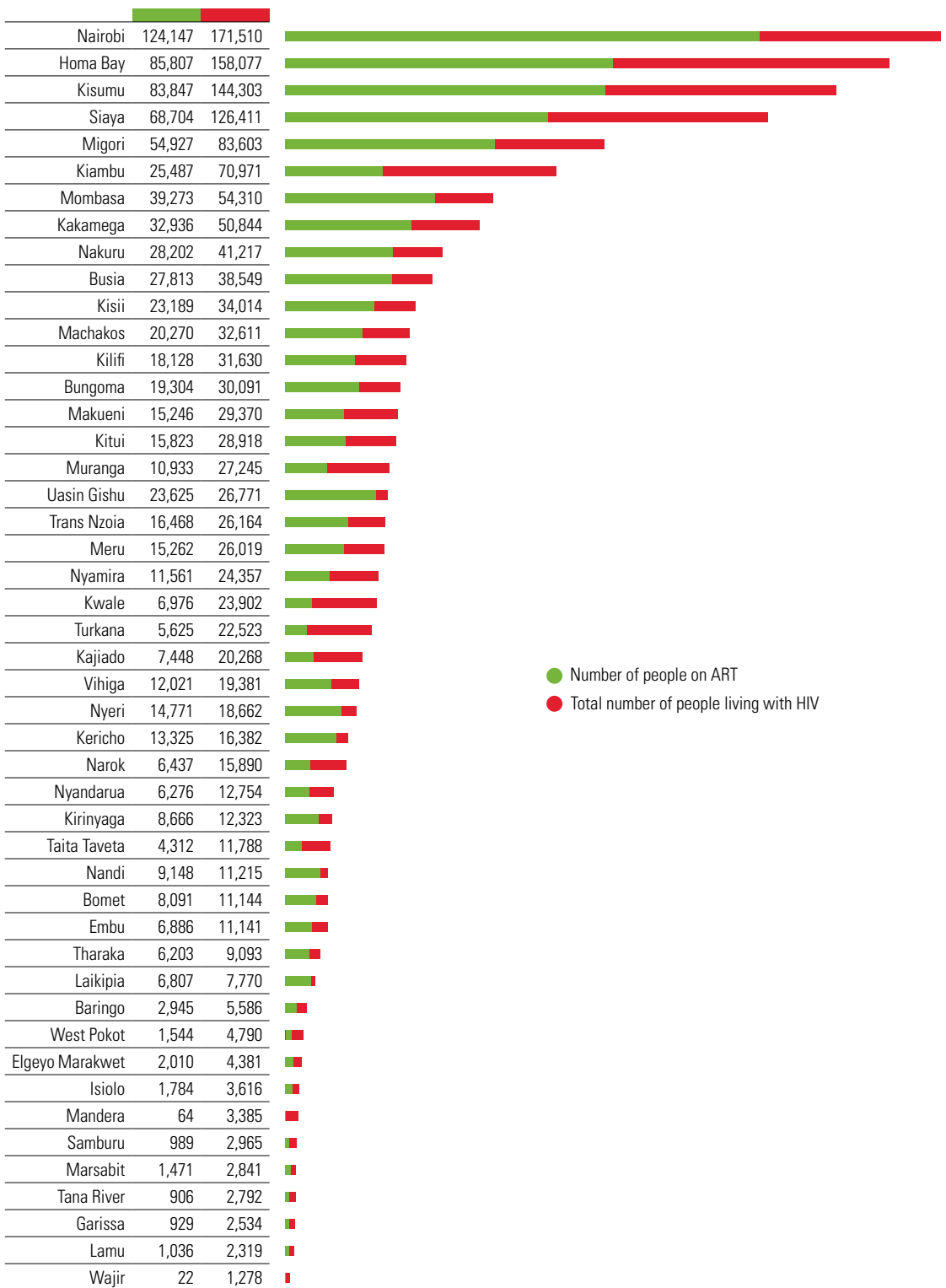


**Figure 6: Number of people living with HIV by age**

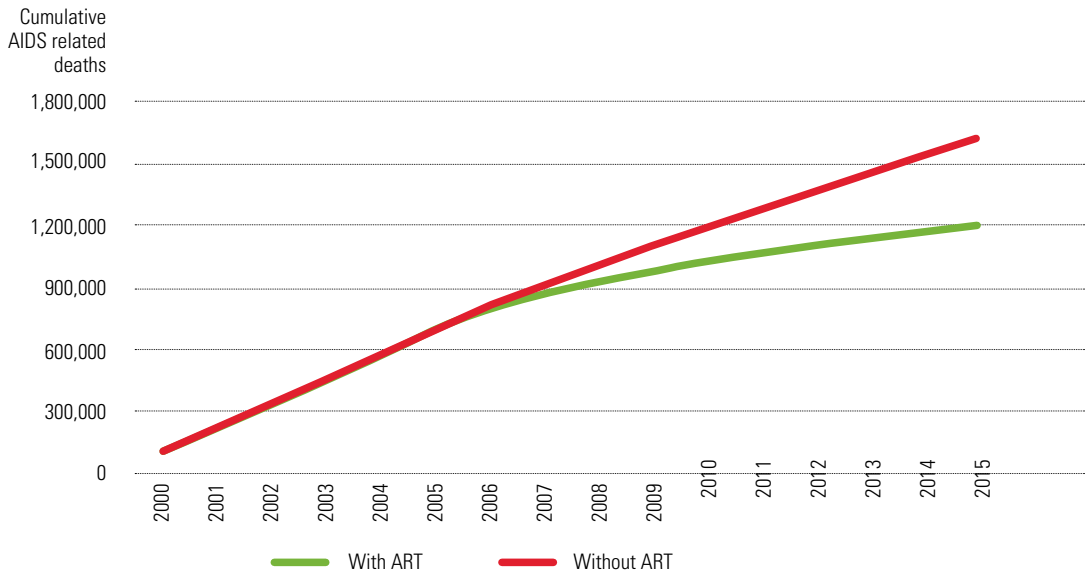


**The distribution of the number of people living with HIV by age is changing over the years with more older people living with HIV**

**Figure 7: Number of people living with HIV compared to number of people on ART by County, 2015**



**Figure 8: Deaths averted by ART**



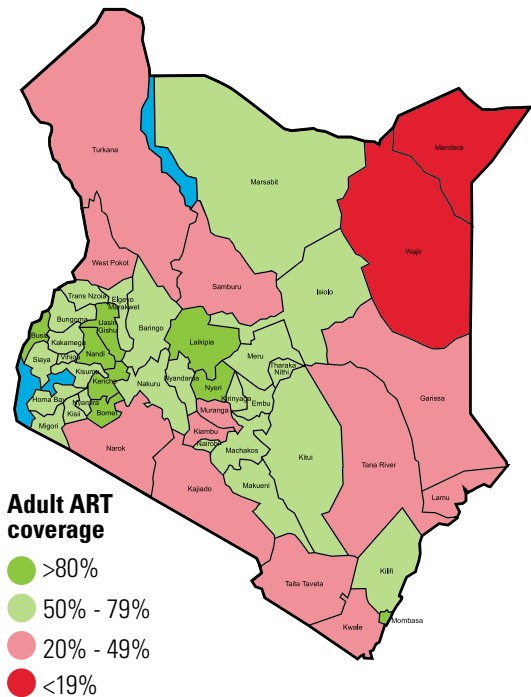
**Approximately 423,000 AIDS deaths have been averted since the scale up of ART in 2014 through to 2015**



*A pharmacist at the Tabitha Medical Clinic poses with some of the ARV medications the clinic dispenses at its on-site pharmacy. ARVs have been pivotal in lengthening the lifespan and quality of life, for those who are living with HIV.  
© 2009 David Snyder, Courtesy of Photoshare*

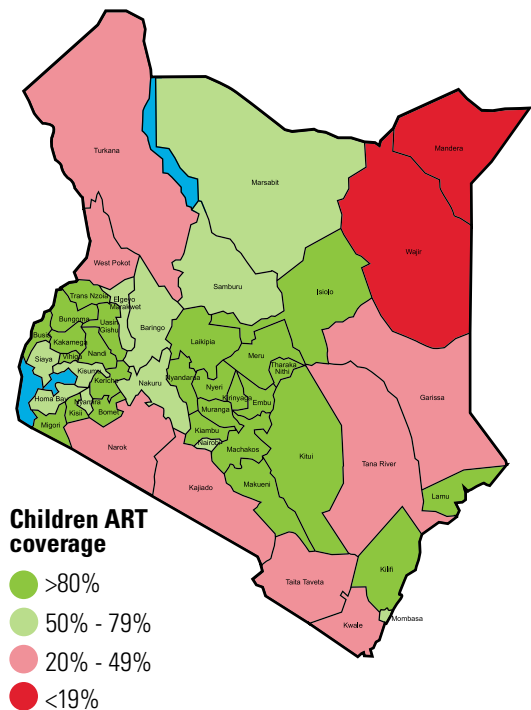
**Figure 9: ART coverage in 2015 among adults (15+ years) by county**

▲ **Kenya has increased the number of people living with HIV on treatment from 656,359 to 897,644 (40% increment between 2013 and 2015)**











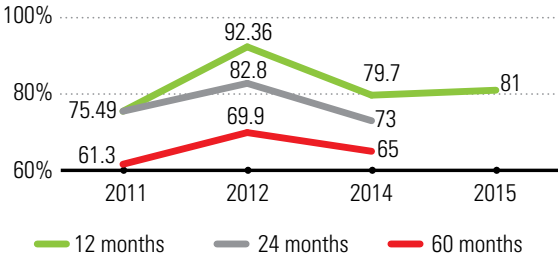




**Figure 10: ART coverage in 2015 among children (0-14 years) by county**

▲ **24 counties achieved child ART coverage of 80% and above. About 16 counties achieved more than 90%**





**Table 9: Progress made in improving health outcomes and wellness of all people living with HIV**

Intervention Area	Progress
Increase in ART treatment	Adults on ART treatment
	2015  897,644
	2013  596,228
	Children on ART treatment
	2015  71,547
	2013  60,141
<i>Source: Kenya HIV estimates 2013;2015</i>	
PMTCT	Pregnant women in need of PMTCT
	2015  79,475
	2013  79,036
	HIV positive pregnant women on PMTCT
	2015  59,214
	2013  55,543
<i>Source: Kenya HIV estimates 2013;2015</i>	
Increased retention on ART	Retention period among people living with HIV known to be on ART treatment after initiating antiretroviral therapy
	
Increased viral suppression	Percentage of people on ART who achieved viral load suppression
	2015  75.4% 2013  43.1% Adults 41.4% • 43.2% children
Reduction of AIDS related deaths	Number of AIDS related deaths
	2015  35,821 2013  58,465
<i>Sources: Kenya HIV estimates 2013 and 2015; KDHS, 2009; 2014</i>	

It's evident that, there was a steady increase in the number of people living with HIV who were put on treatment leading to reduced AIDS related mortality. However, interventions to improve retention in ART and viral suppression are needed.

Overall, there was improvement on the number of HIV positive pregnant women identified and put on prophylaxis to prevent mother to child transmission.

## ART coverage among adults and children

### ART program performance at county level:

The ART county program performance among adults ranged from a low of 2% to 99%. Laikipia, Bomet and Kisii increased their treatment coverage with over 30% (see table 10).

**Table 10: Progress on ART Programme among adults 2013 - 2015 in Counties**

County	2013			2015		
	Need for ART	On ART	ART coverage	Need for ART	On ART	ART coverage
Uasin Gishu	12,223	17,614	144%	22,065	21,912	99%
Laikipia	4,400	2,391	54%	6,404	6,189	97%
Nandi	7,969	6,507	82%	9,243	8,305	90%
Kericho	7,725	9,299	120%	13,502	12,017	89%
Nyeri	10,586	10,471	99%	15,763	13,837	88%
Mombasa	27,168	26,490	98%	44,756	36,657	82%
Bomet	11,930	4,511	38%	9,185	7,353	80%
Busia	10,588	19,398	183%	32,302	25,766	80%
Kisii	28,214	13,629	48%	26,966	21,215	79%
Nairobi	102,103	93,714	92%	148,999	118,022	79%
Kirinyaga	6,441	5,831	91%	10,408	8,090	78%
Nakuru	26,255	16,345	62%	33,971	25,903	76%
Migori	39,147	34,927	89%	66,280	50,390	76%
Tharaka	4,386	4,177	95%	7,528	5,679	75%
Kakamega	31,896	21,014	66%	42,472	29,948	71%
Bungoma	17,164	10,982	64%	25,136	17,526	70%
Trans Nzoia	11,881	6,618	56%	21,564	14,584	68%
Machakos	15,640	11,542	74%	26,998	18,397	68%
Embu	5,540	5,132	93%	9,224	6,275	68%
Kisumu	59,703	62,280	104%	114,403	77,561	68%
Vihiga	6,511	6,324	97%	16,189	10,773	67%
Meru	11,658	9,615	82%	21,541	13,751	64%
Homa Bay	70,837	49,738	70%	125,323	78,466	63%
Kilifi	13,868	9,884	71%	26,055	16,395	63%
Siaya	56,932	46,413	82%	100,218	62,901	63%
Kitui	10,561	9,273	88%	23,941	14,076	59%
Baringo	4,498	2,406	53%	4,604	2,668	58%
Marsabit	866	746	86%	2,352	1,344	57%
Makueni	12,754	9,705	76%	24,315	13,719	56%
Nyamira	11,840	6,886	58%	19,310	10,496	54%
Isiolo	1,616	969	60%	2,994	1,594	53%
Nyandarua	7,281	5,596	77%	10,772	5,669	53%
Elgeyo Marakwet	2,542	978	38%	3,611	1,836	51%
Lamu	739	700	95%	1,911	911	48%
Garissa	1,649	786	48%	1,923	871	45%
Narok	11.49	4,351	38%	13,097	5,814	44%
Muranga	16,074	7,177	45%	23,011	10,007	43%
Taita Taveta	5,570	2,903	52%	9,714	3,945	41%
Kajiado	9,827	5,219	53%	16,705	6,875	41%
Kiambu	23,747	24,104	102%	59,944	23,887	40%
West Pokot	3,667	1,062	29%	3,948	1,407	36%
Tana River	682	660	97%	2301	815	35%
Samburu	2,934	700	24%	2,444	827	34%
Kwale	10,515	3,227	31%	16,697	6,322	32%
Turkana	19,068	3,791	20%	18,563	5,019	27%
Mandera	1,948	77	4%	2,570	62	2%
Wajir	250	66	26%	970	21	2%

\*Greater than 100% means that counties are providing ART to clients from neighboring counties

## ART coverage among children in counties

Majority (93.6%) of the counties made tremendous progress on improving ART coverage among children (0-14) years (Table 11). This showed great efforts made by counties to reach out children living with HIV to access medication for better living conditions. Specifically, 11 counties recorded over 50% of ART coverage whereas 24 counties had 20-49% ART coverage. However, Nairobi, Mandera and Wajir Counties registered negative progress on ART coverage. This needs to be reversed with enhance linkages to service provision for increased outreach of programmes to support more people living with HIV.

