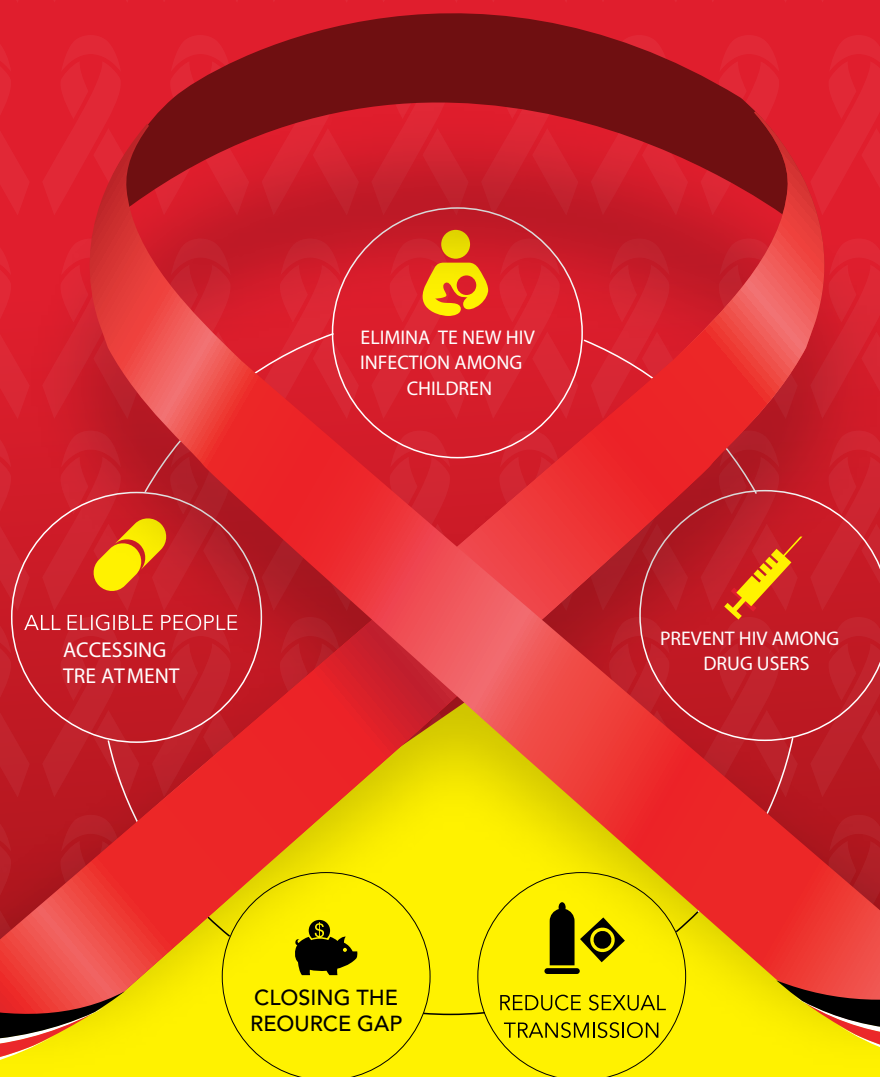




Ministry of Health

KENYA HIV COUNTY PROFILES



maisha!
National AIDS Control Council

www.nacc.or.ke

2014

National AIDS and STI
Control Programme

www.nascop.or.ke

CONTENTS

Preface	1	Makueni County	76
Background	6	Mandera County	79
National Overview of the Epidemic	8	Marsabit County	82
HIV and AIDS County Profiles	9	Meru County	85
Baringo County	10	Migori County	88
Bomet County	13	Mombasa County	91
Bungoma County	16	Murang'a County	94
Busia County	19	Nairobi County	97
Elgeyo Marakwet County	22	Nakuru County	100
Embu County	25	Nandi County	103
Garissa County	28	Narok County	106
Homa Bay County	31	Nyamira County	109
Isiolo County	34	Nyandarua County	112
Kajiado County	37	Nyeri County	115
Kakamega County	40	Samburu County	118
Kericho County	43	Siaya County	121
Kiambu County	46	Taita Taveta County	124
Kilifi County	49	Tana River County	127
Kirinyaga County	52	Tharaka Nithi County	130
Kisii County	55	Trans Nzoia County	133
Kisumu County	58	Turkana County	136
Kitui County	61	Uasin Gishu County	139
Kwale County	64	Vihiga County	142
Laikipia County	67	Wajir County	145
Lamu County	70	West Pokot County	148
Machakos County	73		



596,228

*The number of adults on treatment in Kenya in 2011.
There has been a rapid scale up of treatment as is
evidenced by over 1,000 treatment sites*

PREFACE



The National AIDS Control Council (NACC) as the coordinating body for the AIDS response is charged with the responsibility of coordinating the national AIDS response.

In order to effectively support county governments to implement successful programmes that are evidence based and take into account county heterogeneity, the NACC has profiled the status of the HIV epidemic of all counties.