**Table 11: Progress on ART Programme among children (0-14 years) 2013 - 2015 in Counties**

County	2013			2015		
	Need for ART	On ART	ART coverage	Need for ART	On ART	ART coverage
Kericho	1,635	832	51%	1,311	1,308	100%
Vihiga	1,357	769	57%	1,251	1,248	100%
Laikipia	931	161	17%	622	618	99%
Kitui	1,994	1,269	64%	1,792	1,747	97%
Kisii	6,068	1,169	19%	2,091	1,974	94%
Nandi	1,687	664	39%	897	843	94%
Meru	2,201	1,052	48%	1,613	1,511	94%
Machakos	2,953	1,609	55%	2,021	1,873	93%
Tharaka	828	538	65%	564	524	93%
Bungoma	3,578	1,140	32%	1,942	1,778	92%
Muranga	2,058	656	32%	1,011	926	92%
Nyandarua	932	592	64%	663	607	92%
Kiambu	3,041	2,011	66%	1,747	1,600	92%
Kirinyaga	825	559	68%	629	576	92%
Nyeri	1,355	924	68%	1,020	934	92%
Kakamega	6,648	2,224	33%	3,281	2,988	91%
Trans Nzoia	2,515	725	29%	2,094	1,884	90%
Migori	8,419	3,136	37%	5,139	4,537	88%
Embu	1,046	513	49%	691	611	88%
Isiolo	305	92	30%	224	190	85%
Makueni	2,408	1,480	61%	1,820	1,527	84%
Bomet	2,525	407	16%	892	738	83%
Busia	2,207	1,657	75%	2,488	2,047	82%
Kilifi	2,459	1,087	44%	2,138	1,733	81%
Lamu	131	80	61%	157	125	80%
Uasin Gishu	2,587	1,895	73%	2,142	1,713	80%
Homa Bay	15,235	6,331	42%	9,716	7,341	76%
Siaya	12,244	5,285	43%	7,770	5,803	75%
Nairobi	9,398	6,988	74%	8,336	6,125	73%
Marsabit	163	93	57%	176	127	72%
Nyamira	2,546	972	38%	1,497	1,065	71%
Mombasa	4,817	1,995	41%	3,670	2,616	71%
Kisumu	12,840	6,881	54%	8,870	6,286	71%
Nakuru	5,558	1,677	30%	3,298	2,299	70%
Samburu	621	55	9%	237	162	68%
Baringo	952	345	36%	447	277	62%
Elgeyo Marakwet	538	89	17%	351	174	50%
Narok	2,432	296	12%	1,272	623	49%
Tana River	121	31	26%	189	91	48%
Taita Taveta	988	194	20%	797	367	46%
Kwale	1,864	292	16%	1,615	654	40%
West Pokot	776	121	16%	383	137	36%
Kajiado	2,080	372	18%	1,622	573	35%
Turkana	4,036	778	19%	1,802	606	34%
Garissa	755	73	10%	271	58	21%
Mandera	892	27	3%	362	2	1%
Wajir	114	5	4%	137	1	1%


SECTION  
**03**

**STRATEGIC DIRECTION 3: HUMAN RIGHTS BASED APPROACH TO FACILITATE ACCESS TO SERVICES**

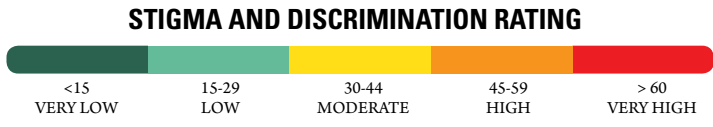
Kenya has demonstrated commitment in providing an enabling legal, social and policy environment at the national and county level to reduce barriers to health services for people living HIV. The country established the first HIV tribunal in the world to increase access to justice related to HIV issues. In addition, the country has mounted country wide anti-stigma campaigns targeting the general population and the youth.

**TARGETS**

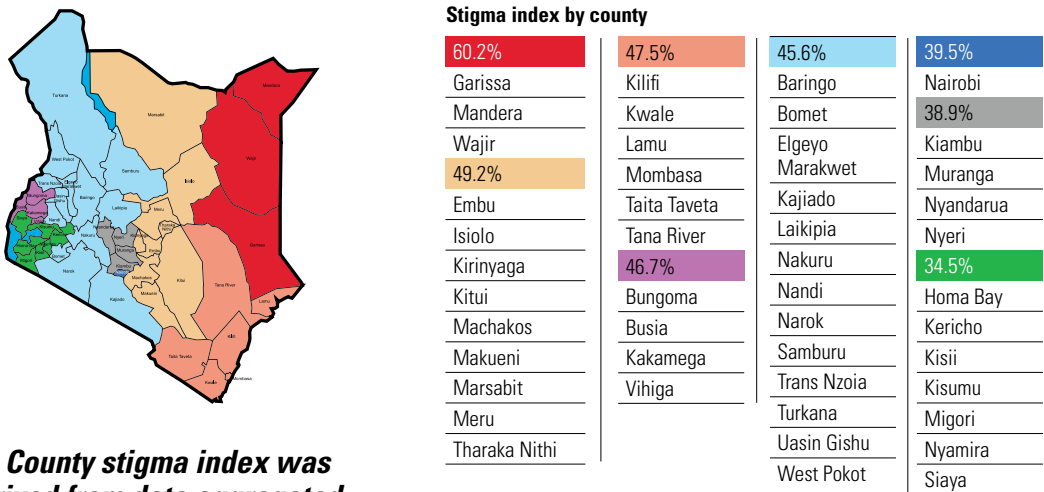
- Reduced self-reported stigma and discrimination related to HIV and AIDS by 50%
- Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 50%
- Increased protection of human rights and improved access to justice for PLHIV, key populations and other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



In 2014, the country estimated a baseline high stigma index of 45% derived from five (5) key indicators: Fear of non-invasive contact with PLHIV; Values targeting shame, blame and judgement; Enacted stigma; Disclosure and impact. Indicators used for the Stigma and discrimination Index (SDI) were each scored on a 100-point scale. Based on their overall scores, individual categories of SDI were then calculated and rated on a scale of 1 to 100.














**Figure 11: HIV Stigma Index in 2014 by counties**



**County stigma index was derived from data aggregated into regional clusters**

Source: The National HIV and AIDS Stigma and Discrimination Index Summary Report

**Table 12: Progress made in promoting Human rights based approach to facilitate access to services**

Intervention Areas	Status and progress
Policy interventions	Key population policy developed and launched to guide HIV programming among the Key population.
Increase in access to justice for people living with HIV	<p>Since its establishment in 2009, The HIV and AIDS Tribunal have reviewed about 60 cases where people were discriminated for being HIV positive in Kenya</p> <p style="text-align: center;">                     People found guilty of ill-treating people living with HIV  20                      Cases arbitrated by the tribunal  45                      Cases reviewed  60                 </p> <p>Tribunal has continued to educate people on measures to reduce HIV-related stigma and discrimination at the workplace and community at large.</p> <p><i>Source: HIV tribunal records, 2014</i></p>
Decrease in intimate partner violence	<p>Percentage of women aged 15-49 who have experienced physical and sexual violence from an intimate partner</p> <p>2014  47.4%                      2008  45%</p> <p><i>Source: KDHS 2008-09; KDHS 2014</i></p>
Reduction of HIV and AIDS related stigma level	<p>Percentage of adults expressing accepting attitudes towards people living with HIV</p> <p> 2014  44%                      2008  48%</p> <p> 2014  26%                      2008  33%</p> <p><i>Sources: KDHS 2008; KDHS 2014</i></p>

**▲ The HIV related anti-stigma campaign “Sasa Hivi” spearheaded by H.E. the President of the republic of Kenya is addressing stigma and discrimination towards people living with HIV**



H.E President Uhuru Kenyatta in a group photo with partners during the launch of the All in Campaign in 2014 at K.I.C.C © NACC



**Kenya has continued to invest more on HIV and AIDS response in order to combat its spread and save lives**

Commemoration of World AIDS Day 2015 © NACC









The Stigma Index Survey and the Kenya Demographic and Health Surveys have shown high stigma levels of above 45% which has affected demand and utilization of HIV related services. The development, launch and subsequent implementation of the Fast Track Plan to End HIV among the adolescents and young people targets to address HIV related stigma more so among young people aged 15-24 who are most affected. In response, the Ministry of Health through National AIDS Control Council has initiated country wide anti-stigma campaigns using various channels and with support from key implementing and development partners.



This strategic direction focused on improving health workforce for the HIV response at both county and national levels by 40%; increase the number of health facilities ready to provide KEPH-defined HIV and AIDS services from 67% to 90 %; strengthening HIV commodity management through effective and efficient management of medicine and medical products as well as strengthening community-level AIDS competency.

<b>TARGETS</b>	<ul style="list-style-type: none"> <li>Improved health workforce for the HIV response at both county and national levels by 40%</li> <li>Increased number of health facilities ready to provide KEPH-defined HIV and AIDS services from 67% to 90%</li> <li>Strengthened HIV commodity management through effective and efficient management of medicine and medical products</li> <li>Strengthened community-level AIDS competency</li> </ul>
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**Table 13: Progress made in strengthening integration of health and community systems**

Intervention areas	Status and progress
Strengthening service delivery systems	<div style="display: flex; align-items: center; gap: 20px;">  <div> <p>2013: Different HIV/ART commodity pipelines</p> </div>  <div> <p>2015: One National commodity pipeline through KEMSA with enhanced planning and reduced stockout</p> </div> </div>
Improving access to and promote rational use of quality essential health products and technologies	<p>The logistical management Information system strengthened under KEMSA to manage health commodities and products</p>
Strengthen community and workplace service delivery system at national and county level for the provision of HIV prevention, treatment and care services	<p>The number of community based organizations delivering non-biomedical services for HIV according to national and internally acceptable service delivery standards</p> <div style="margin-left: 20px;"> <p>2015  15,400</p> <p>2014  7,000</p> </div> <p>Submission of timely, complete, and accurate reports according to guidelines by community-based organizations</p> <div style="margin-left: 20px;"> <p>2015  59.6%</p> <p>2014  47%</p> </div> <p><small>Source: COBPAR Database</small></p> <p>The number of organisations reporting through the HIV Implementing Partners Reporting System (HIPORS) has increased drastically by 2015</p> <div style="margin-left: 20px;"> <p>2015  310</p> <p>2014  0</p> </div>

The linkage between Health facilities and the Community need to be strengthened in order to enhance patient monitoring even outside the health facilities. Over the review period, no health facility experienced stock out for ARV's. The Logistical Management Information System was improved to manage the medical products and commodities.



SECTION  
**05**

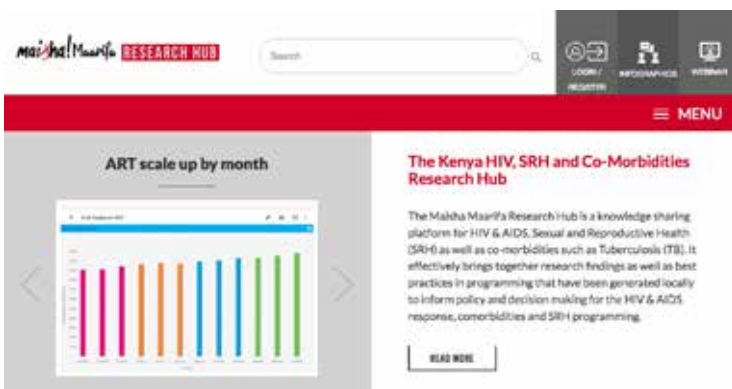
**STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT TO MEET KASF GOALS**

This primarily focused on increasing evidence-based planning, programming and policy changes by 50%; increasing implementation of research on the identified KASF related HIV priorities by 50%; and increase capacity to conduct HIV research at country and county levels by 10%.

- TARGETS**
- Increased evidence-based planning, programming and policy changes by 50%
  - Increased implementation of research on the identified KASF-related HIV priorities by 50%
  - Increased capacity to conduct HIV research at country and county levels by 10%

**Table 14: Progress made in Strengthening Research, Innovation and Information management to meet KASF goals**

Intervention areas	Status and progress
Policy intervention	A costed Research Agenda developed, launched and disseminated
Resource and implement an HIV research agenda	<p>Kenya AIDS Research Coordination Mechanism reconstituted</p> <p>MAISHA Maarifa Research online hub for HIV, Sexual Reproductive Health and co-morbidities established as repository and interactive platform (<a href="http://www.maishamaarifa.or.ke">www.maishamaarifa.or.ke</a>)</p> <p>Research evidence available in one stop shop for the public</p> <p>2015  615 2013  0</p>



**Maisha Maarifa Research hub targets to increase evidence-based planning, programming and policy changes in the HIV program**

Screenshot of the Maisha Maarifa webplatform © NACC



## STRATEGIC DIRECTION 6: PROMOTE UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION TO ENHANCE PROGRAMMING

This strategic direction aims at: increasing availability of strategic information to inform HIV response at national and county level; implementing and disseminating planned evaluations, reviews and surveys; establishing M&E information Hubs at national and county levels; and providing comprehensive information package on key KASF indicators for decision making.

### TARGETS

- Increased availability of strategic information to inform HIV response at national and county level
- Planned evaluations, reviews and surveys implemented and results disseminated in timely manner
- M&E Information Hubs Established at National Level and County Levels and providing comprehensive information package on key KASF Indicators for decision making

**Table 15: Progress made in promoting utilization of Strategic Information for Research, Monitoring and Evaluation to enhance programming**

Intervention areas	Status and progress
Strengthen M&E capacity to effectively track the KASF performance and HIV epidemic	<p>Development of the Kenya HIV M&amp;E framework</p> <p>Developed strategic information for HIV program that resulted in Strengthening of the M&amp;E/SI Coordination Committees</p> <p><i>Source: National AIDS Control Council</i></p>
Ensure harmonized, timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data at national and county levels	<p>Development of MAISHA Certification System to track workplace program on HIV, it linked to the government performance contracting process and monitors HIV prevention activities carried out by public sector institutions including the counties.</p> <p>Revision of the Community Programme Activity Reporting tool</p> <p>Development of HIV Implementing Partners Online Reporting System (HIPORS) to enhance accountability among the NGOs</p> <p>Generation of annual HIV estimates that provide key data set that informs program planning, implementation and evaluation.</p> <p>Generated and submitted in a timely manner all the annual Global AIDS Response Progress Report in line with UNAIDS guidelines.</p> <p>Developed the 2014 and 2016 Kenya HIV County Profile reports to support the counties in HIV program planning, implementation, target setting and monitoring.</p> <p>Revision of MoH tracking tools to facilitate capturing of age and sub-population specific data. The roll out of the revised tools is ongoing in all the counties.</p> <p><i>Source: National AIDS Control Council</i></p>
Establish multi-sectoral and integrated real time HIV platform to provide updates on HIV epidemic response accountability	<p>2013: 5 different sources of national data used for decision making</p> <p>2015: Data integration with 5 subsystems feeding into one decision making platform (the HIV Situation Room)</p>







Establishment and launch of the Kenya HIV Situation Room has provided a dashboard that integrates data from most of the HIV related data subsystems and at the same time afforded the country opportunity to achieve one country level M&E system. This has enabled timely and accurate reporting by the implementing and development partners. This has availed high quality strategic information to inform planning, implementation and evaluation of the HIV program in Kenya.

Funding for the HIV response in Kenya remains a significant challenge that needs to be addressed in order to provide scalable integrated health services for the vulnerable populations. Although the government allocation towards HIV response had more than doubled under the KNASP III implementation period –rising from USD 57.49 million in 2006/07 to USD 153 million in 2012/13, there remains a sustainability challenge for the response.