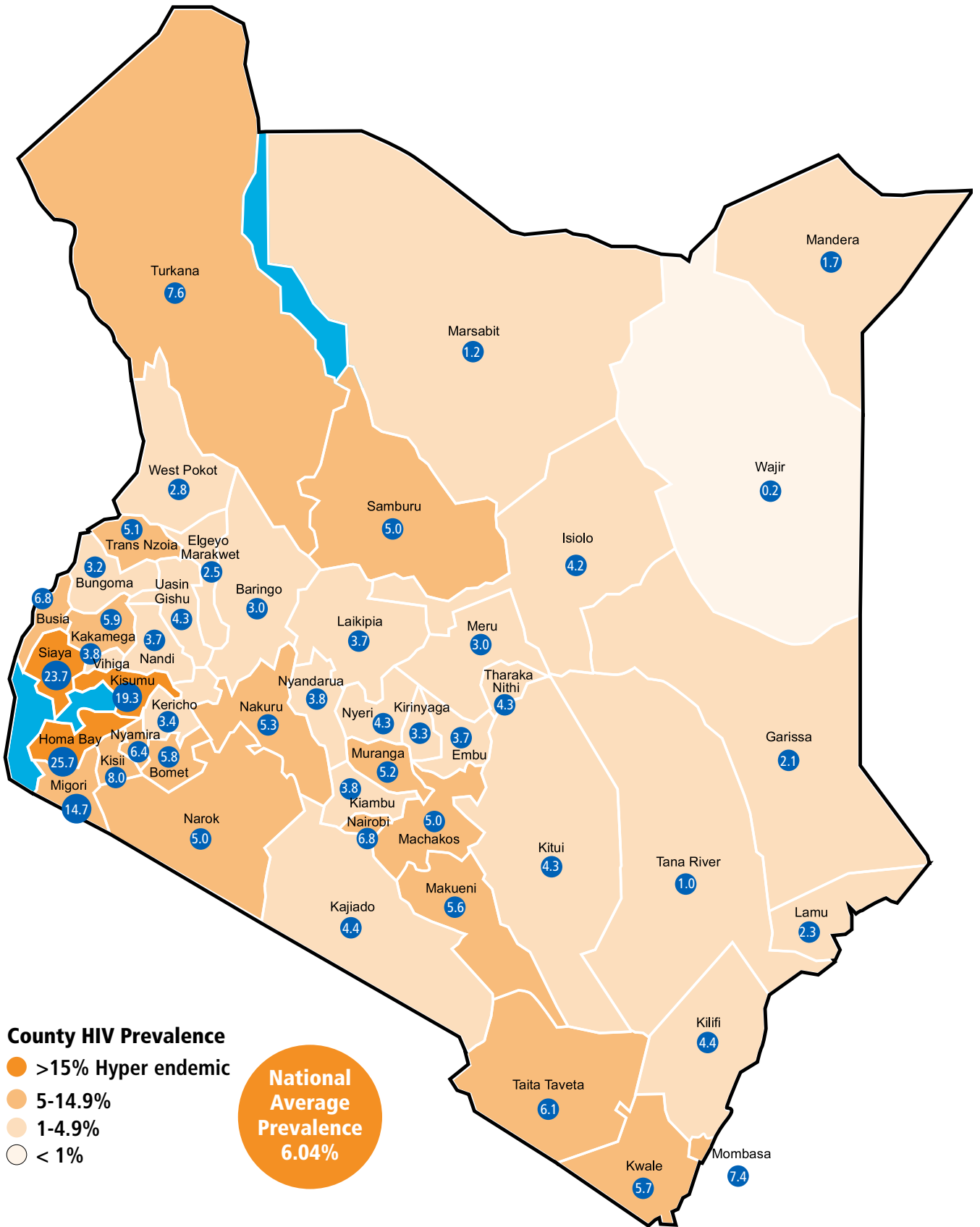
We take this opportunity to launch the second edition of the HIV County Profiles. This document contains data based on 2014 HIV estimates that can be used to design county specific HIV and AIDS programmes that respond to the unique context of each of the 47 counties.

I would like to thank UNAIDS for technical and financial support to prepare the county profiles