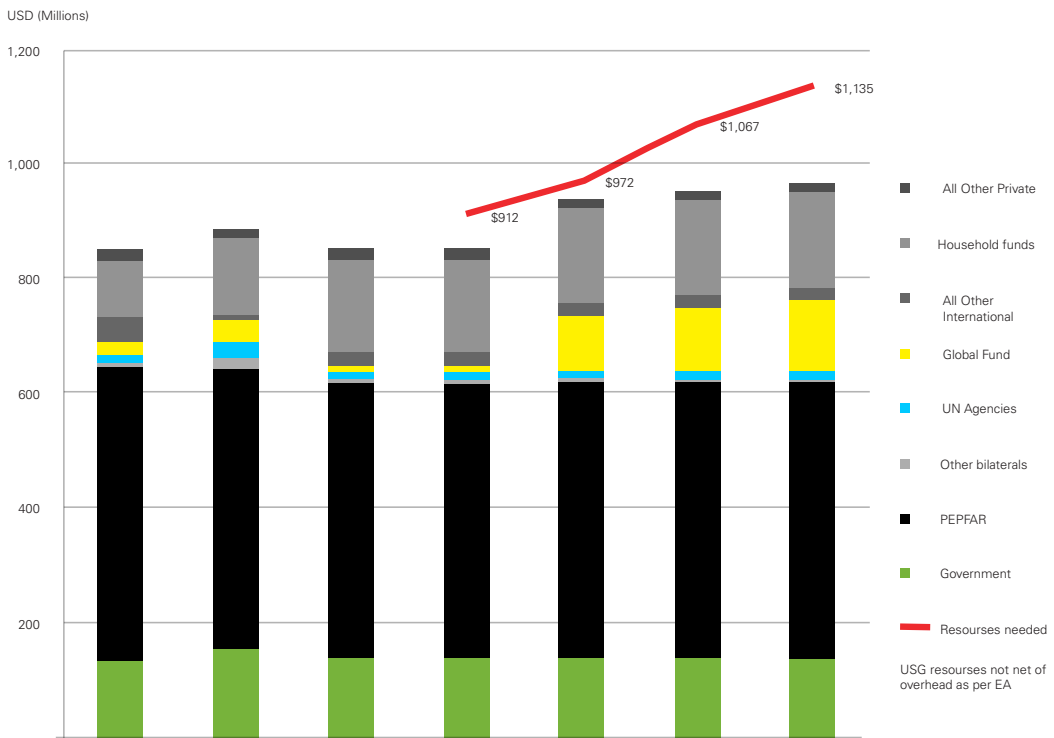
**TARGETS**

- Increased domestic financing for HIV response to 50%

**Table 16: Progress made in HIV program financing**

Intervention areas	Status and progress
Policy intervention	<p>Gap analysis report for HIV response at national and county level</p> <p>Cost for establishment of a sustainable HIV and priority NCDs investment fund structure in line with draft sessional paper of 2013.</p> <p>Development of Research financing strategy.</p>
Government contribution to HIV program	<p>Government contribution in kenyan shillings (billions)</p> <p>2016/2017  2,8 billion</p> <p>2015/2016  2,6 billion</p> <p>GoK contribution in kenyan shillings for 2014/2015-2016/2017 is approximately 5.8 billion (including recurrent costs for AIDS programme)</p> <p>Government contribution share of total HIV reponse</p> <p>2015  25%</p> <p>2013  17%</p> <p><i>Source: National AIDS Control Council</i></p>
HIV commodity gap	<p>Need and funding levels for HIV commodity (Million USD)</p> <p>2016/2017  223</p> <p>174</p> <p>2015/2016  200</p> <p>174</p> <p>● Need ● Funding</p> <p><i>Source: National AIDS Control Council</i></p>

**Figure 12: Sources of HIV funding and funding gap**



Consequently, the dwindling resources available from development partners for HIV programming calls for smarter investments of every shilling where it will have the greatest impact and in a most efficient way. This coupled with the global agenda of shared responsibility and commitment to end the AIDS epidemic and achieve UHC and the rebasing of the Kenyan economy to LMIC, has implications on Kenya’s requirements for counterpart financing in terms of commodities and drugs, existing and future financing agreements.

**▲ Reduced resources globally calls for smarter investments of every shilling where it will have the greatest impact and in a most efficient way.**

During the period under review, Kenya continued to invest more resources in the HIV response in order to combat its spread and save lives. Notably, the following achievements were made:

### Government contribution at the National Treasury for HIV

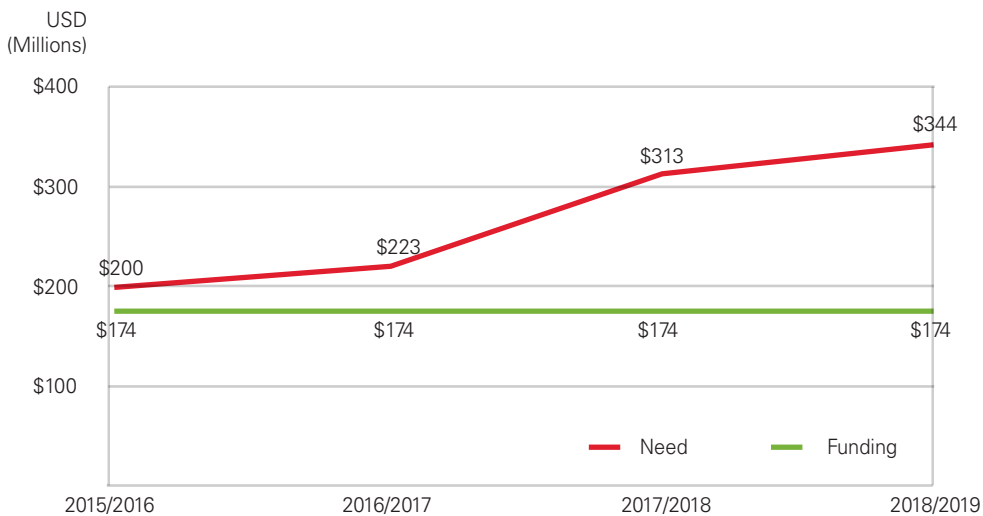
The National HIV and AIDS Resource Needs for 2015/2016 was USD 315.27 Million. In 2013, out of the total contribution to the HIV response, government contribution was 17%. In 2015, the Government contribution was 25% leading to an 8% increase in domestic financing for a sustainable response.

### HIV Commodities

The current costs of HIV related commodities including HIV test kits, ARVs, laboratory agents is approximately Ksh.22 billion in the financial year 2016/17 and set to rise to Ksh34 billion by 2018/19.

The urgency of increase manufacturing capacity of quality drugs by African countries, to promote the use of science and technology is captured in the African Union road map on shared responsibility and Global solidarity for AIDS, TB and Malaria Response and was deliberated at the sustainable financing meeting in the East African Community in July 2016.

**Figure 13: HIV Commodities Gap, needs and funding by year**



Source: Resource GAP Analysis Report

**The gap is widening as we move to test and treat (90-90-90 strategy)**



*Co-Chair and Founder of Bill and Melinda Gates, Mr. Bill Gates (Right) with Dr. Nduku Kilonzo NACC Director, on the sidelines of IAS Conference 2016 in Durban South Africa. ©International AIDS Society/Rogan Ward*

During the period under review the Government reduced incident stock-outs of ARVs and other commodities in health facilities through adoption of one national commodity pipeline. Kenya successfully applied for funding through Global Fund using the new funding model. **USD 259 Millions was granted and signed off by National treasury** and is currently being disbursed to support ARVs, Test kits and HIV Prevention programmes. This program is being implemented through a partnership between public sector and civil society.

#### **Government contribution to the Global Fund**

In the spirit of solidarity and shared responsibility, the Kenyan Government committed USD 5 Million to the Global Fund 5<sup>th</sup> Replenishment. These funds will be invested in prevention and treatment of HIV, TB and Malaria and in building health systems so as to save lives and create more inclusive and thriving communities

#### **Other areas of progress during the period under review include:**

- Probing the feasibility of a path to long term sustainability for the country's HIV response by conducting Actuarial Analysis to assess the viability of offering HIV services as benefits via the NHIF
- Addressing inefficiencies in the 'above service' and 'cross-sectoral' costs of achieving the HIV and AIDS Treatment Coverage targets through national production efficiency study to further understand efficiency of key cost drivers for identification of options for innovative and cost effective interventions that maximize efficiency.
- Establishment of a HIV Financing Committee that is exploring mechanisms for the establishment of a sustainable HIV and priority NCDs investments to cater for long term costs of HIV treatment.
- Facilitation of quantification of county resource needs through undertaking of the Kenya National and County AIDS Spending Assessment Survey.



*ARV drugs supported through President's Emergency Plan For Aids Relief (PEPFAR) support © USAID*

### **Key Considerations into the future**

As Kenya endeavours to scale up HIV related treatment and prevention services, sustainable access to affordable commodities will be critical hence local production of these commodities will become increasingly important requiring establishment of the relevant local production capacities. In addition sustainable financing will be required, for an example it is projected that at least Kenya shillings 17.2 billion would be needed annually for ARVs alone. This is close to 29% of the annual health budget. This is becoming more urgent particularly now that the country has moved to low-middle income (where the country may not be eligible for existing flexibilities under the TRIPS agreement of WHO).

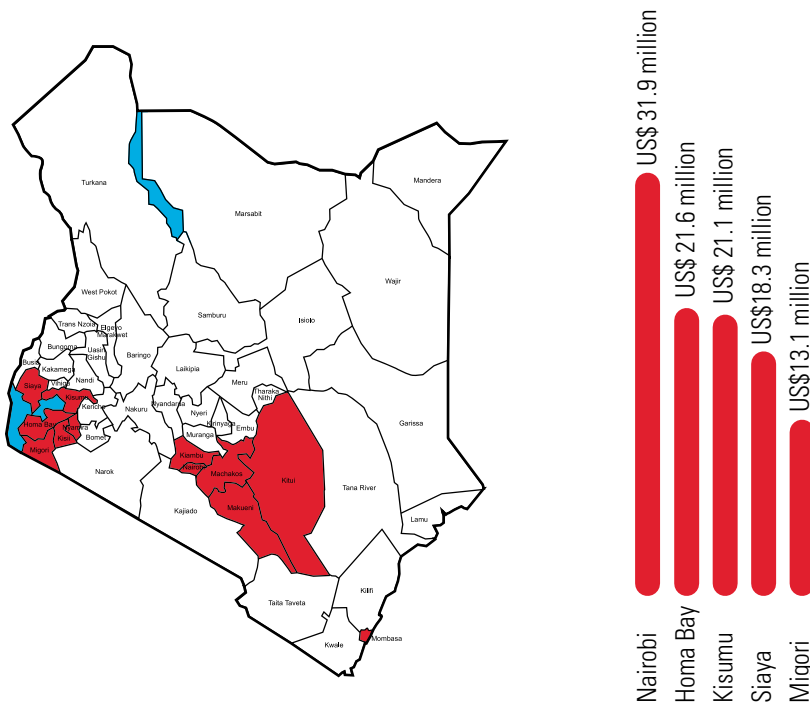
The Government is identifying options for long term financing of these costs through the creation of a Fund that will complement resources from the exchequer. This is becoming more urgent as we move into the middle income bracket where we will lose various flexibilities in the TRIPS agreement. The optimal long-term strategy is to have a national resource envelope that provides resources annually to fund HIV treatment and related health conditions. A HIV fund that supplements exchequer resources is an imperative, to provide funds for the proposed NHIF packages, purchase commodities from local manufacturers, invest in local research and priority interventions.

***▲ The optimal long-term strategy is to have a national resource envelope that provides resources annually***

## County HIV and AIDS Resource needs and gaps

Under maximal efficiency, the annual projected resource need for all the 47 counties based on their HIV burden and incidence is US\$ 597.6 million. Counties on average spend about US\$ 351.7 million on HIV and AIDS programmes. The total resource gap based on five programme areas namely; Key population, HIV testing and Counseling, Voluntary Medical male circumcision, elimination of mother to child transmission of HIV and antiretroviral therapy is US\$ 246 million.

**Figure 14: Five Counties with Highest Resource Gaps**



**Projected resource need for all the 47 counties based on their HIV burden and incidence is US\$ 597.6 million**

**Table 17: County Resource needs and financial gap for HIV and AIDS response for 2015/2016**

County	Need in million US dollars	Uncovered need in million US dollars	Available resources in million US dollars	Financial gap in million US dollars
Baringo	4.0	2.4	2.4	1.6
Bomet	8.5	4.9	5.3	3.3
Bungoma	12.6	7.9	7.1	5.5
Busia	12.1	7.3	7.1	5.1
Elgeyo Marakwet	2.3	1.4	1.4	0.9
Embu	3.8	2.4	2.1	1.7
Garissa	1.7	1.1	0.9	0.7
Homa Bay	59.1	34.3	36.5	22.6
Isiolo	1.0	0.6	0.6	0.4
Kajiado	7.2	4.4	4.2	3.0
Kakamega	21.8	12.7	13.1	8.7
Kericho	6.5	4.0	3.8	2.8
Kiambu	14.3	9.1	8.0	6.3
Kilifi	13.2	8.3	7.4	5.7
Kirinyaga	3.7	2.3	2.1	1.6
Kisii	23.7	13.5	14.4	9.2
Kisumu	55.9	33.4	33.8	22.1
Kitui	7.4	4.4	4.3	3.0
Kwale	8.5	4.9	5.1	3.3
Laikipia	3.8	2.4	2.1	1.7
Lamu	0.7	0.4	0.5	0.3
Machakos	10.5	6.7	5.8	4.7
Makueni	8.5	5.2	4.9	3.6
Mandera	2.5	1.6	1.4	1.1
Marsabit	1.1	0.7	0.6	0.5
Meru	9.5	6.3	5.1	4.4
Migori	33.3	19.6	20.3	13.1
Mombasa	22.9	14.5	12.7	10.2
Murang'a	8.0	4.6	4.9	3.1
Nairobi	72.1	46.8	40.2	31.9
Nakuru	19.9	12.3	11.4	8.5
Nandi	6.2	3.7	3.8	2.5
Narok	9.0	5.2	5.4	3.5
Nyamira	9.5	5.4	5.9	3.7
Nyandarua	4.0	2.3	2.4	1.9
Nyeri	6.1	3.6	3.6	2.2
Samburu	2.3	1.3	1.4	0.9
Siaya	47.4	27.7	29.0	18.3
Taita Taveta	4.4	2.6	2.6	1.8
Tana River	0.9	0.5	0.5	0.4
Tharaka Nithi	2.6	1.8	1.6	1.0
Trans Nzoia	8.4	4.6	5.0	3.4
Turkana	16.6	11.1	9.6	7.0
Uasin Gishu	9.6	6.0	5.5	4.1
Vihiga	6.0	3.9	3.3	2.8
Wajir	1.0	0.7	0.5	0.5
West Pokot	3.5	2.1	2.1	1.4

*The total resource gap is based on; Key population, HIV testing and Counseling, Voluntary Medical male circumcision, elimination of mother to child transmission of HIV and antiretroviral therapy.*







**▲ Only six counties have financial gaps of less than 1 million USD**



Since 2013, Kenya has received unprecedented high level leadership for the AIDS response with His Excellency the President of the Republic of Kenya Uhuru Kenyatta and Her Excellency Margaret Kenyatta personal commitment. The County Governments through the Council of Governors have also been at the forefront in the AIDS response. Specifically, counties have developed County HIV Plans to enhance HIV and AIDS service delivery. Overall, the following areas have been addressed in response to promoting accountable leadership for delivery of KASF results by sectors.

<b>TARGETS</b>	<ul style="list-style-type: none"> <li>• Good governance practices and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels</li> <li>• Effective and well-functioning stakeholder co-ordination and accountability mechanisms in place and fully operationalised at national and county levels</li> <li>• An enabling policy, legal and regulatory framework for the multi-sectoral HIV and AIDS response strengthened and fully aligned to the Constitution of Kenya 2010</li> </ul>
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**Table 18: Progress made in promoting accountable leadership for delivery of KASF results**

Intervention areas	Status and progress
Policy intervention	Development of Kenya AIDS Strategic Framework to guide HIV response in the country Develoement of County AIDS Strategic Plans 2016  47 2013  0
	Development of the Kenya fast track plan to end HIV and AIDS among adolescents and young people
Multi-sector and multi-partner accountability	Development and Launch of the Kenya HIV Situation Room Strengthening of Public Sector Reporting though Maisha Certification System, aligned to the Performance Contracting Process. Number of public sector institutions implementing workplace based HIV prevention activites. 2015  258 2013  189
	Delopment and operationalising of the KASF delivery structures in the county Support to H.E the first Lady Beyond Zero Initiative to deliver mobile clinics 2015  47 2013  0

Intervention areas	Status and progress
Communities of persons living with HIV	<p>Establishment of 47 Chapters of the National Empowrment Network of Persons Living with HIV (NEPHAK)</p> <p>Contributed to increased uptake and adherence to ART with support groups of different forms</p> <p>Establishment of Sauti Skika – the network of young people living with HIV</p> <p>Facilitated the anti-stigma campaigns</p> <p>Increased enrollment of teachers living with HIV into the National Organization (KENEPOTE)</p>
Public Sector (Government) report for 2014/15 attached as annex	<p>Increase weighting of the HIV indicator in the Public Sector Performance Contracting process, thus increasing attention by different sectors</p> <p>39% increase in reporting on the public sector HIV response from 167 in 2013 to 2058 in 2015 through the MAISHA Certification system</p> <p>Validation of sector specific plans and indicators for the HIV response in public sector</p> <p>Strengthened AIDS Control Units, especially in education institutions</p> <p>Inclusion of HIV as a non-financial indicator in Counties Performance Contracting guidelines</p>
Development partners	<p>The UN Joint Team on HIV and AIDS implementing through the principles of Delivering as One as agreed with the Government</p> <p>The Global Fund for TB, HIV and Malaria grant to the Government of Kenya of US \$267,579,471</p> <p>Resources availability through Government and Implementing partners including PEPFAR, private philanthropies</p>
Implementing partners HIPORS reporting status (annex 5)	<p>Development and implementation of HIV Implementing Partners on-line reporting system (HIPORS) to provide information on resources and programmes to support Counties planning, prioritization and budgeting</p> <p>50% reporting rate (37 out of 75) among implementing partners that were trained</p>
Civil Society organizations	<p>COBPAP (Community reporting form) revised and integrated into DHIS2 with a total of 15,400 organizations reporting through the system (ref section 4)</p> <p>Advocacy on HIV related issues to enhance demand creation, accountability of all stakeholders, quality of care services</p> <p>Organized meeting structures that track execution of the strategic directions including the HIV Inter Agency Coordination Committee, varied working groups such as key populations, Meaningful Involvement of Persons Living with HIV,</p>
Faith Sector organizations	<p>Faith Sector Action plan validated and being implemented</p> <p>Faith sector institutions continue to provide a significant proportion of HIV related services</p> <p>Inter-faith sector working group providing guidance to the HIV response on key issues</p>



H.E The First Lady Margaret Kenyatta admires a new born baby during a tour of Hola Referral Hospital in Tana River County  
© Office of the first lady

## High level Political Engagement

His Excellency the President of the Republic of Kenya has made local and international commitments for Kenya to achieve HIV epidemic control. He is also the champion of Kenya's anti-stigma and discrimination campaign to end AIDS among adolescents and young people. He continuously monitors the status of the HIV response, thus sustaining attention and accountability of managers and implementers at all levels.