Dr. Nduku Kilonzo
Director, National AIDS Control Council



ESTIMATED ADULT (15+) HIV PREVALENCE BY COUNTY



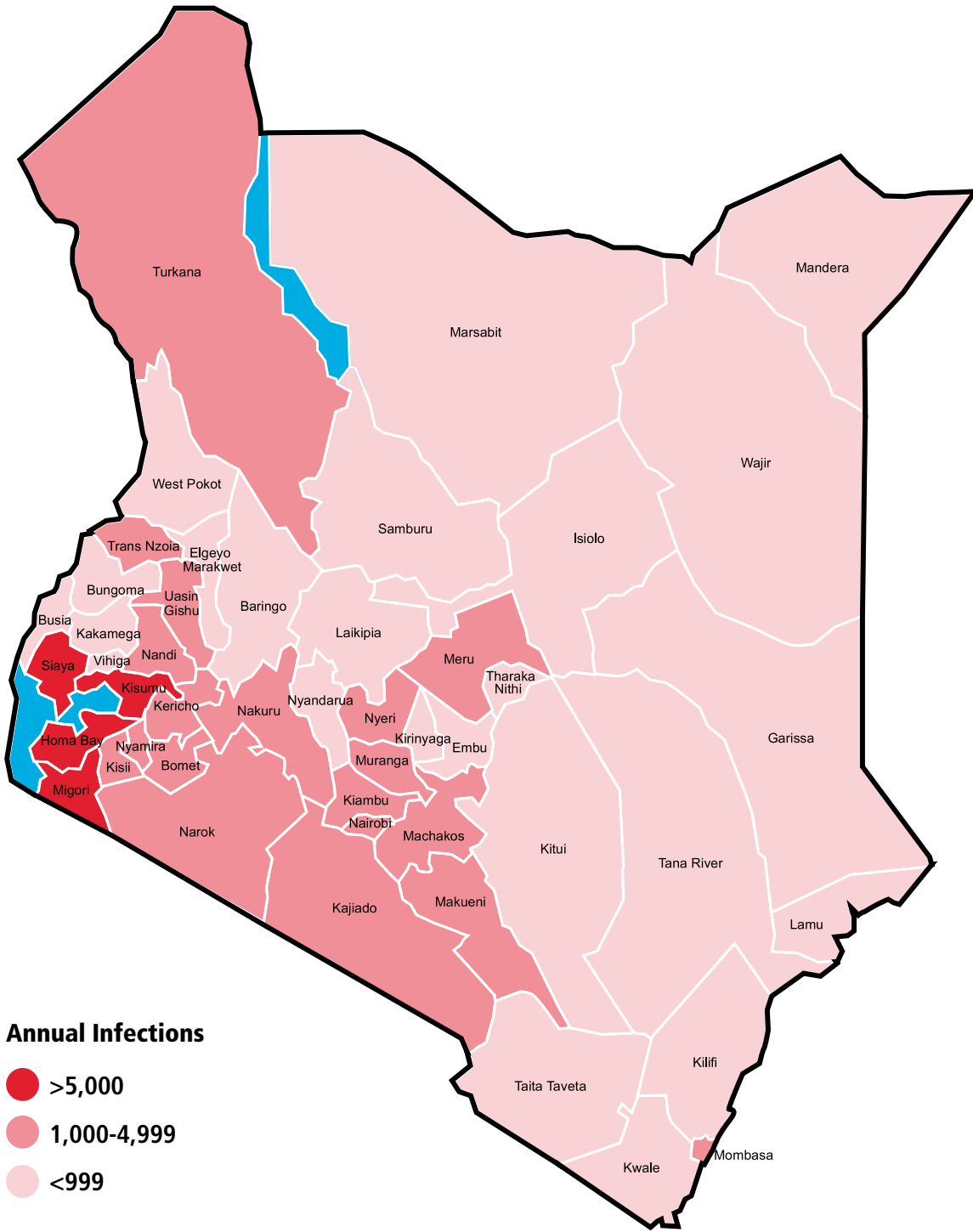
County HIV Prevalence

- >15% Hyper endemic
- 5-14.9%
- 1-4.9%
- < 1%

National Average Prevalence
6.04%



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



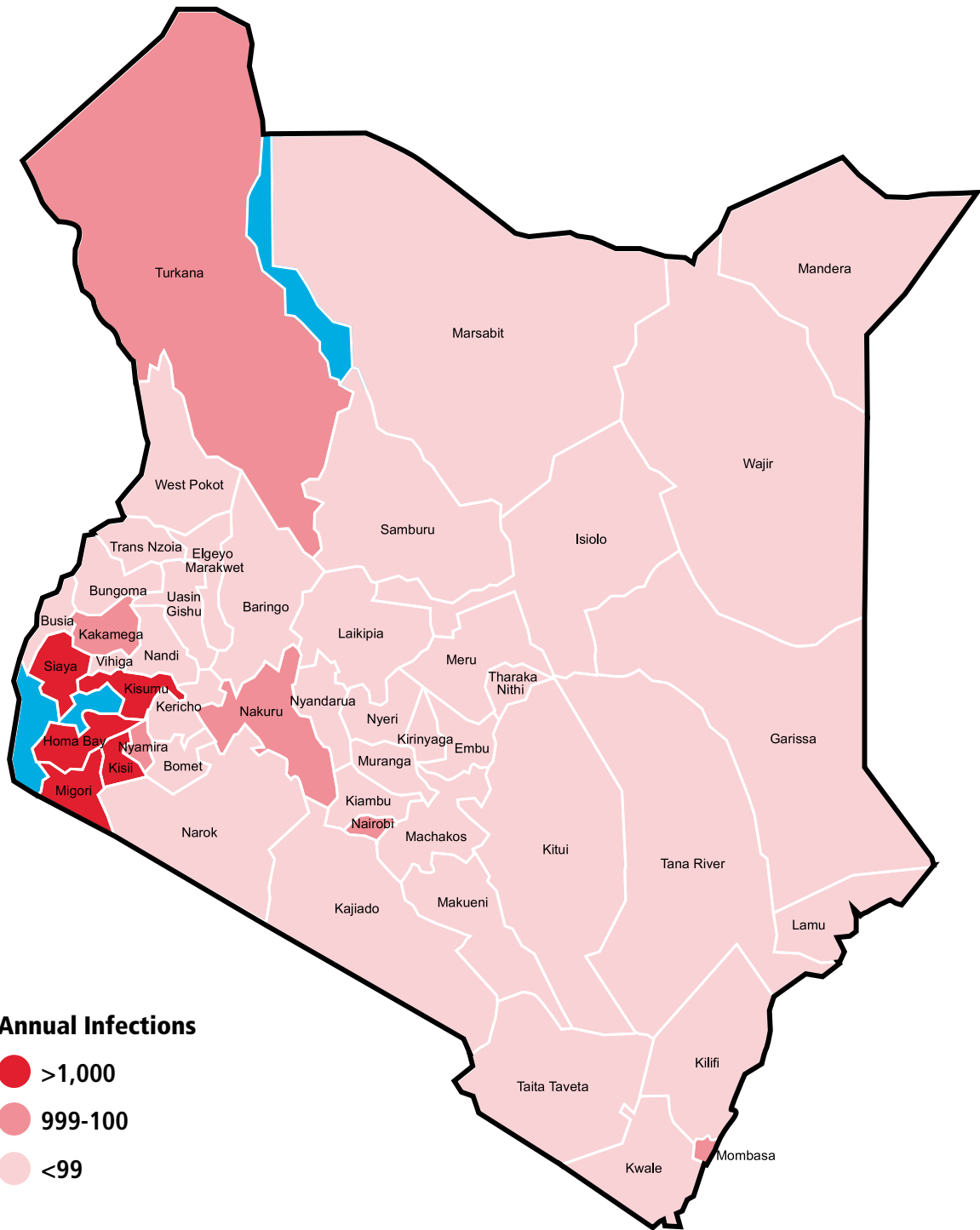
Annual Infections

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

Counties	New HIV Infections	Counties	New HIV Infections	Counties	New HIV Infections	Counties	New HIV Infections	Counties	New HIV Infections
● Homa Bay	12,279	● Muranga	1,984	● Kericho	1,214	● West Pokot	576	● Bungoma	83
● Kisumu	10,349	● Uasin Gishu	1,921	● Makeni	1,193	● Embu	518	● Marsabit	81
● Siaya	9,869	● Bomet	1,875	● Meru	1,090	● Samburu	461	● Busia	51
● Migori	6,786	● Trans Nzoia	1,867	● Kitui	988	● Tharaka Nithi	410	● Lamu	44
● Kisii	4,891	● Narok	1,806	● Nyandarua	899	● Elgeyo Marakwet	400	● Tana River	40
● Nakuru	4,127	● Mombasa	1,609	● Kilifi	821	● Taita Taveta	330	● Vihiga	31
● Nairobi	3,098	● Kajiado	1,545	● Kirinyaga	795	● Kakamega	154	● Wajir	18
● Turkana	2,997	● Machakos	1,463	● Baringo	707	● Isiolo	151	Kenya	88,622
● Kiambu	2,931	● Nyeri	1,307	● Laikipia	692	● Mandera	137		
● Nyamira	2,052	● Nandi	1,253	● Kwale	623	● Garissa	116		



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



Annual Infections

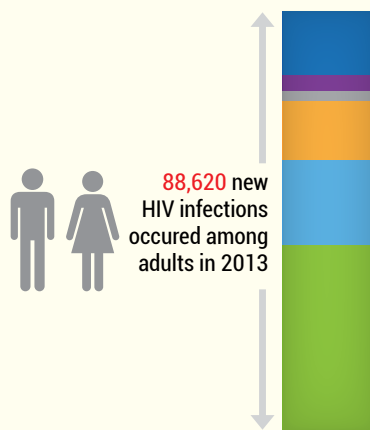
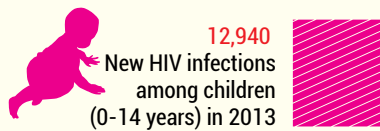
- >1,000
- 999-100
- <99

County	New Infections	County	New Infections	County	New Infections	County	New Infections	County	New Infections
● Homa Bay	2,700	● Turkana	143	● Kwale	65	● Taita Taveta	35	● Mandera	17
● Kisumu	2,276	● Kiambu	95	● Makeni	64	● Baringo	34	● Garissa	14
● Migori	1,492	● Bungoma	93	● Muranga	64	● Laikipia	33	● Isiolo	8
● Siaya	2,170	● Uasin Gishu	92	● Nandi	60	● Nyandarua	29	● Lamu	5
● Kisii	1,075	● Trans Nzoia	89	● Meru	59	● Embu	28	● Tana River	4
● Nyamira	451	● Bomet	89	● Kericho	58	● West Pokot	27	● Marsabit	4
● Nairobi	313	● Narok	86	● Busia	57	● Kirinyaga	26	● Wajir	2
● Nakuru	197	● Kilifi	86	● Kitui	53	● Samburu	22	Kenya	12,826
● Kakamega	172	● Machakos	79	● Nyeri	42	● Tharaka	22		
● Mombasa	169	● Kajiado	74	● Vihiga	35	● Elgeyo Marakwet	19		