### **Beyond Zero Campaign:**

In 2012, Kenya as one of the 21 countries in Africa that contributed to the global burden of children born with HIV prioritized the scaling up of elimination of mother to child transmission interventions to lower transmission rates to less than 5% by the end of 2015. In order to accelerate progress, the country launched a framework that identified key strategic directions; building political leadership,

commitment and accountability; strengthening technical expertise for service delivery; and mobilizing communities to drive demand for services. The First Lady of the Republic of Kenya, Her Excellency Margaret Kenyatta, committed to champion this goal, and in December 2013, she launched a four-year strategic framework for the engagement of the First Lady in HIV control and promotion of maternal, newborn and child health. She also established a Beyond Zero Campaign Initiative, through which she has since created awareness, mobilised leadership and resources for the 47 counties. This initiative has been lauded locally and globally for its innovativeness and results focused approach.

**▲ 60% of 17,000 pregnant mothers who had tested HIV positive at health facilities and but not been recorded as provided with the necessary prevention service were traced though the campaign.**

## National HIV campaigns

### County stock taking meeting on elimination of mother to child transmission of HIV:

In 2014, the country national transmission rate reached a level of 14%, an indication that the target for less than 5% transmission rate by 2015 was off track. The National AIDS and STI Control Programme (NASCO) in partnership with County Governments, with support from partners including UNAIDS, WHO, UNFPA, UNICEF and PEPFAR, undertook an eMTCT stock-taking meeting, bringing all counties together, to generate county-level awareness on the poor performance and identify ways to move towards the achievement of the Global Plan target for Kenya. This meeting adopted a country wide Rapid Response Initiative “Bring Back the women and children” to reverse the trend.

### Bring Back the Mother and child campaign:

Counties in partnership with the national government provided leadership to trace 17,000 pregnant positive mothers who had come to the health facility and tested HIV

positive but not recorded as provided with the necessary prevention services to protect their unborn child. The county leadership through support of Governors and Governors spouses undertook a community level campaign to trace the mother child pair with 60% of them being traced from the community and provided with the necessary treatment.

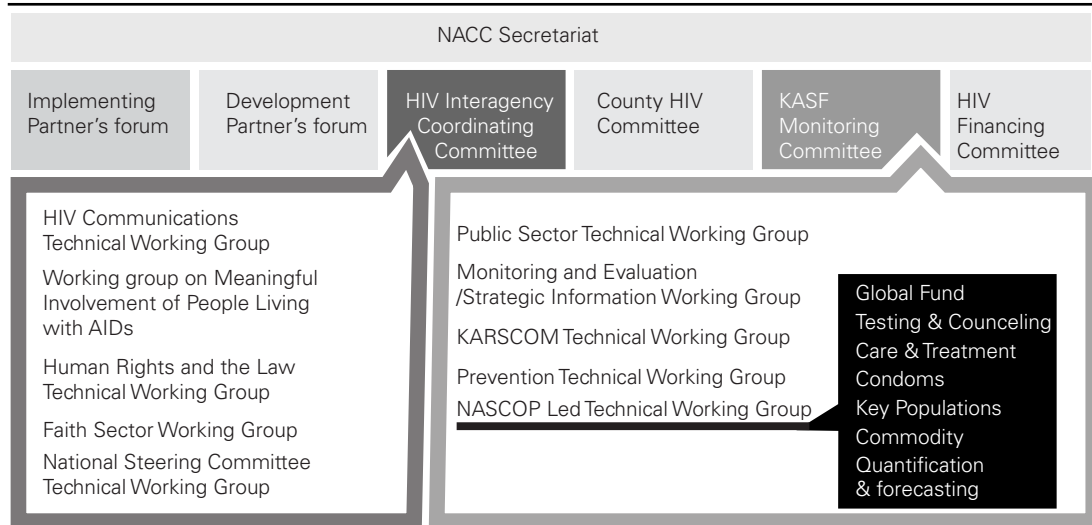
### Public sector accountability on HIV:

Performance based contracting systems in the public sector includes HIV indicator which significantly influenced the performance of most sectors. The strengthened planning and quarterly reports from ministries, departments and agencies through the National AIDS Control Council Maisha Certification system, has been instrumental in strengthening the multi sectoral response.

### KASF delivery infrastructure:

To enhance coordination and monitoring of KASF, the KASF delivery infrastructure has been operationalized at all levels as indicated in figure 15.

**Figure 15: KASF delivery infrastructure**



Source: National AIDS Control Council





*Motorcycle ambulances can provide an alternative solution when transporting patients to health facilities  
© Office of the First Lady*



**All 47 counties have developed strategic plans that are in line with the Kenya AIDS Strategic Framework**

*The Governor of Kisumu County Jack Ranguma display a box of condoms. Involvement of County leaders in educating the populace and disseminating HIV education is very critical in the fight against HIV and stigma © NACC*

## Leadership from the Counties

County level leadership has significantly influenced the progress made in the AIDS response.

**County AIDS strategic Plans:** The 47 Counties developed AIDS strategic plans that are aligned to Kenya AIDS Strategic Framework

(KASF). The country has demonstrated leadership and coordination through the 47 county AIDS strategic plans. This has provided an opportunity for strengthening leadership and ownership of the epidemic responses at the lowest level (community) through County AIDS Strategic Plans.

Kenya has demonstrated significant achievements in response to HIV and AIDS programmes within two years of the Kenya AIDS Strategic Framework 2014/2015-2018/2019. This points to commendable coordination efforts by NACC with different actors in response to HIV and AIDS. Specifically, the country has recorded significant decline on new HIV infections and AIDS related deaths. Kenya has also gained positive scores on treatment coverage among people living with HIV, increased knowledge on HIV; improved funding to support HIV and AIDS programmes at national level, strong commitment on addressing HIV has been shown by the government with personal commitments by his excellency the president. The counties have also taken up ownership of HIV and AIDS programs as reflected in the development of county specific County AIDS Strategic Plans (CASP) that are aligned to Kenya AIDS Strategic Framework (KASF).

The counties have made significant progress in addressing HIV related stigma. However much more needs to be done. Notably, handling of HIV related cases through established tribunal and courts has registered significant gains to address stigma and discrimination towards people living with HIV.

However, there are still gaps and opportunities that the country needs to address in order to meet the strategic targets and global targets on sustainable development goal on health. Some of the areas the country needs to focus more on include the following:

### **1. Care and treatment**

- Kenya needs to strengthen systems and actors in order to fast-track implementation of the Declaration adopted by UNAIDS 90-90-90 treatment targets, committing the world to almost doubling the number of people on HIV treatment by 2020 as well as ensuring 1.6 million people living with HIV are on treatment by 2018.

### **2. HIV prevention**

- Enhance coordination efforts and build capacity on monitoring and reporting to track new HIV infections among the young people aged 15-24 years; young adolescents and prevention of mother to child transmission in order to contain the spread of HIV.
- Mainstream the current Strategic Plan to central message in the 2030 Agenda for Sustainable Development to leave no one behind taking into account key populations

at higher risk of HIV, including men who have sex with men, people who inject drugs, sex workers, prisoners and transgender people.

### **3. Enhance human rights to facilitate access to services**

- Kenya to enhance leadership and accountability to address stigma and discrimination towards people living with HIV where their rights are violated; and
- The country should strive further towards elimination of HIV-related stigma and discrimination and violence against women.

### **4. Closing resource gap**

- The government of Kenya, County Governments and development partners to ensure improved allocation of human and financial resources in order to achieve country and global targets.



# ANNEXES



## Annex 1: County HIV estimates 2015

County	ADULTS (15+)						CHILDREN (0-14)				Preg- nant women  Need for PMTCT	TOTAL				Adults	
	Prevalence (15-49)	HIV+	New Infections	Incidence	HIV-Related Deaths	Need for ART	HIV+	New Infections	HIV-Related Deaths	Need for ART		HIV+	New Infections	HIV-Related Deaths	Need for ART	On ART	ART Coverage
Kenya	5.91	1,419,537	71,034	0.27%	30,817	1,245,106	98,170	6,613	5,004	93,056	79,475	1,517,707	77,647	35,821	1,338,162	826,097	66%
Nairobi	6.1	163,287	4,719	0.15%	2,177	148,999	8,223	262	260	8,336	7,008	171,510	4,981	2,437	157,335	118,022	79%
Mombasa	7.5	50,328	2,426	0.31%	1,199	44,756	3,982	319	253	3,670	3,146	54,310	2,745	1,452	48,426	36,657	82%
Kwale	5.9	22,149	1,068	0.23%	528	19,697	1,752	140	111	1,615	1,384	23,902	1,208	639	21,312	6,322	32%
Kilifi	4.5	29,311	1,413	0.18%	698	26,065	2,319	186	147	2,138	1,832	31,630	1,599	846	28,203	16,395	63%
Lamu	3.5	2,149	104	0.13%	51	1,911	170	14	11	157	134	2,319	117	62	2,068	911	48%
Taita Taveta	6.3	10,924	527	0.23%	260	9,714	864	69	55	797	683	11,788	596	315	10,511	3,945	41%
Tana River	1.9	2,587	125	0.07%	62	2,301	205	16	13	189	162	2,792	141	75	2,489	815	35%
Garissa	0.9	2,159	55	0.02%	162	1,923	375	36	31	271	143	2,534	90	193	2,194	871	45%
Mandera	0.8	2,884	73	0.02%	216	2,570	501	48	42	362	190	3,385	121	258	2,932	62	2%
Wajir	0.4	1,089	28	0.01%	82	970	189	18	16	137	72	1,278	46	97	1,107	21	2%
Embu	3.3	10,430	596	0.17%	273	9,224	711	44	30	691	487	11,141	640	302	9,915	6,275	68%
Marsabit	1.4	2,659	152	0.09%	70	2,352	181	11	8	176	124	2,841	163	77	2,528	1,344	57%
Meru	2.9	24,358	1,392	0.16%	637	21,541	1,661	102	69	1,613	1,137	26,019	1,494	706	23,154	13,751	64%
Isiolo	3.8	3,385	193	0.23%	89	2,994	231	14	10	224	158	3,616	208	98	3,218	1,594	53%
Makueni	5.1	27,495	1,571	0.30%	719	24,315	1,875	115	78	1,820	1,283	29,370	1,686	797	26,136	13,719	56%
Kitui	4.4	27,072	1,547	0.27%	708	23,941	1,846	113	77	1,792	1,263	28,918	1,660	785	25,734	14,076	59%
Machakos	4.5	30,529	1,744	0.25%	798	26,998	2,082	128	87	2,021	1,424	32,611	1,872	885	29,020	18,397	68%
Tharaka	3.9	8,512	486	0.20%	223	7,528	580	36	24	564	397	9,093	522	247	8,091	5,679	75%
Nyeri	3.4	17,973	1,124	0.21%	402	15,763	689	20	20	1,020	514	18,662	1,144	423	16,782	13,837	88%
Nyandarua	3.0	12,283	768	0.19%	275	10,772	471	14	14	663	351	12,754	782	289	11,435	5,669	53%
Kiambu	5.6	68,349	4,273	0.36%	1,530	59,944	2,621	76	77	1,747	1,955	70,971	4,349	1,607	61,690	23,887	40%
Muranga	4.2	26,238	1,640	0.24%	587	23,011	1,006	29	30	1,011	751	27,245	1,670	617	24,022	10,007	43%
Kirinyaga	3.1	11,868	742	0.18%	266	10,408	455	13	13	629	340	12,323	755	279	11,037	8,090	78%
West Pokot	1.5	4,338	93	0.03%	140	3,948	452	19	23	383	268	4,790	112	163	4,331	1,407	36%
Turkana	4.0	20,396	438	0.07%	658	18,563	2,127	90	110	1,802	1,261	22,523	528	769	20,366	5,019	27%
Trans Nzoia	5.2	23,693	508	0.09%	765	21,564	2,471	105	128	2,094	1,465	26,164	613	893	23,658	14,584	68%
Narok	3.1	14,390	309	0.05%	464	13,097	1,501	64	78	1,272	890	15,890	372	542	14,369	5,814	44%
Nandi	2.4	10,155	218	0.04%	328	9,243	1,059	45	55	897	628	11,215	263	383	10,140	8,305	90%
Nakuru	4.1	37,324	801	0.06%	1,204	33,971	3,893	165	202	3,298	2,307	41,217	966	1,406	37,269	25,903	76%
Elgeyo Marakwet	1.9	3,968	85	0.03%	128	3,611	414	18	21	351	245	4,381	103	150	3,962	1,836	51%
Laikipia	3.2	7,036	151	0.05%	227	6,404	734	31	38	622	435	7,770	182	265	7,026	6,189	97%
Kericho	3.5	14,835	318	0.06%	479	13,502	1,547	66	80	1,311	917	16,382	384	559	14,813	12,017	89%
Kajiado	4.7	18,354	394	0.07%	592	16,705	1,914	81	99	1,622	1,135	20,268	475	692	18,327	6,875	41%
Bomet	2.5	10,092	217	0.04%	326	9,185	1,052	45	55	892	624	11,144	261	380	10,077	7,353	80%
Baringo	1.6	5,059	109	0.03%	163	4,604	528	22	27	447	313	5,586	131	191	5,051	2,668	58%
Samburu	2.2	2,685	58	0.04%	87	2,444	280	12	15	237	166	2,965	69	101	2,681	827	34%
Uasin Gishu	4.7	24,243	520	0.07%	782	22,065	2,528	107	131	2,142	1,499	26,771	627	914	24,207	21,912	99%
Bungoma	2.8	27,780	1,145	0.14%	542	25,136	2,311	71	105	1,942	1,508	30,091	1,216	647	27,078	17,526	70%
Kakamega	4.0	46,939	1,935	0.19%	916	42,472	3,905	119	177	3,281	2,548	50,844	2,054	1,093	45,754	29,948	71%
Busia	6.7	35,588	1,467	0.34%	695	32,202	2,961	90	134	2,488	1,932	38,549	1,557	829	34,690	25,766	80%
Vihiga	4.7	17,892	737	0.21%	349	16,189	1,489	45	68	1,251	971	19,381	783	417	17,440	10,773	67%
Siaya	24.8	118,877	7,700	1.68%	2,206	100,218	7,533	796	439	7,770	7,846	126,411	8,496	2,645	107,988	62,901	63%
Kisii	4.7	31,987	2,072	0.27%	594	26,966	2,027	214	118	2,091	2,111	34,014	2,286	712	29,057	21,215	79%
Migori	14.3	78,621	5,093	1.00%	1,459	66,280	4,982	527	290	5,139	5,189	83,603	5,619	1,749	71,419	50,390	76%
Kisumu	19.9	135,703	8,790	1.62%	2,518	114,403	8,600	909	501	8,870	8,957	144,303	9,699	3,019	123,273	77,561	68%
Homa Bay	26.0	148,657	9,629	2.00%	2,759	125,323	9,420	996	548	9,716	9,812	158,077	10,625	3,307	135,040	78,466	63%
Nyamira	6.4	22,905	1,484	0.38%	425	19,310	1,452	153	84	1,497	1,512	24,357	1,637	510	20,807	10,496	54%