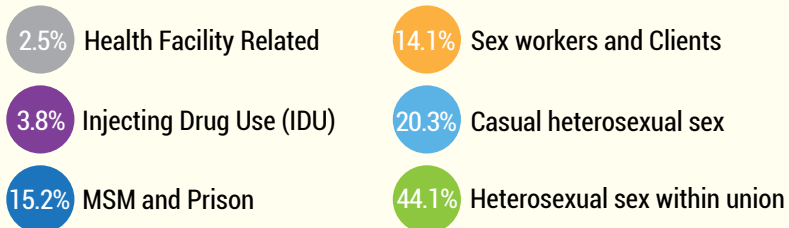
1

BACKGROUND

New HIV infections



21%
of new adult HIV infections
occur among young women
aged 15-24 every year



Sources: Kenya HIV Estimates Report, 2014
Modes of Transmission Study, 2009



Kenya is one of the six HIV 'high burden' countries in Africa – about 1.6 million people were living with HIV infection at the end of 2013. Women in Kenya are more vulnerable to HIV infection compared to Kenyan men, with the national HIV prevalence at 7.6 per cent for women and 5.6 per cent for men¹. The epidemic is geographically diverse, ranging from a high prevalence of 25.7 per cent in Homa Bay County in Nyanza region to a low of approximately 0.2 per cent in Wajir County in North Eastern region.

The high burden of HIV and AIDS in Kenya accounts for an estimated 29 per cent of annual adult deaths, 20 per cent of maternal mortality, and 15 per cent of deaths of children under the age of five². The epidemic has also negatively affected the country's economy by lowering per capita output by 4.1 per cent³. Kenya has an estimated 88,620 new HIV infections among adults and about 12,940 new infections among children annually. Stable and married couples are the most affected, as this group accounts for 44 per cent of the new adult infections (Figure 1)⁴.

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

With growing evidence that they are key drivers of the national HIV epidemic – for instance, the alarmingly high HIV prevalence rates of 29.3 per cent⁵ among sex workers, 18.2 per cent among men who have sex with men, and 18.3 per cent among injecting drug users – the government has initiated a programme for these population groups.

*The high burden of HIV and AIDS in Kenya accounts for an estimated **29%** of annual adult deaths, **20%** per cent of maternal mortality, and **15%** of deaths of children under the age of five*

Kenya has a HIV-TB coefficient of

1 Kenya HIV Estimates Report, 2014.

2 UNAIDS, Efficient and Sustainable HIV Responses: Case Studies on Country Progress, 2013.

3 National AIDS Control Council, Sustainable Financing of AIDS in Kenya, 2011.

4 National AIDS Control Council, Kenya HIV Prevention Response and Modes of Transmission Study, 2009.

5 Global AIDS Progress Report, Kenya, 2013.

NATIONAL OVERVIEW OF THE EPIDEMIC



596,228

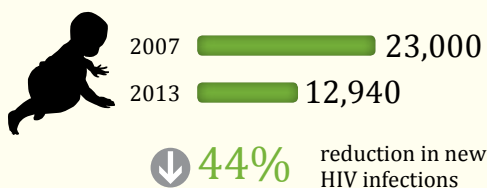
The number of adults on treatment in Kenya in 2011. There has been a rapid scale up of treatment as is evidenced by over 1,000 treatment sites



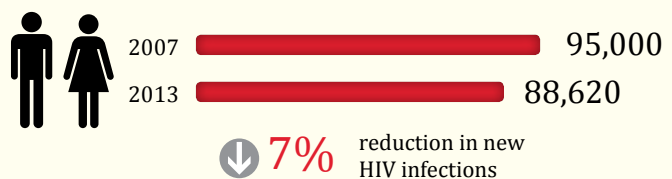
10 Counties with the Largest Number of People Living with HIV

County	Estimated PLHIV
Nairobi	177,552
Homabay	159,970
Kisumu	134,826
Siaya	128,568
Migori	88,405
Kisii	63,715
Nakuru	61,598
Kakamega	57,952
Mombasa	54,670
Kiambu	46,656

● New HIV infections among children



● New HIV infections among adults



Source: Kenya HIV Estimates Technical Report 2013

2

HIV AND AIDS COUNTY PROFILES



Monika Juma, a multi-drug resistant TB and HIV-positive patient waits to be treated at the Blue House Clinic in Mathare slum, Nairobi, Kenya, 5 February 07. Monika has been treated for TB for two months. © Siegfried/IRIN

BARINGO COUNTY

Section 1: HIV Burden in Baringo County

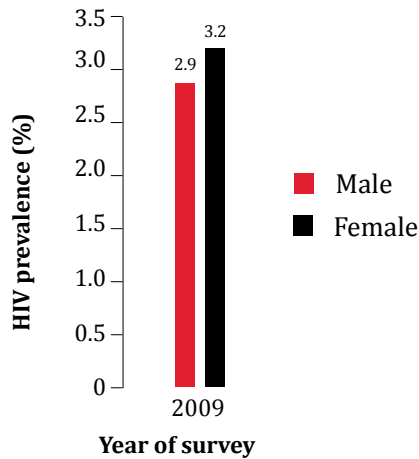
Table 1: HIV burden in Baringo

		Rank*
Total population (2013)	632,588	17
HIV adult prevalence (overall)	3.0%	9
Number of adults living with HIV	9,200	13
Number of children living with HIV	1,353	15
Total number of people living with HIV	10,553	13

*In this HIV burden and indicator ranking (Table 1), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Baringo County is higher (4.3%) than that of men (2.6%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Baringo County



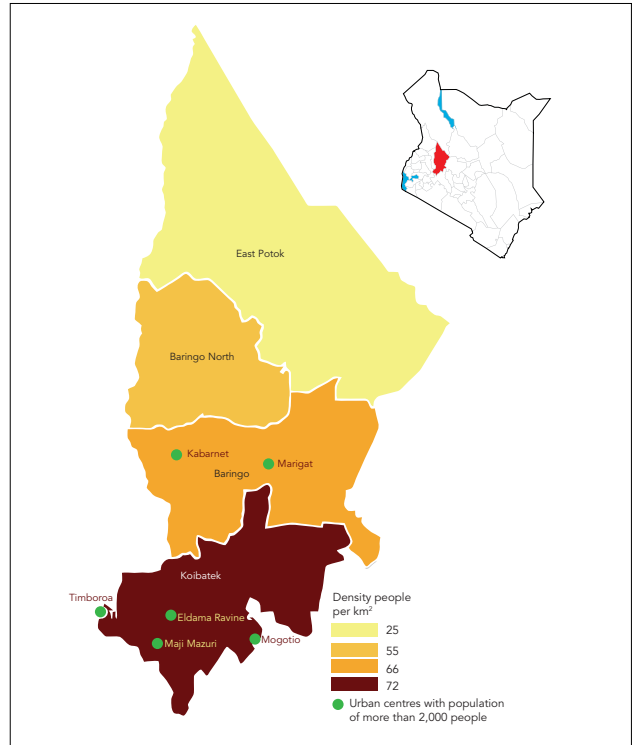
Source: Kenya Demographic and Health Survey