Children			Adult 15-49 PREVALENCE						Adults 15+ HIV+ Pop			All Ages HIV+ Pop			Adolescents (10-19)			Young Adults (15-24)		
On ART	ART Coverage	Total on ART	Number Receiving PMTCT	PMTCT Coverage	MTCT Rate	HTC	HTC Coverage	Male	Female	Male	Female	Male	Female	HIV+	New Infections	HIV-Related Deaths	HIV+	New Infections	HIV-Related Deaths	
71,547	77%	897,644	59,214	75%	8.3%	8,832,598	32%	5.5	6.3	643,598	775,939	692,683	825,024	133,455	18,004	2,793	268,586	35,776	3,853	
6,125	73%	124,147	6,798	97%	4%	2,012,979	61%	4.7	7.6	63,322	99,965	67,434	104,076	10,758	1,035	175	23,671	2,282	267	
2,616	71%	39,273	2,048	65%	18%	259,638	31%	4.6	10.7	14,809	35,520	16,800	37,511	5,005	681	120	10,105	1,283	159	
654	40%	6,976	737	53%	22%	95,229	20%	3.5	8.3	6,517	15,632	7,393	16,508	2,203	300	53	4,447	565	70	
1,733	81%	18,128	1,502	82%	11%	260,034	31%	2.7	6.4	8,624	20,687	9,784	21,846	2,915	397	70	5,885	747	92	
125	80%	1,036	94	70%	16%	24,757	31%	2.1	4.9	632	1,517	717	1,802	214	29	5	432	55	7	
367	46%	4,312	407	60%	20%	66,172	28%	3.8	8.9	3,214	7,710	3,646	8,142	1,086	148	26	2,193	278	34	
91	48%	906	106	66%	18%	23,107	14%	1.2	2.7	761	1,826	864	1,928	257	35	6	519	66	8	
58	21%	929	78	55%	22%	67,081	26%	0.4	1.6	415	1,744	603	1,931	364	17	19	489	31	21	
2	1%	64	12	6%	39%	26,209	7%	0.3	1.3	555	2,330	805	2,580	487	23	26	653	42	28	
1	1%	22	2	3%	41%	36,932	15%	0.2	0.8	209	879	304	974	184	9	10	246	16	10	
611	88%	6,886	418	86%	10%	84,892	24%	2.0	4.5	3,032	7,398	3,388	7,753	1,087	167	20	2,215	315	30	
127	72%	1,471	105	85%	11%	27,958	16%	0.9	2.0	773	1,886	864	1,977	277	43	5	565	80	8	
1,511	94%	15,262	1,104	97%	6%	265,440	29%	1.7	3.9	7,082	17,276	7,912	18,107	2,538	391	46	5,172	736	70	
190	85%	1,784	110	70%	16%	16,488	19%	2.2	5.2	984	2,401	1,100	2,516	353	54	6	719	102	10	
1,527	84%	15,246	673	52%	22%	161,446	29%	3.0	6.9	7,994	19,501	8,931	20,439	2,865	441	52	5,838	831	79	
1,747	97%	15,823	763	60%	19%	188,810	31%	2.6	6.0	7,871	19,201	8,794	20,124	2,821	435	51	5,748	818	78	
1,873	93%	20,270	1,019	72%	15%	148,343	20%	2.7	6.1	8,876	21,653	9,917	22,694	3,181	490	58	6,482	923	88	
524	93%	6,203	266	67%	17%	92,849	38%	2.3	5.3	2,475	6,037	2,765	6,328	887	137	16	1,807	257	24	
934	92%	14,771	508	99%	5%	145,388	27%	1.8	5.0	4,587	13,386	4,931	13,731	795	133	15	1,854	315	24	
607	92%	6,276	337	96%	6%	127,994	31%	1.6	4.4	3,135	9,148	3,370	9,384	543	63	10	1,267	216	17	
1,600	92%	25,487	1,951	100%	5%	497,278	39%	2.9	8.2	17,443	50,906	18,754	52,217	3,022	353	57	7,051	1,199	93	
926	92%	10,933	465	62%	19%	116,314	16%	2.2	6.2	6,696	19,542	7,199	20,045	1,160	135	22	2,707	460	36	
576	92%	8,666	318	94%	7%	99,286	24%	1.6	4.6	3,029	8,839	3,256	9,067	525	61	10	1,224	208	16	
137	36%	1,544	148	55%	21%	85,204	24%	1.3	2.2	1,619	2,719	1,845	2,946	470	28	15	717	53	16	
606	34%	5,625	578	46%	25%	258,854	40%	3.4	5.7	7,610	12,786	8,674	13,849	2,210	133	69	3,370	249	75	
1,884	90%	16,468	850	58%	20%	80,018	13%	4.4	7.4	8,841	14,853	10,076	16,088	2,567	154	80	3,915	289	87	
623	49%	6,437	689	77%	13%	123,467	20%	2.6	4.3	5,369	9,021	6,120	9,771	1,559	94	49	2,378	175	53	
843	94%	9,148	621	99%	5%	142,635	25%	2.1	3.5	3,789	6,366	4,319	6,896	1,100	66	34	1,678	124	37	
2,299	70%	28,202	2,291	99%	5%	292,618	23%	3.5	5.8	13,927	23,398	15,873	25,344	4,044	243	126	6,167	455	137	
174	50%	2,010	245	100%	5%	52,527	19%	1.7	2.8	1,480	2,487	1,687	2,694	430	26	13	656	48	15	
618	99%	6,807	399	92%	8%	51,319	16%	2.8	4.6	2,625	4,411	2,992	4,778	762	46	24	1,163	86	26	
1,308	100%	13,325	813	89%	9%	190,153	32%	2.9	4.9	5,535	9,300	6,309	10,073	1,608	97	50	2,451	181	54	
573	35%	7,448	1,013	89%	9%	221,779	40%	4.0	6.6	6,848	11,506	7,805	12,463	1,989	119	62	3,033	224	67	
738	83%	8,091	534	86%	10%	157,142	29%	2.1	3.5	3,765	6,326	4,292	6,853	1,094	66	34	1,668	123	37	
277	62%	2,945	278	89%	9%	75,547	19%	1.4	2.3	1,888	3,171	2,151	3,435	548	33	17	836	62	19	
162	68%	989	93	56%	21%	31,361	20%	1.8	3.1	1,002	1,683	1,142	1,823	291	17	9	444	33	10	
1,713	80%	23,625	1,022	68%	17%	161,615	22%	4.0	6.7	9,046	15,197	10,310	16,461	2,627	158	82	4,006	295	89	
1,778	92%	19,304	1,494	99%	5%	193,007	23%	2.1	3.4	9,680	18,099	10,836	19,255	2,883	120	85	4,143	388	80	
2,988	91%	32,936	2,503	98%	6%	218,163	21%	3.0	4.9	16,357	30,582	18,309	32,535	4,871	203	143	7,001	656	135	
2,047	82%	27,813	1,701	88%	9%	137,023	30%	5.0	8.3	12,401	23,187	13,882	24,668	3,693	154	108	5,308	497	102	
1,248	100%	12,021	773	80%	12%	70,102	19%	3.5	5.8	6,235	11,657	6,979	12,402	1,857	77	54	2,669	250	51	
5,803	75%	68,704	4,500	57%	21%	170,635	30%	22.8	26.4	51,070	67,808	54,836	71,574	12,253	2,355	190	27,838	4,377	331	
1,974	94%	23,189	1,530	72%	15%	247,393	31%	4.3	5.0	13,741	18,245	14,755	19,259	3,297	634	51	7,491	1,178	89	
4,537	88%	54,927	4,647	90%	9%	192,706	33%	13.1	15.2	33,775	44,845	36,266	47,336	8,104	1,557	126	18,411	2,895	219	
6,286	71%	83,847	5,339	60%	20%	276,524	41%	18.3	21.2	58,298	77,405	62,598	81,705	13,988	2,688	217	31,779	4,996	378	
7,341	76%	85,807	6,639	68%	17%	223,274	35%	24.0	27.8	63,863	84,794	68,573	89,504	15,323	2,945	238	34,812	5,473	414	
1,065	71%	11,561.00	693	46%	25%	333,928	80%	5.9	6.9	9,840	13,065	10,566	13,791	2,361	454	37	5,364	843	64	

## Annex 2: Status and progress on KASF 2014/2015-2018/2019 indicators

HIV indicators		Baseline Value	Status 2015
Impact results			
1	Annual number of new adult HIV infections	88,000 in 2013 <i>Source: EPP/Spectrum</i>	71,034 <i>Source: EPP/Spectrum</i>
2	Percentage of young women and men ages 15–24 who are HIV infected (total)	2.1% in 2012 <i>Source: KAIS</i>	3.12% <i>Source: EPP/Spectrum</i>
	Young women	3.0% in 2012 <i>Source: KAIS</i>	3.97% <i>Source: EPP/Spectrum</i>
	Young men	1.1% in 2012 <i>Source: KAIS</i>	2.26% <i>Source: EPP/Spectrum</i>
3	Estimated percentage of child infections from HIV-infected women delivering in the past 12 months	14.3% in 2013 <i>Source: EPP/Spectrum</i>	8.3% <i>Source: EPP/Spectrum</i>
4	Annual number of new child HIV infections	13,000 in 2013 <i>Source: EPP/Spectrum</i>	6,613 <i>Source: EPP/Spectrum</i>
5	Estimated annual number of new infections from key populations (sex workers, men who have sex with men [MSM], prison populations, people who inject drugs [PWID])	35% in 2008 <i>Source: KMoT Study</i>	35% <i>Source: KMoT (2008)</i>
6	Annual number of HIV-related deaths	58,000 in 2013 <i>Source: EPP/Spectrum</i>	35,821 <i>Source: EPP/Spectrum</i>
7	Proportion of people living with HIV and AIDS (PLHIV) who report having experienced discriminatory attitudes	45% in 2013 <i>Source: Stigma Index Survey</i>	45% <i>Source: Stigma Index Survey 2013</i>
8	Percentage of government funding for the HIV response	17% in 2013 <i>Source: KNASA</i>	17% (2016 KNASA ongoing) <i>Source: KNASA 2013</i>

### SD 1: HIV infections among adults

9	Percentage of young women and men ages 15–24 who have had sexual intercourse before age 15	12.7% in 2008 <i>Source: KDHS</i>	12.1% <i>Source: KDHS 2014</i>
10	Number of syringes distributed per person who injects drugs by the Needle and Syringe Program	25 in 2014 <i>Source: DHIS</i>	72 <i>Source: DHIS</i>
11	Number of injecting drug users on opioid substitution therapy	22 in 2014 <i>Source: DHIS</i>	22 <i>Source: DHIS</i>
12	Number of males circumcised as part of the minimum package for male circumcision for HIV prevention services	190,580 (77%) in 2014 <i>Source: DHIS</i>	207,014 (92.6% 15-49 KDHS) <i>Source: DHIS</i>
13	Percentage of people counseled and tested for HIV and who received their test results	Women 29.3% Men: 22.8% in 2008/09 <i>Source: DHIS</i>	Women: 52.8% Men: 45.7% (15-49) <i>Source: DHIS</i>
16	Percentage of women and men ages 15–49 years who had sexual intercourse with more than one partner in the last 12 months	1.7% women, 13.0% Men in 2008/09 <i>Source: DHS</i>	1.4% women, 12.7% Men <i>Source: DHIS</i>
17	Percentage of women and men ages 15–49 years who had sexual intercourse with more than one partner in the last 12 months reporting use of a condom during the last sexual intercourse	35.3% Women, 34.9% Men in 2012 <i>Source: DHS</i>	40.1% Women, 44.4% Men (15-49) <i>Source: DHIS</i>
18	Percentage of female sex workers reporting the use of a condom during penetration sex with their most recent client	88% in 2014 <i>Source: PBS</i>	91.9% PBS
19	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	77% in 2014 <i>Source: IBBS</i>	80.4% IBBS
20	Percentage of people who inject drugs who reported the use of a condom the last time they had sexual intercourse	67% in 2014 <i>Source: PBS</i>	70.3% PBS
21	Percentage of national government Ministries, Departments and Agencies (MDAs) with results-based HIV plans aligned to the Kenya AIDS Strategic Framework (KASF)	70% in 2014 <i>Source: Public sector reporting tool</i>	80% <i>Public sector reporting tool</i>

22	Number of counties reporting against targets set in their HIV plans	0 in 2014 <i>Source: Public sector reporting tool</i>	1 (As at June 30, 2016) Public sector reporting tool
23	Percentage of counties with results-based HIV plans aligned to KASF	0 in 2014	100% (As at June 30, 2016) <i>NACC Records Strategy Division</i>
<b>SD 1: Prevention of mother-to-child transmission</b>			
24	Number of pregnant women tested for HIV	1,363,932 in 2013 <i>Source: DHIS</i>	1,449,774 <i>Source: DHIS</i>
25	Percentage of pregnant women who tested HIV Positive	5.6% in 2013 <i>Source: DHIS</i>	4.4% <i>Source: DHIS</i>
26	Number of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission	55,544 in 2013 <i>Source: DHIS</i>	59,024 <i>Source: DHIS</i>
27	Estimated percentage of child infections from HIV-infected women delivering in the past 12 months	14.3% in 2013 <i>Source: EPP/Spectrum</i>	8.3% <i>Source: EPP/Spectrum</i>
28	Percentage of pregnant women who know their HIV status	56.0% in 2013 <i>Source: DHIS</i>	92.9% <i>Source: DHS</i>
29	Percentage of pregnant women attending antenatal care whose male partner was tested for HIV	4.5% in 2013 <i>Source: DHIS</i>	5.56% <i>Source: DHIS</i>
30	Percentage of infants born to HIV-infected women who receive a virological test for HIV within 2 months of birth	45.2% in 2013 <i>Source: DHIS</i>	No data <i>No data</i>
31	Number of infants born to HIV-infected women starting on cotrimoxazole prophylaxis within 2 months of birth	46,638 in 2013 <i>Source: DHIS</i>	47,545 <i>Source: DHIS</i>
<b>SD 2: Linkage to care</b>			
32	Number of PLHIV receiving HIV care services	718,641 in 2013 <i>Source: DHIS</i>	188,507 <i>DHIS</i>
<b>SD 2: Antiretroviral treatment (ART): 90-90-90</b>			
	Total number of people living with HIV	1,599,451 in 2013 <i>Source: EPP/Spectrum</i>	1,517,707 <i>EPP/Spectrum</i>
33	Percentage currently receiving ART	Adults: 79% 42% in 2013 <i>Source: DHIS</i>	Adults: 66%, Children: 77% <i>Source: DHIS</i>
34	Percentage of people on ART tested for viral load who have a suppressed viral load in the reporting period	75.4 in 2013 <i>Source: DHIS</i>	43.1% 2015
35	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of ART (24, 36, 60)	92.4% in 2012 Cohort analysis	81% Cohort analysis
36	Percentage of tuberculosis (TB)/HIV co-infected clients who are receiving antiretroviral (ARVs)	74% in 2012 <i>Source: DHIS</i>	21,240 in 2015
<b>SD 3: Stigma and discrimination</b>			
37	Percentage of PLHIV who self-reported that they experienced discrimination and/or stigma due to their HIV status	45% in 2014 <i>Source: Stigma Index Report</i>	45% <i>KDHS 2014</i>
38	Percentage of women and men ages 15–49 years expressing accepting attitudes toward people living with HIV	Men: 46.9%, women 32.6% in 2009 <i>Source: DHIS</i>	Men: 43.7%, Women: 26.1% <i>KDHS 2014</i>
<b>SD 3: Levels of sexual and gender-based violence</b>			
39	Percentage of ever-married or partnered women ages 15–49 who experienced sexual and gender-based violence.	23.6% in 2009 <i>Source: DHIS</i>	15.2% <i>KDHS 2014</i>
40	Percentage of young people ages 15–24 who experienced sexual and gender-based violence.	6.3% in 2009 <i>Source: DHIS</i>	Women: (15-19) - 6.5%; (20-24) - 12.6% Men: (15-19) - 2.7% (20-24) - 4.1% <i>KDHS 2014</i>
<b>SD 3: Protection of human rights and improved access to justice</b>			
41	Number of cases filed by PLHIV at the HIV tribunal	TBD <i>Source: Programme records</i>	200 (As at July 1, 2016) <i>Source: HIV Tribunal Records</i> <i>As at</i>