Section 2: Reducing Sexual Transmission of HIV

Table 2: Baringo County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	707	20	88,620

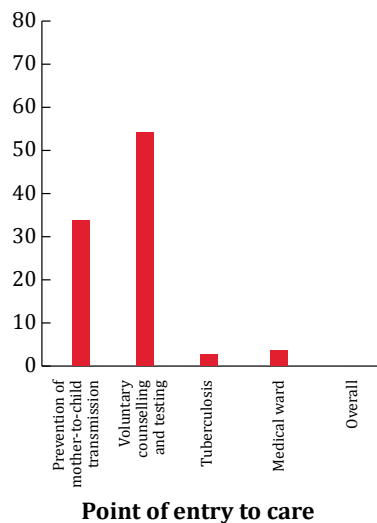
Source: Kenya HIV Estimates Report, 2014



HIV counselling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Baringo County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Baringo County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Baringo County, low condom use may pose a significant risk of HIV infection to the population.

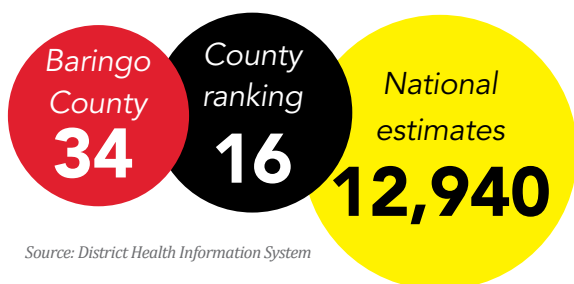
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Baringo County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Baringo County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

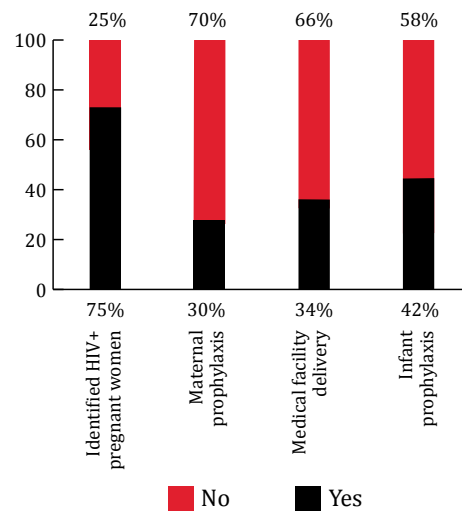
There were about 406 HIV pregnant women living with HIV in Baringo County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 4: Prevention of mother-to-child transmission uptake



- 38 per cent of HIV-positive pregnant women in Baringo County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Baringo County

Section 4: Expanding Access to Treatment

Table 3: Baringo County HIV treatment access annually

Indicator	Value
Adults in need of ART	4,498
Adults receiving ART	2,406
County ART adult coverage	53%
National ART adult coverage	79%
County ranking of ART coverage among adults*	33

Indicator	Value
Children in need of ART	952
Children receiving ART	345
County ART children coverage	36%
National ART children coverage	42%
County ranking of ART coverage among children	26

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Baringo orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan*	11,249
Poor Households with an orphan**	5,512
Cash Transfer Beneficiary Poor Households with an orphan***	2,241

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 41 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have been shown to reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **525** adults and **73** children died of AIDS-related conditions in 2013 in Baringo County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

BOMET COUNTY

Section 1: HIV Burden in Bomet County

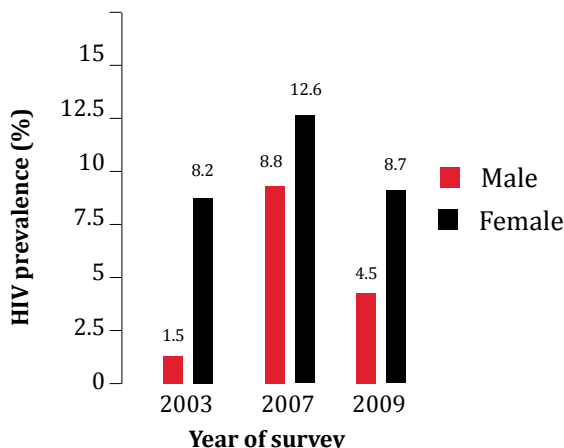
Table 1: HIV burden in Bomet

		Rank*
Total population (2013)	824,347	24
HIV adult prevalence (overall)	5.8%	35
Number of adults living with HIV	24,400	31
Number of children living with HIV	3,589	33
Total number of people living with HIV	27,989	32

*In this HIV burden and indicator ranking (Table 1), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Bomet County is higher (8.2%) than that of men (4.9%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Bomet County



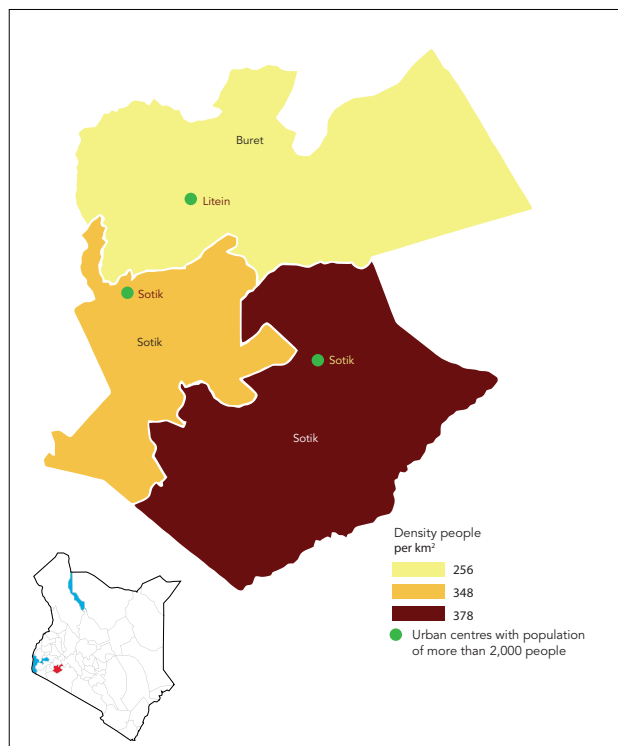
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Bomet County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	1875	35	88,620

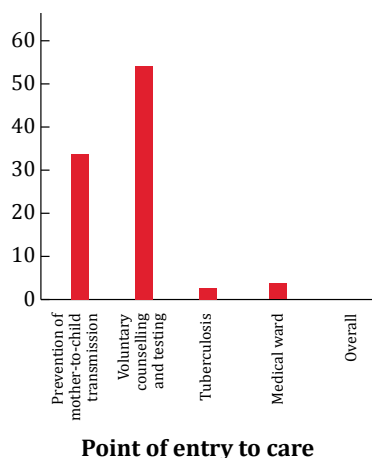
Source: Kenya HIV Estimates Report, 2014



HIV counselling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 46 per cent of people in Bomet County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Bomet County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Bomet County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Bomet County traditionally circumcise men, with over 95 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Bomet County, approximately 33 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 1,141 pregnant women living with HIV in Bomet County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

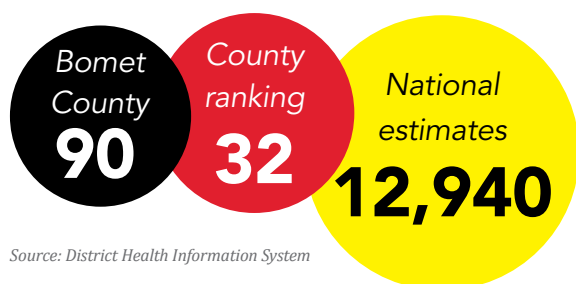
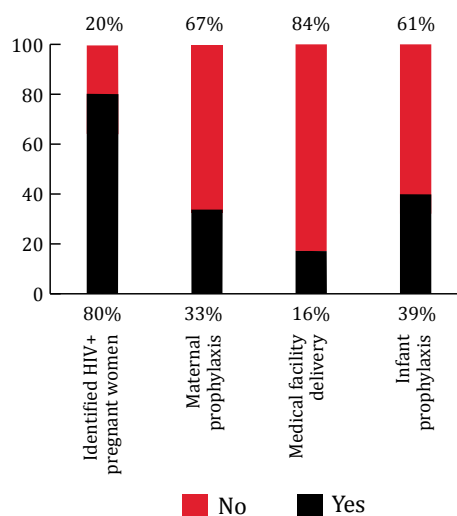


Figure 3: Prevention of mother-to-child transmission uptake



- 84% of HIV-positive pregnant women in Bomet County do not deliver in a health facility
- Only 45 per cent of pregnant women attend the recommended four antenatal visits in Bomet County

Section 4: Expanding Access to Treatment

Table 3: Bomet County HIV treatment access annually

Indicator	
Adults in need of ART	11,930
Adults receiving ART	4,511
County ART adult coverage	38%
National ART adult coverage	79%
County ranking of ART coverage among adults*	39

Indicator	
Children in need of ART	2,525
Children receiving ART	407
County ART children coverage	16%
National ART children coverage	42%
County ranking of ART coverage among children	40

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Bomet orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan*	16,664
Poor Households with an orphan**	8,165
Cash Transfer Beneficiary Poor Households with an orphan ***	2,865

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT-***

- Only 35 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **1,393** adults and **195** children died of AIDS-related conditions in 2013 in Bomet County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

BUNGOMA COUNTY

Section 1: HIV Burden in Bungoma County

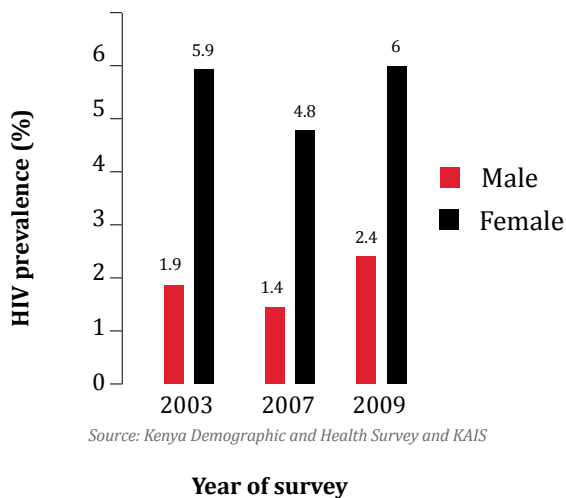
Table 1: HIV burden in Bungoma

		Rank*
Total population (2013)	1750,634	43
HIV adult prevalence (overall)	3.2%	11
Number of adults living with HIV	26,100	34
Number of children living with HIV	5,086	37
Total number of people living with HIV	31,186	34

*In this HIV burden and indicator ranking (Table 1), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Bungoma County is higher (4%) than that of men (2.4%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Bungoma County



Source: Kenya Demographic and Health Survey and KAIS

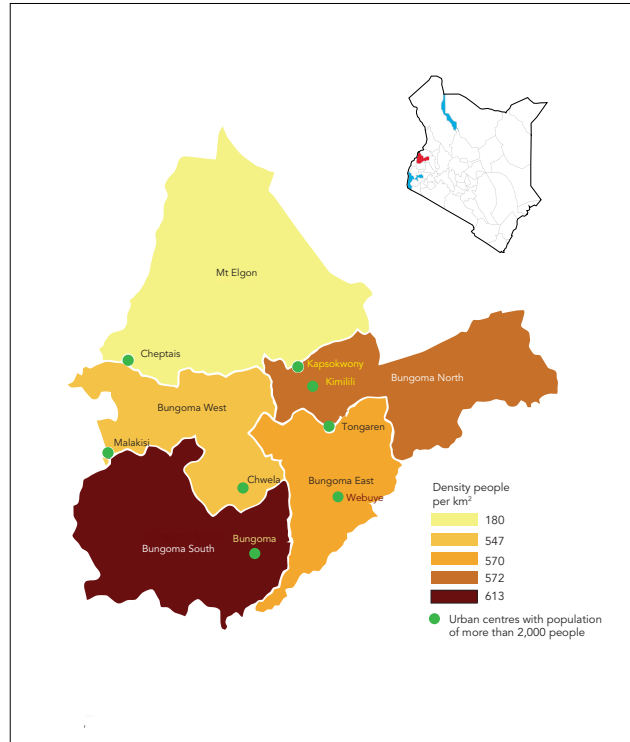
Year of survey

Section 2: Reducing Sexual Transmission of HIV

Table 2: Bungoma County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	83	7	88,620

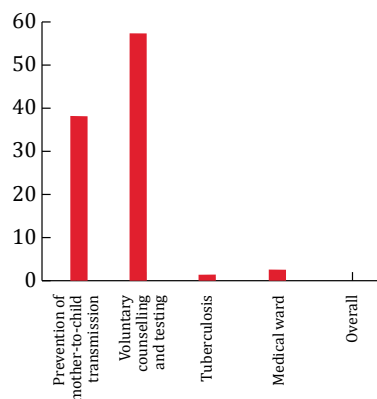
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 54 per cent of people in Bungoma County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Bungoma County



Point of entry to care

Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Bungoma County, low condom use may pose a significant risk of HIV infection to the population.