<b>SD 4: Health workforce</b>			
<b>SD 4: HIV commodity management</b>			
42	Percentage of health facilities dispensing ART that experienced a stock-out of ARVs at least once in the last 12 months	0 <i>LMIS</i>	0 <i>LMIS</i>
<b>SD 4: Community-level AIDS competency</b>			
43	Number of community-based organizations that deliver non-biomedical services for HIV according to national and internally acceptable service delivery standards	7,000 in 2014 <i>COBPAP Database</i>	15,400 (As at December 2015) <i>COBPAP</i>
<b>SD 5: Capacity to conduct HIV research</b>			
44	Number of HIV related research reports uploaded into the HIV Research hub	0 in 2014 <i>HIV research hub</i>	615 (As at June 30, 2016) <i>HIV research hub</i>
45	Proportion of funds allocated to research	1% AIDS Expenditure in 2014 <i>KNASA</i>	1% (2015) <i>KNASA</i>
<b>SD 6: M&amp;E information hubs established</b>			
46	Number of counties linked to the HIV country level M&E system	0 in 2014 <i>Situation room</i>	16 <i>Situation Room</i>
47	Number of counties submitting timely, complete, and accurate reports on workplace based activities	0 in 2014 <i>Public sector</i>	1 (As at June 30 2015) <i>Public sector</i>
<b>SD 7: Domestic financing</b>			
48	Percentage of government funding for the HIV response	17% in 2014 <i>KNASA</i>	17% <i>KNASA</i>
49	Percentage of private/household funding of HIV response	13% in 2014 <i>KNASA</i>	13% <i>KNASA</i>
<b>SD 8: Effective and well-functioning stakeholder co-ordination and accountability mechanisms</b>			
50	Number of counties with functional county HIV coordination Committees	in 2014 <i>County HIV Reports</i>	22 <i>County HIV Reports</i>
51	Proportion of CASP budget financed by counties	in 2014 <i>County HIV Reports</i>	<i>County HIV Reports</i>

### Annex 3: Status and progress on Global AIDS Response Progress Report (GARPR) indicators, 2015

Global AIDS Response Progress Report (GARPR) Indicators		2011	2013	2015
<b>Target 1:</b>				
<ul style="list-style-type: none"> <li>• Reduce sexual transmission of HIV by 50% by 2015</li> <li>• General population</li> </ul>				
1.1	Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	51% <ul style="list-style-type: none"> <li>• Women - 48%</li> <li>• Men - 55%</li> </ul>	<ul style="list-style-type: none"> <li>• Women - 47.5%</li> <li>• Men - 54.9%</li> </ul> <i>Source: DHS-2008/9</i>	78% <ul style="list-style-type: none"> <li>• Women - 73%</li> <li>• Men - 82%</li> </ul>
1.2	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	12.7% <ul style="list-style-type: none"> <li>• Women - 11 %</li> <li>• Men - 22.2%</li> </ul>	<ul style="list-style-type: none"> <li>• Women - 10.1%</li> <li>• Men - 15.4%</li> </ul> <i>Source: KAIS 2012</i>	14.7 % <ul style="list-style-type: none"> <li>• Women -12.1%</li> <li>• Men - 21%</li> </ul>
1.3	Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	<ul style="list-style-type: none"> <li>• Women - 1.1%</li> <li>• Men - 9.1 %</li> </ul>	<ul style="list-style-type: none"> <li>• Women - 2.5%</li> <li>• Men - 14.7%</li> </ul> <i>Source: KAIS 2012</i>	<ul style="list-style-type: none"> <li>• Women - 3.8 %</li> <li>• Men - 12.8 %</li> </ul>
1.4	Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse*		38% <ul style="list-style-type: none"> <li>• Women - 31.6%</li> <li>• Men - 38.8%</li> </ul> <i>Source: KAIS 2012</i>	44% <ul style="list-style-type: none"> <li>• Men 44%</li> <li>• Women 40%</li> </ul>
1.5	Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	<ul style="list-style-type: none"> <li>• Women - 29.2 %</li> <li>• Men - 21.3%</li> </ul>	<ul style="list-style-type: none"> <li>• Women - 47.3%</li> <li>• Men - 35.8%</li> </ul> <i>Source: KAIS 2012</i>	Women 53% Men 46%
1.6	Percentage of young people aged 15-24 who are living with HIV*	4.63 %	5.6 % <ul style="list-style-type: none"> <li>• Women - 3.0%</li> <li>• Men - 1.1%</li> </ul>	3.1% <ul style="list-style-type: none"> <li>• Women 3.97%</li> <li>• Men 2.26%</li> </ul> <i>Source: HIV Estimates 2015</i>
	Sex workers			
1.8	Percentage of sex workers reporting the use of a condom with their most recent client	FSW - 86.8 %	FSWs - 86.2%	FSW - 91.9%
1.9	Percentage of sex workers who have received an HIV test in the past 3 months and know their results	FSW - 60.4 %	FSWs - 68.0% <i>Source: IBBS, 2011</i>	FSW - 80 %
1.10	Percentage of sex workers who are living with HIV	No data available	FSWs: 29.3% <i>Source: IBBS, 2011</i>	No data available
	Men who have sex with men			
1.12	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	54.9 %	68.8%	80.4%
1.13	Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	35.5 %	74.0%	76.8%
1.14	Percentage of men who have sex with men who are living with HIV	No data available	18.2 <i>Source: IBBS, 2013</i>	No data available
<b>Target 2: Reduce transmission of HIV among people who inject drugs by 50% by 2015</b>				
2.1	Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	No data available	15 <i>Source: Programme Data 2013</i>	72 <i>Source: Programme data 2015</i>

Global AIDS Response Progress Report (GARPR) Indicators		2011	2013	2015
2.2	Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	24.7 %		70.3% <ul style="list-style-type: none"> <li>• Men - 69%</li> <li>• Women - 83%</li> </ul>
2.3	Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	51.6%	51.6 <i>Source: IBBS, 2011</i>	89.5% <ul style="list-style-type: none"> <li>• Men - 87.2%</li> <li>• Women - 86.8%</li> </ul>
2.4	Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	60.4%	60.7 <i>Source: IBBS, 2011</i>	74%
2.5	Percentage of people who inject drugs who are living with HIV	No data available	18.3 <i>Source: IBBS, 2011</i>	No data available

**Target 3: Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths\*\***

3.1	Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	69.2 %	70.3%	75%
3.3	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	38.9%	42.3%	49%
3.4	Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	14.9%	16.2%	6.3%

**Target 4: Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015**

4.1	Percentage of adults currently receiving antiretroviral therapy*	77%	78%	66%
4.2	Percentage of children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	32%	43%	77%

**Target 5: Reduce tuberculosis deaths in people living with HIV by 50% by 2015**

5.1	Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	56.4%	82.8 <i>Source: Programme Data 2013</i>	No data available
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**Target 6: Close the global AIDS resource gap by 2015 and reach annual global investment of US\$ 22–24 billion in low- and middle-income countries**

Global AIDS Response Progress Report (GARPR) Indicators		2011	2013	2015
6.1	Domestic and international AIDS spending by categories and financing sources	Ksh.63 billion US\$. 663 million	<b>By source of funding</b> <ul style="list-style-type: none"> <li>• International: 71%</li> <li>• Government: 17%</li> <li>• Household: 13%</li> </ul> <b>By category</b> <ul style="list-style-type: none"> <li>• Care and treatment: 50%</li> <li>• Prevention: 20%</li> <li>• Others: 30%</li> </ul> <i>Source: NASA, 2013</i>	<ul style="list-style-type: none"> <li>• Ksh. 68 billion</li> <li>• US\$ 681 million</li> </ul>
<b>Target 7: Eliminating gender inequalities</b>				
7.1	<ul style="list-style-type: none"> <li>• Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months</li> <li>• All indicators with sex-disaggregated data can be used to measure progress towards target 7</li> </ul>	No data available	31.7	<ul style="list-style-type: none"> <li>• Women 41%</li> <li>• Men 11%</li> </ul> <i>Source:KDHS 2014/15</i>
<b>Target 8: Eliminating stigma and discrimination</b>				
8.1	Discriminatory attitudes towards people living with HIV	No data available	<ul style="list-style-type: none"> <li>• Women - 46.9</li> <li>• Men - 32.6</li> </ul> <i>DHS2008/9</i>	<ul style="list-style-type: none"> <li>• Men - 16.1 %</li> <li>• Women - 22.1%</li> </ul>
<b>Target 9: Eliminate travel restrictions</b>				
9.1	Travel restriction data is collected directly by the Human Rights and Law Division at UNAIDS HQ, no reporting needed	Not Applicable	Not applicable	Not applicable
<b>Target 10: Strengthening HIV integration</b>				
10.1	Current school attendance among orphans and non-orphans aged 10–14*	No data available	95.5%	No data available
10.2	Proportion of the poorest households who received external economic support in the last 3 months	No data available	No data available	No data available

## Annex 4: Status and progress on Global AIDS Response Progress Report (GARPR) indicators, 2015

Kenya as a member state of United Nations has committed to implement the 2016 political declaration on HIV and AIDS which includes the following key target areas:

GLOBAL TARGET	
1	Financial investments to at least 26 Billion US\$ with increased domestic investments be availed by 2020
2	30 million people living with HIV enrolled on life-long ARVs, including 14.1 million young people and 690,000 children in sub-Saharan Africa by 2020
3	Eliminate by 2020 new infections among children from mothers
4	Reduce global numbers of new infections to less than 500,000 per annum by 2020
5	Reduce the number of young women newly infected to below 100,000 by 2020
6	Reduce AIDS deaths to less than 500,000 per annum globally by 2020
7	Community led services to account for 30% of HIV services by 2030
8	Reduce TB related deaths among people living with HIV by 75%
9	Eliminate gender based violence
10	Eliminate stigma and discrimination
11	Implement age-appropriate comprehensive education
12	Strengthen national and social child protection systems to ensure that 75% of people living with HIV benefit from social protection including cash transfers by 2030
13	Realize the full impact of innovation in research, science and technology transfer arrangements
14	Financial investments to at least 26 Billion US\$ with increased domestic investments be availed by 2020



## Annex 5: Partner contribution to HIV response as reported through HIPORS by county

COUNTY	ORGANIZATION	AMOUNT(KSH)	AMOUNT(USD)
<b>Mombasa</b>			
	AIDS HEALTHCARE FOUNDATION, -KENYA	145932978.8	1459329.788
	ANANDA MARGA UNIVERSAL RELIEF TEAM	16930599	169305.99
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	16397800	163978
	FAMILY HEALTH INTERNATIONAL	8954099	89540.99
	Kenya Red Cross Society	35120038	344651.99
	LVCT Health	18438638	184386.38
	WOMEN FIGHTING AIDS IN KENYA (WOFAK)	25000000	250000
	Sub-Total	250376352.8	848170.98
<b>Kwale</b>			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4810400	48104
	Kenya Red Cross Society	17139590	168200.1
	LVCT Health	551729	5517.29
	WOMEN FIGHTING AIDS IN KENYA (WOFAK)	35000000	350000
	Sub-Total	52691319	566304.1
<b>Kilifi</b>			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	11587400	115874
	Kenya Red Cross Society	39477068	387409.89
	LVCT Health	551721	5517.21
	Sub-Total	40028789	503283.89
<b>Tana River</b>			
	Amref Health Africa in Kenya	7971018.37	79710.18
	Sub-Total	7971018.37	79710.18
<b>Lamu</b>			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4810400	48104
	Sub-Total	4810400	48104
<b>Garissa</b>			
	Amref Health Africa in Kenya	12525886.01	125258.86
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4810400	48104
	Sub-Total	12525886.01	173362.86
<b>Wajir</b>			
	Amref Health Africa in Kenya	11387169.1	113871.69
	Sub-Total	11387169.1	113871.69
<b>Mandera</b>			
	Amref Health Africa in Kenya	9109735.28	91097.35
	Sub-Total	9109735.28	91097.35
<b>Marsabit</b>			
	Amref Health Africa in Kenya	10248452.19	102484.52
	Sub-Total	10248452.19	102484.52

COUNTY	ORGANIZATION	AMOUNT(KSH)	AMOUNT(USD)
<b>Isiolo</b>			
	Amref Health Africa in Kenya	19358187.47	193581.87
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4810400	48104
	Sub-Total	19358187.47	241685.87
<b>Meru</b>			
	Amref Health Africa in Kenya	3336545	32727
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4810400	48104
	Kenya Red Cross Society	17431439.5	171064.18
	Sub-Total	20767984.5	251895.18
<b>Tharaka Nithi</b>			
	Amref Health Africa in Kenya	3336545	32727
	Sub-Total	3336545	32727
<b>Embu</b>			
	Amref Health Africa in Kenya	3336545	32727
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4810400	48104
	Sub-Total	3336545	80831
<b>Kitui</b>			
	Amref Health Africa in Kenya	3336545	32727
	Catholic Medical Mission Board	6239477	61777
	CENTERS FOR INTERNATIONAL PROGRAMS - KENYA	123076085.1	1218575
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4810400	48104
	LVCT Health	7892673	78926.73
	Sub-Total	134305303.1	1361183
<b>Machakos</b>			
	Amref Health Africa in Kenya	3336545	32727
	CENTERS FOR INTERNATIONAL PROGRAMS - KENYA	129801699.3	1285165
	CENTERS FOR INTERNATIONAL PROGRAMS - KENYA	128516534	1285165
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	16397800	163978
	HOPE WORLDWIDE KENYA	3115716.67	30714.87
	Kenya Red Cross Society	28573974.4	280411.91
	LVCT Health	12559239	125592.39
	WORLD PROVISION CENTRE	3868979	38689.79
	Sub-Total	309772687.4	3116851.57
<b>Makueni</b>			
	AIDS HEALTHCARE FOUNDATION,-KENYA	14632120.08	146321.2008
	Amref Health Africa in Kenya	3336545	32727
	CENTERS FOR INTERNATIONAL PROGRAMS - KENYA	107944183.3	1068754
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	16397800	163978
	HOPE WORLDWIDE KENYA	8179857.45	80637.4
	KENERELA+	4500000	45000
	WORLD PROVISION CENTRE	569240	5692.4
	Sub-Total	139161945.8	1396788.8

COUNTY	ORGANIZATION	AMOUNT(KSH)	AMOUNT(USD)
<b>Nyandarua</b>			
	CENTRE FOR HEALTH SOLUTIONS - KENYA	15280355	151291
	CORE SOLUTIONS SEEKERS CENTER	0	0
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4810400	48104
	Sub-Total	15280355	199395
<b>Nyeri</b>			
	Amref Health Africa in Kenya	3336545	32727
	CENTRE FOR HEALTH SOLUTIONS - KENYA	52042028	515268
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	16397800	163978
	KENERELA+	4500000	45000
	Sub-Total	59878573	756973
<b>Kirinyaga</b>			
	Amref Health Africa in Kenya	3336545	32727
	University of Nairobi-CRISSP	35079429	350794.29
	Sub-Total	38415974	383521.29
<b>Murang'a</b>			
	AIDS HEALTHCARE FOUNDATION, -KENYA	3333956.28	33339.5628
	Amref Health Africa in Kenya	3336545	32727
	CENTRE FOR HEALTH SOLUTIONS - KENYA	48292362	478142
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	11587400	115874
	KENERELA+	4500000	45000
	Kenya Red Cross Society	8555514	83959.9
	Sub-Total	68018377.28	755702.9
<b>Kiambu</b>			
	Amref Health Africa in Kenya	3336545	32727
	CARE FOR HIV/AIDS ORGANIZATION	88171762	881717.62
	CENTRE FOR HEALTH SOLUTIONS - KENYA	49634200	491428
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	16397800	163978
	FAMILY HEALTH INTERNATIONAL	4884782.17	48847.82
	HOPE WORLDWIDE KENYA	73582.02	725.37
	Kenya Red Cross Society	23131527.58	227002.23
	LVCT Health	7458759	74587.59
	University of Nairobi-CRISSP	16956331	169563.31
	Sub-Total	193647488.8	1134271.73
<b>Turkana</b>			
	AIDS HEALTHCARE FOUNDATION, -KENYA	13631737.76	136317.3776
	Amref Health Africa in Kenya	29606639.66	296066.4
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	269335700	2693357
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	52168711.9	518318.0517