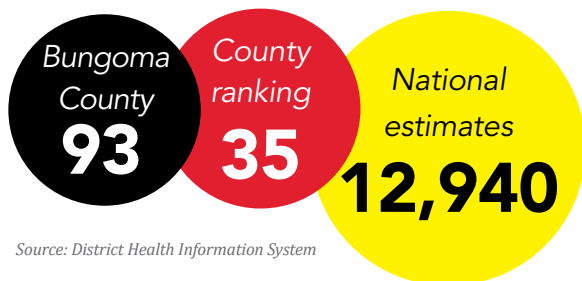
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Bungoma County traditionally circumcise men, with over 99 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Bungoma County, there are indications of early sexual debut. Voluntary medical male circumcision should be promoted for boys below 15 years of age before their first sexual encounter.

Section 3: Elimination of Mother-to-Child Transmission

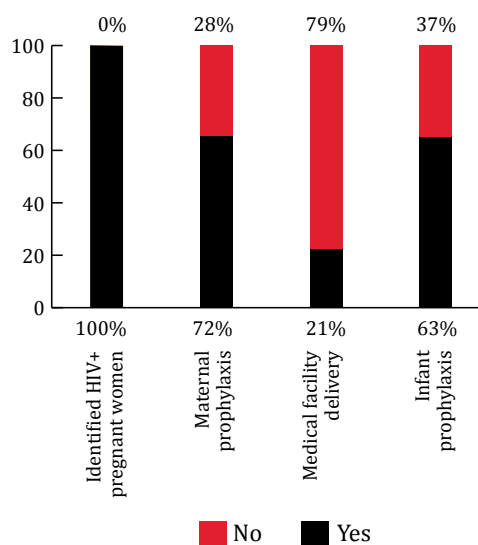
There were about 1,689 pregnant women living with HIV in Bungoma County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 3: Prevention of mother-to-child transmission uptake



- 79% of HIV-positive pregnant women in Bungoma County do not deliver in a health facility
- Only 29 per cent of pregnant women attend the recommended four antenatal visits in Bungoma County

Section 4: Expanding Access to Treatment

Table 3: Bomet County HIV treatment access annually

Indicator	
Adults in need of ART	17,164
Adults receiving ART	10,982
County ART adult coverage	64%
National ART adult coverage	79%
County ranking of ART coverage among adults*	27

Indicator	
Children in need of ART	3,578
Children receiving ART	1,140
County ART children coverage	32%
National ART children coverage	42%
County ranking of ART coverage among children	28

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Bungoma orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan*	30,493
Poor Households with an orphan**	14,942
Cash Transfer Beneficiary Poor Households with an orphan***	5,426

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT***

- Only 36 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **864** adults and **249** children died of AIDS-related conditions in 2013 in Bungoma County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

BUSIA COUNTY

Section 1: HIV Burden in Busia County

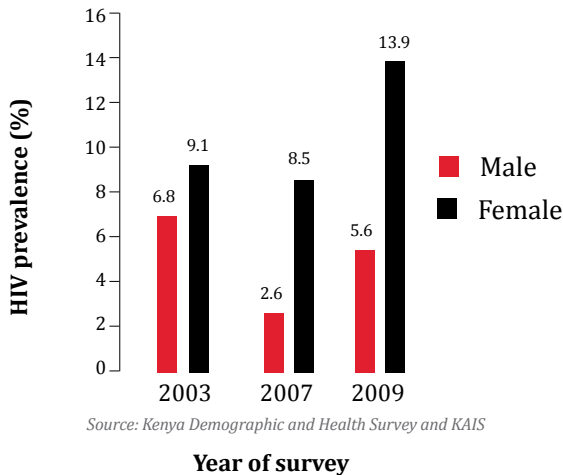
Table 1: HIV burden in Busia

		Rank*
Total population (2013)	523,875	12
HIV adult prevalence (overall)	6.8%	39
Number of adults living with HIV	16,100	20
Number of children living with HIV	3,138	27
Total number of people living with HIV	19,238	21

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Busia County is higher (8.4%) than that of men (5.1%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Busia County



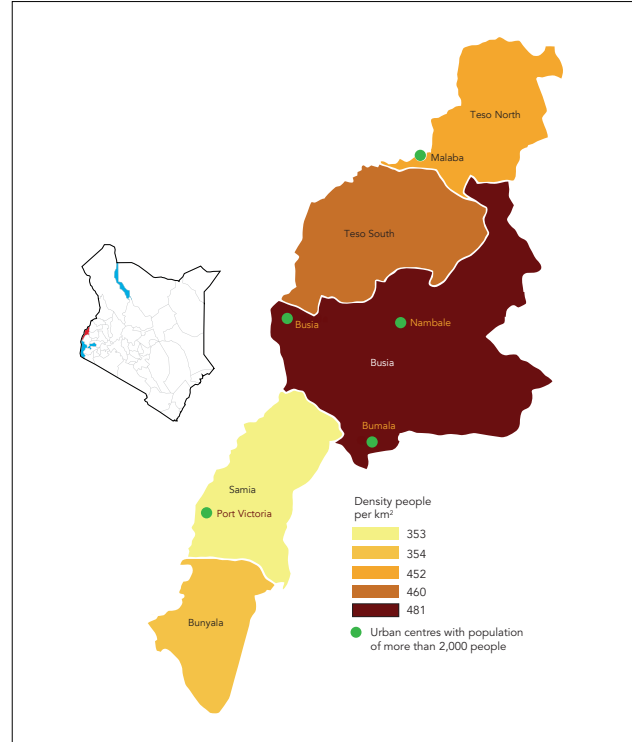
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Busia County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	51	5	88,620

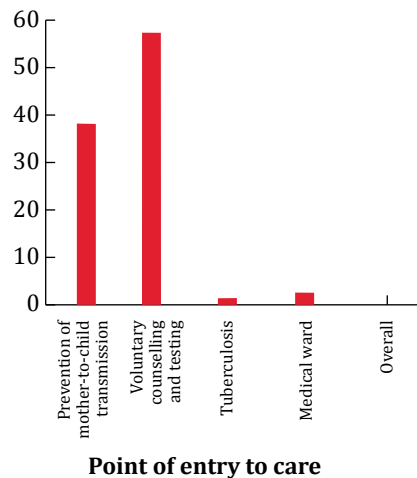
Source: Kenya HIV Estimates Report, 2014