COUNTY	ORGANIZATION	AMOUNT(KSH)	AMOUNT(USD)
	Kenya Red Cross Society	858726	8427.14
	Sub-Total	96265815.32	2997850.54
<b>West Pokot</b>			
	AMPATHPLUS	39416700	394167
	HOPE WORLDWIDE KENYA	1580083.68	15576.53
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	33343823.1	331284.8793
	Sub-Total	74340606.78	409743.53
<b>Samburu</b>			
	Amref Health Africa in Kenya	13664602.92	136646.03
	APHIA Plus IMARISHA	1000	10
	Sub-Total	13665602.92	136646.03
<b>Trans Nzoia</b>			
	AMPATHPLUS	237133200	2371332
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4810400	48104
	FAMILY HEALTH INTERNATIONAL	628571	6285.71
	HOPE WORLDWIDE KENYA	49083.82	483.87
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	7383110.88	73354.30581
	Kenya Red Cross Society	298580	2930.13
	KITALE AIDS PROGRAMME	9605221	96052.21
	Sub-Total	254469195.7	2429135.71
<b>Uasin Gishu</b>			
	AMPATHPLUS	504589100	5045891
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	11587400	115874
	FAMILY HEALTH INTERNATIONAL	3142855	31428.55
	HOPE WORLDWIDE KENYA	31339042.75	308941.67
	Kenya Red Cross Society	21576380	211740.73
	VOLUNTARY HEALTH IN KENYA	450	4.5
	Sub-Total	557504972.8	5713875.95
<b>Elgeyo Marakwet</b>			
	AMPATHPLUS	45434400	454344
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	11587400	115874
	FAMILY HEALTH INTERNATIONAL	628571	6285.71
	HOPE WORLDWIDE KENYA	37843.25	373.06
	Sub-Total	45472243.25	576876.77
<b>Nandi</b>			
	AMPATHPLUS	46662700	466627
	FAMILY HEALTH INTERNATIONAL	12494371	124943.71
	FAMILY HEALTH INTERNATIONAL	628571	6285.71
	Sub-Total	46662700	597856.42

COUNTY	ORGANIZATION	AMOUNT(KSH)	AMOUNT(USD)
<b>Baringo</b>			
	FAMILY HEALTH INTERNATIONAL	15846900	158469
	FAMILY HEALTH INTERNATIONAL	32306971	323069.71
	UHIV CAPACITY BUILDING FELLOWSHIP	2000	20
	WOMEN FIGHTING AIDS IN KENYA (WOFAK)	11000000	100
	Sub-Total	11002000	481638.71
<b>Laikipia</b>			
	Amref Health Africa in Kenya	3336545	32727
	CENTRE FOR HEALTH SOLUTIONS - KENYA	10336927	102346
	Sub-Total	13673472	135073
<b>Nakuru</b>			
	AIDS HEALTHCARE FOUNDATION, -KENYA	2948056.28	29480.5628
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	16397800	163978
	FAMILY HEALTH INTERNATIONAL	27936697	279366.97
	HOPE WORLDWIDE KENYA	29707739	292860.2
	Kenya Red Cross Society	39460614.66	387248.43
	Kitendo Childrens Charity Programme	3457245.65	34230
	WOMEN FIGHTING AIDS IN KENYA (WOFAK)	24000000	240000
	Sub-Total	99573655.59	1397683.6
<b>Narok</b>			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	111968200	1119682
	FAMILY HEALTH INTERNATIONAL	2514284	25142.84
	FAMILY HEALTH INTERNATIONAL	107498984	1074989.84
	Sub-Total	221981468	2219814.68
<b>Kajiado</b>			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	66920500	669205
	FAMILY HEALTH INTERNATIONAL	1000000	10000
	FAMILY HEALTH INTERNATIONAL	84096700	840967.55
	HOPE WORLDWIDE KENYA	13438996.06	132482.22
	Kenya Red Cross Society	18353650	180114.32
	Sub-Total	116889346.1	1822769.09
<b>Kericho</b>			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	4810400	48104
	FAMILY HEALTH INTERNATIONAL	1257142	12571.42
	Kenya Red Cross Society	17220311.98	168992.27
	Sub-Total	17220311.98	229667.69
<b>Bomet</b>			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	11587400	115874
	FAMILY HEALTH INTERNATIONAL	628571	6285.71
	Kenya Red Cross Society	9281025	101008.07
	Sub-Total	9281025	223167.78

COUNTY	ORGANIZATION	AMOUNT(KSH)	AMOUNT(USD)
<b>Kakamega</b>			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	11606500	116065
	FAMILY HEALTH INTERNATIONAL	1423623.68	14236.24
	GLOBAL IMPLEMENTATION SOLUTIONS	9281025	57312.92
	Kenya Red Cross Society	8562240	84025.91
	PATH	2170125	21701.25
	Sub-Total	12155988.68	271640.07
<b>Vihiga</b>			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	18383500	183835
	GLOBAL IMPLEMENTATION SOLUTIONS	1572011.52	16375.12
	Kenya Red Cross Society	18169496.31	178307.12
	PATH	493191	4931.91
	Sub-Total	18662687.31	378517.24
<b>Bungoma</b>			
	AMPATHPLUS	88932200	889322
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	11587400	115874
	GLOBAL IMPLEMENTATION SOLUTIONS	3930028.8	40937.8
	HOPE WORLDWIDE KENYA	81219.37	800.66
	Kenya Red Cross Society	15191208	149079.57
	PATH	539127	5391.27
	Sub-Total	104743754.4	1196014.03
<b>Busia</b>			
	AMPATHPLUS	3313925200	3319252
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	6796100	67961
	FAMILY HEALTH INTERNATIONAL	3054097	30540.97
	GLOBAL IMPLEMENTATION SOLUTIONS	8646063.36	90063.16
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	80031914.8	795150.6687
	Kenya Red Cross Society	5759875	56524.78
	PATH	787518	7875.18
	UHIV CAPACITY BUILDING FELLOWSHIP	2000	20
	Sub-Total	3403560605	3564341.91
<b>Siaya</b>			
	Catholic Medical Mission Board	14299652.73	142996.5273
	CENTERS FOR INTERNATIONAL PROGRAMS - KENYA	372469562.5	3687817
	GLOBAL IMPLEMENTATION SOLUTIONS	10218074.88	106438.28
	HJF MEDICAL RESEARCH INTERNATIONAL	180402700	1804027
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	185803371.9	1846034.5
	Kenya Red Cross Society	11404637.45	111919.9
	LVCT Health	2196800	21968
	WOMEN FIGHTING AIDS IN KENYA (WOFK)	1000000	10000
	Sub-Total	767576724.6	7566236.68

COUNTY	ORGANIZATION	AMOUNT(KSH)	AMOUNT(USD)
<b>Kisumu</b>			
	AMPATHPLUS	105906600	1059066
	Catholic Medical Mission Board	14229652.73	142296.5273
	CENTERS FOR INTERNATIONAL PROGRAMS - KENYA	229156871	2268880
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	48924200	489242
	FAMILY HEALTH INTERNATIONAL	5916490.5	59164.91
	GLOBAL IMPLEMENTATION SOLUTIONS	21287656	212876.56
	HJF MEDICAL RESEARCH INTERNATIONAL	180402700	1804027
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	319616865.8	3175527.728
	Kenya Red Cross Society	32907091.27	322935.15
	LVCT Health	48499703	484997.03
	NYANZA REPRODUCTIVE HEALTH SOCIETY	107886481.5	1100882.46
	NYANZA REPRODUCTIVE HEALTH SOCIETY	27724752	301356
	Omega Foundation	19168110	141986
	PARTNERSHIP FOR A HIV FREE GENERATION	8661115	866111500
	PATH	3499355	349935500
	WOMEN FIGHTING AIDS IN KENYA (WOFAK)	3000000	30000
	Sub-Total	1106575788	7790416.08
<b>Homa Bay</b>			
	AIDS HEALTHCARE FOUNDATION,-KENYA	46169422.04	461694.2204
	AIDS HEALTHCARE FOUNDATION,-KENYA	3333956.28	33339.5628
	Catholic Medical Mission Board	5944627.73	59446.2773
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	1151812700	11518127
	GLOBAL IMPLEMENTATION SOLUTIONS	19667424	204869
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	130366323.9	13121370500
	International Medical Corps	277498100.4	2774981.37
	Kenya Red Cross Society	27998693.53	304717.83
	LVCT Health	21644382	216443.82
	NYANZA REPRODUCTIVE HEALTH SOCIETY	39741803	405528.6
	NYANZA REPRODUCTIVE HEALTH SOCIETY	50000000	500000
	PATH	3988064	39880.64
	WOMEN FIGHTING AIDS IN KENYA (WOFAK)	13000000	130000
	Sub-Total	619685372.8	15338223.8
<b>Migori</b>			
	Catholic Medical Mission Board	8285025	82850.25
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	6796100	67961
	GLOBAL IMPLEMENTATION SOLUTIONS	8646063.36	90063.16
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	58366085	579891.5549
	International Medical Corps	1122494.4	1122494.4
	Kenya Red Cross Society	6547605.95	64255.21
	PATH	1559532	15595.32
	Sub-Total	75880742.35	1344773.77

COUNTY	ORGANIZATION	AMOUNT(KSH)	AMOUNT(USD)
<b>Kisii</b>			
	FAMILY HEALTH INTERNATIONAL	3142855	31428.55
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	6418769	646049099.9
	International Medical Corps	61998132	632634
	Kenya Red Cross Society	12807000	125682.03
	PATH	295927	29592700
	TUJIKAZE HUMANITARIAN PROGRAMME	226000	2237.62
	Sub-Total	81745828	791982.2
<b>Nyamira</b>			
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	18383500	183835
	FAMILY HEALTH INTERNATIONAL	1257142	12571.42
	Kenya Red Cross Society	282723.6	2774.52
	PATH	1085063	10850.63
	TUJIKAZE HUMANITARIAN PROGRAMME	345000	3415.84
	Sub-Total	1712786.6	202596.78
<b>Nairobi</b>			
	AIDS HEALTHCARE FOUNDATION ,-KENYA	107624958.9	1076249.589
	Amref Health Africa in Kenya	135476924	1539511
	Catholic Medical Mission Board	31147380.82	311473.8082
	COPTIC HOSPITAL	5608568	56085.68
	Eastern Deanery AIDS Relief Program	787655900	7876559
	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	17586200	175862
	FAMILY HEALTH INTERNATIONAL	6890756.77	68907.57
	Global Programs for Research & Training	47021977.76	459064.51
	HOPE WORLDWIDE KENYA	99052511.67	976464.03
	IMPACT RESEACRH AND DEVELOPMENT ORGANIZATION	397991.4	3954.211624
	KENERELA+	4500000	45000
	Kenya Red Cross Society	67372490.12	661162.81
	LVCT Health	179079430	1790794.3
	PARTNERS FOR HEALTH AND DEVELOPMENT IN AFRICA	290431800	3227020
	Population Services Kenya	962181166	9430565
	University of Nairobi	378758427.8	3329453.58
	WOMEN FIGHTING AIDS IN KENYA (WOFAK)	12000000	120000
	<b>Total</b>	<b>23,481,800,686</b>	<b>15,195,479,174</b>



## Annex 6: List of MDA's that reported in the 12th PC cycle (2015/2016)

PC No.	INSTITUTIONS THAT REPORTED	Q1	Q2	Q3	Q4
5/001	Administration Police Service	√	√	√	√
5/002	Agricultural Development Corporation	√	√	√	√
4/003	Agricultural Finance Corporation	√	√	√	--
5/004	Agriculture, Fisheries and Food Authority	√	√	√	√
4/005	Agro Chemical and Food Company Ltd.	√	√	√	√
5/006	Anti-Counterfeit Agency	√	√	√	√
5/007	Anti-Female Genital Mutilation Board	√	√	√	--
8/008	Asumbi Teachers Training College	--	--	--	--
5/009	Athi Water Services Board	√	√	√	√
5/010	Bomas of Kenya	√	√	√	√
6/011	Bondo Teachers Training College	√	√	--	--
5/012	Brand Kenya Board	√	√	√	√
5/013	Bukura Agricultural College	√	√	√	√
6/014	Bumbe Technical Training Institute	√	√	√	--
6/015	Bushiangala Technical Training Institute	√	√	√	√
5/016	Capital Markets Authority	√	√	√	√
5/017	Centre for Mathematics Science and Technology Education in Africa	√	√	√	√
4/018	Chemelil Sugar Company	√	--	--	√
5/019	Child Welfare Society of Kenya	√	√	√	√
3/020	Chuka University	√	√	√	√
5/021	Coast Development Authority	√	√	√	√
6/022	Coast Institute of Technology	√	√	--	--
5/023	Coast Water Services Board	√	√	√	--
5/024	Commission for University Education	√	√	√	--
5/025	Communications Authority of Kenya	√	√	√	√
5/026	Competition Authority of Kenya	√	√	√	√
4/027	Consolidated Bank of Kenya	√	√	--	√
5/028	Constituency Development Fund	√	√	√	--
3/029	Co-operative University College of Kenya	√	√	√	√
5/030	Cotton Development Authority	--	--	--	--
5/031	Council of legal Education	--	--	--	--
3/032	Dedan Kimathi University of Science & Technology	√	√	√	√
4/033	East African Portland Cement Company Ltd.	√	√	√	√
5/034	Education Standards Quality Assurance Control	--	--	--	--
3/035	Egerton University	√	√	√	√
6/036	Egoji Teachers Training College	--	--	--	--
3/037	Embu University College	√	√	√	√
6/038	Emining Technical Training Institute	√	--	--	--
5/039	Energy Regulatory Commission	√	√	√	√

PC No.	INSTITUTIONS THAT REPORTED	Q1	Q2	Q3	Q4
5/040	Engineers Board of Kenya	√	√	√	√
6/041	Eregi Teachers Training College	--	--	--	--
5/042	Ewaso Ng'iro North Development Authority	√	√	--	--
5/043	Ewaso Ng'iro South Development Authority	√	√	√	--
5/044	Export Processing Zones Authority	√	√	√	√
5/045	Export Promotion Council	√	√	√	√
6/046	Friends College Kaimosi	--	--	--	--
6/047	Garissa Teachers Training College	--	--	--	--
3/048	Garissa University College	--	--	--	--
5/049	Geothermal Development Company Limited	√	√	√	√
6/050	Gusii Institute of Technology	√	√	√	√
5/051	Higher Education Loans Board	√	√	√	√
5/052	ICT Authority	√	√	√	--
4/053	Industrial and Commercial Development Corporation	√	√	√	√
4/054	Industrial Development Bank	√	√	√	√
5/055	Insurance Regulatory Authority	√	√	√	--
3/056	Jaramogi Oginga Odinga University of Science and Technology	√	√	√	√
6/057	Jeremiah Nyagah Technical Institute	--	--	--	--
4/058	Jomo Kenyatta Foundation	√	√	√	√
3/059	Jomo Kenyatta University of Agriculture and Technology	√	√	√	√
6/060	Kabete Technical Training Institute	√	√	√	√
6/061	Kagumo Teachers Training College	--	--	--	--
6/062	Kaiboi Technical Training Institute	--	--	√	--
6/063	Kaimosi Teachers Training College	√	√	√	√
7/037	Kakamega County	√	√	√	√
6/064	Kamwenja Teachers Training College	√	√	√	√
3/065	Karatina University	√	√	√	√
6/066	Karen Technical Training Institute For The Deaf	√	√	√	√
6/067	Katine Technical Training Institute	--	--	√	√
5/068	Kenya Accountants and Secretaries National Examinations Board	√	√	√	√
5/069	Kenya Accreditation Services	√	--	--	--
5/070	Kenya Agricultural and Livestock Research Organization	√	√	√	√
4/071	Kenya Airports Authority	√	√	√	√
5/072	Kenya Animal Genetic Resources	√	√	√	√
4/073	Kenya Broadcasting Corporation	√	√	√	√
5/074	Kenya Bureau of Standards	√	√	√	√
5/075	Kenya Civil Aviation Authority	√	√	√	--
5/076	Kenya Copyright Board	√	--	--	--
5/077	Kenya Cultural Centre	--	--	--	--

PC No.	INSTITUTIONS THAT REPORTED	Q1	Q2	Q3	Q4
5/078	Kenya Dairy Board	√	√	√	√
5/079	Kenya Education Management Institute	√	√	√	√
4/080	Kenya Electricity Generating Company Ltd.	√	√	√	√
4/081	Kenya Electricity Transmission Company	√	√	√	√
5/082	Kenya Ferry Services Ltd	√	√	√	√
5/083	Kenya Film Classification Board	√	√	√	--
5/084	Kenya Film Commission	√	√	√	√
5/085	Kenya Forest Service	√	√	√	√
5/086	Kenya Forestry Research Institute	√	√	√	√
4/087	Kenya Industrial Estates	√	√	√	√
5/088	Kenya Industrial Property Institute	--	--	--	--
5/089	Kenya Industrial Research and Development Institute	√	√	√	√
5/090	Kenya Institute for Public Policy Research and Analysis	√	√	√	√
6/091	Kenya Institute For The Blind	√	√	--	--
5/092	Kenya Institute of Curriculum Development	√	√	√	√
5/093	Kenya Institute of Mass Communication	√	√	√	--
5/094	Kenya Institute of Special Education	√	√	√	--
5/095	Kenya Investment Authority	√	√	√	√
5/096	Kenya Law Reform Commission	--	--	--	--
5/097	Kenya Leather Development Council	√	√	√	√
4/098	Kenya Literature Bureau	√	√	√	√
5/099	Kenya Marine and Fisheries Research Institute	√	√	√	√
5/100	Kenya Maritime Authority	√	√	√	√
4/101	Kenya Meat Commission	--	--	--	--
5/102	Kenya Medical Research Institute	√	√	√	--
5/103	Kenya Medical Supplies Agency	√	√	√	√
5/104	Kenya Medical Training College	√	√	√	√
4/105	Kenya National Assurance Company Ltd	√	√	√	--
5/106	Kenya National Bureau of Statistics	√	√	√	√
5/107	Kenya National Commission for UNESCO	√	√	--	--
5/108	Kenya National Examinations Council	√	√	√	√
5/109	Kenya National Highways Authority	√	√	√	√
5/110	Kenya National Library Services	√	√	√	√
4/111	Kenya National Shipping Line	√	√	√	--
4/112	Kenya National Trading Corporation	√	√	√	
5/113	Kenya Nuclear Electricity Board	√	√	√	√
5/114	Kenya Ordinance Factories Corporation	--	--	--	--
4/115	Kenya Pipeline Company Ltd.	√	√	√	√
5/116	Kenya Plant Health Inspectorate Services	√	√	√	√
4/117	Kenya Ports Authority	√	√	√	√
4/118	Kenya Post Office Savings Bank	√	√	√	--

PC No.	INSTITUTIONS THAT REPORTED	Q1	Q2	Q3	Q4
4/119	Kenya Power and Lighting Company Limited	√	√	√	√
4/120	Kenya Railways Corporation	√	√	√	√
4/121	Kenya Re-Insurance Corporation	√	√	√	√
4/122	Kenya Revenue Authority	√	√	√	√
4/123	Kenya Roads Board	√	√	√	√
4/124	Kenya Rural Roads Authority	√	√	√	√
4/125	Kenya Safari Lodges and Hotels	√	--	--	√
5/126	Kenya School of Government	√	√	--	√
5/127	Kenya School of Law	--	--	√	√
4/128	Kenya Seed Company Ltd.	√	√	--	--
5/129	Kenya Sports Academy	--	--	--	--
6/130	Kenya Technical Teachers College	√	√	√	√
5/131	Kenya Tourism Board	√	√	√	--
5/132	Kenya Trade Network Agency	√	√	√	√
5/133	Kenya Tsetse and Trypanosomiasis Eradication Council	√	√	√	--
5/134	Kenya University and Colleges Placement Services	√	√	√	√
4/135	Kenya Urban Roads Authority	√	√	√	√
5/136	Kenya Utalii College	√	√	√	√
5/137	Kenya Veterinary Board	√	√	√	--
5/138	Kenya Veterinary Vaccines Production Institute	√	√	√	√
5/139	Kenya Water Institute	√	√	√	√
5/140	Kenya Water Towers Agency	--	--	--	--
5/141	Kenya Wildlife Service	√	√	√	√
4/142	Kenya Wine Agencies Ltd.	--	--	--	--
5/143	Kenya Yearbook Editorial	√	--	--	√
4/144	Kenyatta International Convention Centre	√	√	√	√
5/145	Kenyatta National Hospital	√	√	√	√
3/146	Kenyatta University	√	√	√	√
6/147	Kenya Teachers Training College	--	--	--	--
6/148	Kericho Teachers Training College	--	--	--	--
5/149	Kerio Valley Development Authority	√	√	√	√
6/150	Keroka Technical Training Institute	--	--	--	--
6/151	Kiambu Institute of Science And Technology	--	--	--	√
6/152	Kibabii Diploma Teachers Training College	--	--	--	--
3/153	Kibabii University College	√	√	√	--
6/154	Kiirua Technical Training Institute	√	√	√	√
3/155	Kirinyaga University College	√	√	√	--
3/156	Kisii University	√	√	√	----
6/157	Kisiwa Technical Training Institute	--	--	--	√
6/158	Kitale Technical Training Institute	--	--	--	--
5/159	Kitui Teachers Training College	√	√	√	--
5/160	Konza Techno polis Development Authority	√	√	√	--
3/161	Laikipia University	√	√	√	√

PC No.	INSTITUTIONS THAT REPORTED	Q1	Q2	Q3	Q4
5/162	Lake Basin Development Authority	√	√	√	--
5/163	Lake Victoria North Water Services Board	√	√	√	√
5/164	Lake Victoria South Water Services Board	√	√	√	--
5/165	LAPPSET Corridor Development Authority	√	√	√	--
5/166	Local Authorities Provident Fund	√	√	√	√
3/167	Maasai Mara University	√	√	√	--
6/168	Maasai Technical Training Institute	√	√	√	--
6/169	Machakos Teachers Training College	√	√	√	√
6/170	Machakos Technical Training Institute for The Blind	√	√	√	√
3/171	Machakos University College	√	√	√	√
3/172	Maseno University	√	√	√	√
6/173	Masinde Muliro University of Science and Technology	√	√	√	√
6/174	Mathenge Technical Training Institute	√	√	√	√
6/175	Matili Technical Training Institute	--	--	--	--
6/176	Mawego Technical Training Institute	√	--	--	√
5/177	Media Council of Kenya	√	√	√	--
6/178	Meru Teachers Training College	√	√	--	--
6/179	Meru Technical Training Institute	√	√	√	--
3/180	Meru University College of Science and Technology	√	√	√	√
6/181	Michuki Technical Training Institute	--	--	--	--
5/182	Micro and Small Enterprise Authority (MSEA)	√	√	√	√
6/183	Migori Teachers Training College	√	√	√	√
1/184	Ministry of Agriculture, Livestock and Fisheries	√	√	√	√
1/185	Ministry of Devolution and Planning	√	√	√	--
1/186	Ministry of East Africa Affairs, Commerce and Tourism	√	√	√	√
1/187	Ministry of Education, Science and Technology	√	√	√	√
1/188	Ministry of Energy and Petroleum	√	√	√	√
1/189	Ministry of Environment, Water and Natural Resources	√	√	√	--
1/190	Ministry of Foreign Affairs and International Trade	√	√	√	--
1/191	Ministry of Health	--	--	--	--
1/192	Ministry of Industrialization and Enterprise Development	√	--	--	--
1/193	Ministry of Information, Communication and Technology	√	√	√	--
1/194	Ministry of Interior and Co-ordination of National Government	√	√	√	√
1/195	Ministry of Labour, Social, Security and Services	√	√	√	√
1/196	Ministry of Lands, Housing and Urban development	√	√	√	√
1/197	Ministry of Mining	√	√	√	√
1/198	Ministry of Sports, Culture and The Arts	√	√	--	--
1/199	Ministry of State for Defence	√	√	--	--
1/200	Ministry of Water and irrigation	√	√	√	√
1/201	Ministry of Transport and Infrastructure	√	√	--	--

PC No.	INSTITUTIONS THAT REPORTED	Q1	Q2	Q3	Q4
1/202	Moi Institute of Technology	--	--	--	--
1/203	Moi Teachers Training College, Baringo	√	√	√	--
6/204	Moi Teaching and Referral Hospital	√	√	√	√
6/205	Moi University	√	√	√	√
5/206	Mombasa Technical Training Institute	--	--	--	--
3/207	Mosoriot Teachers Training College	--	--	--	--
6/208	Mukiria Technical Training Institute	√	√	--	√
6/209	Multi-Media University College of Kenya	√	√	√	√
6/210	Muranga Teachers Training College	--	--	--	----
3/211	Muranga University College	√	√	√	√
6/212	Musakasa Technical Training Institute	√	√	√	--
3/213	N'kabune Technical Training Institute	√	√	√	√
6/214	Nairobi Centre for International Protection	--	--	--	--
6/215	Nairobi Technical Training Institute	√	√	√	√
5/216	Narok Teachers Training College	--	--	--	--
6/217	National AIDS Control Council	√	√	√	√
6/218	National Authority for the Campaign Against Alcohol and Drug Abuse	√	√	√	√
5/219	National Biosafety Authority	√	√	√	√
5/220	National Cereals and Produce Board	√	√	√	√
5/221	National Commission for Science, Technology and Innovation	√	√	√	--
4/222	National Construction Authority	√	√	√	√
5/223	National Council for Children Services	√	√	√	
5/224	National Council for Persons with Disabilities	√	√	√	√
5/225	National Council for Population and Development	√	√	√	--
5/226	National Crime Research Centre	√	√	√	--
5/227	National Drought Management Authority	√	--	--	√
5/228	National Environmental Management Authority	√	√	√	√
5/229	National Hospital Insurance Fund	√	√	√	√
5/230	National Housing Corporation	√	√	√	√
4/231	National Industrial Training Authority	√	√	√	√
4/232	National Irrigation Board	√	√	√	√
5/233	National Museums of Kenya	√	--	--	--
5/234	National Oil Corporation of Kenya	√	√	√	√
5/235	National Social Security Fund	√	√	√	√
4/236	National Sports Fund	--	--	--	--
4/237	National Transport and Safety Authority	√	√	√	
5/238	National Water Conservation and Pipeline Corporation	√	√	√	√
5/239	National Youth Council	--	--	--	
5/240	New Kenya Cooperative Creameries Ltd	√	√	√	√
5/241	NGO Coordination Board	√	√	√	√
4/242	North Eastern Province Technical Training Institute	--	--	--	--

PC No.	INSTITUTIONS THAT REPORTED	Q1	Q2	Q3	Q4
5/243	Northern Water Services Board	√	√	√	√
6/244	Nursing Council of Kenya	√	√	√	√
5/245	Numerical Machining Complex	√	√	√	√
4/246	Nyandarua Institute of Science and Technology	--	--	--	--
5/247	Nyayo Tea Zones Development Corporation	√	√	√	√
6/248	Nyeri Technical Training Institute	√	√	√	--
4/249	Nzoia Sugar Company	--	√	--	--
6/250	Office of Attorney General and Department of Justice	√	√	√	√
4/251	Ollessos Technical Training Institute	--	--	--	√
1/252	Paramount Chief Kinyanjui Technical Training Institute	--	--	--	--
6/253	Pest Control Products Board	√	√	√	√
6/254	Postal Corporation of Kenya	√	√	√	√
5/255	Privatization Commission of Kenya	√	√	√	√
4/256	Public Procurement Oversight Authority	√	√	√	--
5/257	Public Service Commission	--	--	--	--
5/258	Pwani University	√	√	√	--
1/259	Pyrethrum Board of Kenya	--	--	--	--
3/260	Ramogi Institute of Technology	√	√	√	--
4/261	Retirement Benefits Authority	√	√	√	√
6/262	Rift Valley Institute of Science and Technology	√	√	√	--
5/263	Rift Valley Technical Training Institute	--	--	--	√
6/264	Rift Valley Water Services Board	√	√	√	
6/265	Rongo University College	√	√	√	√
5/266	Rural Electrification Authority	√	√	√	
3/267	Sacco Societies Regulatory Authority	√	√	√	√
5/268	Sangalo Institute of Science and Technology	--	--	--	
5/269	School Equipment Production Unit	--	√	√	√
6/270	Shamberere Technical Training Institute	--	--	--	√
4/271	Shanzu Teachers Training College	--	--	--	--
6/272	Siaya Institute of Technology	--	--	--	--
6/273	Sigalagala Technical Training Institute	√	√	--	--
6/274	Sikrii Technical Institute	√	√	√	--
6/275	South Eastern University	√	√	√	√
6/276	South Nyanza Sugar Company	√	√	√	--
3/277	Sports Kenya	--	--	--	--
4/278	St. Johns Teachers Training College, Kilimambogo	√	√	√	√
5/279	St. Joseph Nyangoma Technical Training Institute for the Deaf	√	--	--	--
6/280	St. Marks Teachers Training College, Kigari	√	√	√	√
6/281	State House	√	√	√	√
6/282	Taita Taveta University	√	√	√	--
1/283	Tambach Teachers Training College	√	√	√	--
3/284	Tana and Athi Rivers Development Authority	√	√	√	√

PC No.	INSTITUTIONS THAT REPORTED	Q1	Q2	Q3	Q4
6/285	Tana Water Services Board	√	√	√	--
5/286	Tanathi Water Services Board	√	√	√	√
5/287	Teachers Service Commission	√	√	√	√
5/288	Technical University of Kenya	√	√	√	√
3/289	Technical University of Mombasa	√	√	√	√
3/290	The Eldoret National Polytechnic	√	--	√	--
6/291	The Kisumu National Polytechnic	√	√	√	--
6/292	The National Treasury	√	√	√	--
1/293	The Presidency	--	--	--	--
1/294	Thika Technical Training Institute	√	--	√	--
6/295	Thogoto Teachers Training College	--	--	--	--
6/296	TIVET Authority	√	√	√	--
5/297	Tourism Finance Corporation	√	√	√	--
4/298	Tourism Fund	√	√	√	√
5/299	Unclaimed Financial Assets Authority	√	√	√	
5/300	United Nations Educational, Scientific and Culture Organization	√	--	√	√
5/301	University of Eldoret	√	√	√	√
3/302	University of Kabianga	√	√	√	√
3/303	University of Nairobi	√	√	√	√
3/304	University of Nairobi Enterprises and Services Ltd	√	√	√	√
4/305	Uwezo Fund	--	--	--	--
5/306	Vocational Training Centre for the Blind and Deaf	√	√	√	√
1/307	Vision 2030 Delivery Secretariat	√	√	√	√
5/308	Water Appeals Board	--	--	--	--
5/309	Water Resources Management Authority	√	√	√	√
5/310	Water Services Regulatory Board	√	√	√	√
5/311	Water Services Trust Fund	√	√	√	√
5/312	Witness Protection Agency	√	√	√	√
5/313	Woman Enterprise Fund	√	√	√	--
6/314	Wote Technical Training Institute	--	--	√	--
5/315	Youth Enterprise Development Fund	√	√	√	--
	Kenya Prisons Service	--	√	√	√
	Technical and Vocational Education and Training Authority	--	--	--	√



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