HIV counselling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 43 per cent of people in Busia County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Busia County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Busia County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Some communities in Busia County traditionally circumcise men, with about 50 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Busia County, approximately 43 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut

Section 3: Elimination of Mother-to-Child Transmission

There were about 1,441 pregnant women living with HIV in Busia County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

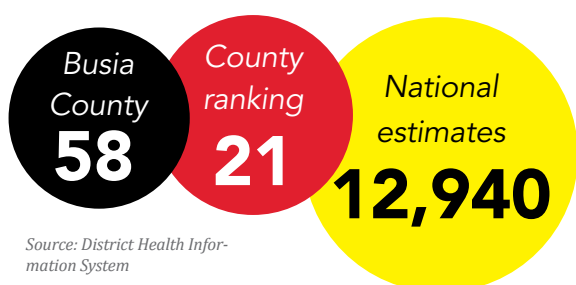
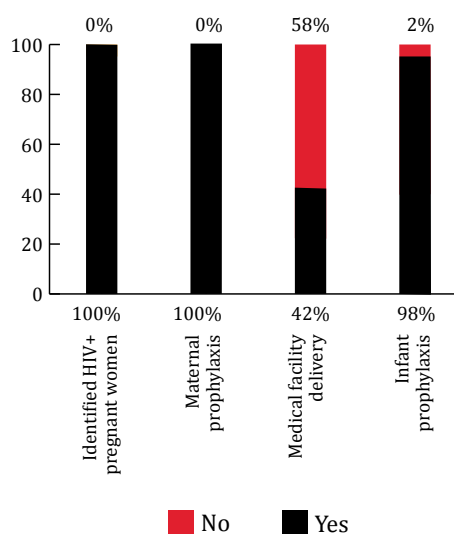


Figure 3: Prevention of mother-to-child transmission uptake



- 58% of HIV-positive pregnant women in Busia County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Busia County

Section 4: Expanding Access to Treatment

Table 3: Bomet County HIV treatment access annually

Indicator	Value
Adults in need of ART	10,588
Adults receiving ART	19,398
County ART adult coverage	100%
National ART adult coverage	79%
County ranking of ART coverage among adults*	1

Indicator	Value
Children in need of ART	2,207
Children receiving ART	1,657
County ART children coverage	75%
National ART children coverage	42%
County ranking of ART coverage among children	1

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Bomet orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan*	27,068
Poor Households with an orphan**	13,263
Cash Transfer Beneficiary Poor Households with an orphan ***	6,867

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolut poor)**
CT-OVC Households at July 2012 taken from CT.***

- Only 52 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **533** adults and **153** children died of AIDS-related conditions in 2013 in Busia County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

ELGEYO MARAKWET COUNTY

Section 1: HIV Burden in Elgeyo Marakwet County

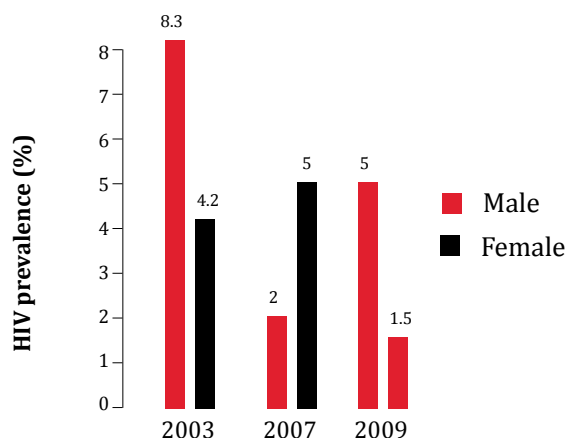
Table 1: HIV burden in Elgeyo Marakwet

		Rank*
Total population (2013)	421,282	9
HIV adult prevalence (overall)	2.5%	7
Number of adults living with HIV	5,200	8
Number of children living with HIV	765	6
Total number of people living with HIV	5,965	8

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Elgeyo Marakwet County is higher (3.5%) than that of men (2.1%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Elgeyo Marakwet County



Source: Kenya Demographic and Health Survey and KASIS

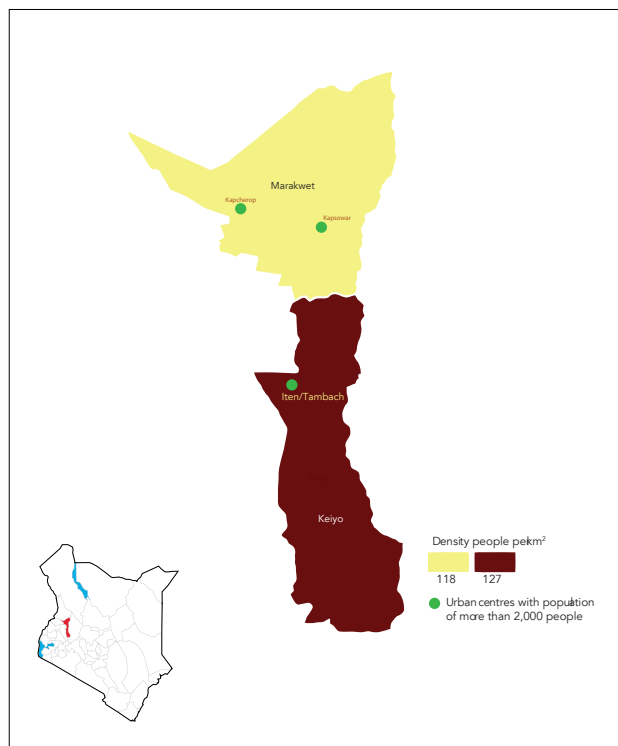
Year of survey

Section 2: Reducing Sexual Transmission of HIV

Table 2: Busia County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	400	13	88,620

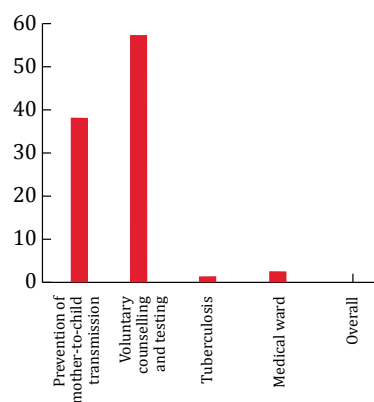
Source: Kenya HIV Estimates Report, 2014



HIV counselling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 62 per cent of people in Elgeyo Marakwet County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Elgeyo Marakwet County



Point of entry to care

Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Elgeyo Marakwet County, low condom use may pose a significant risk of HIV infection to the population.

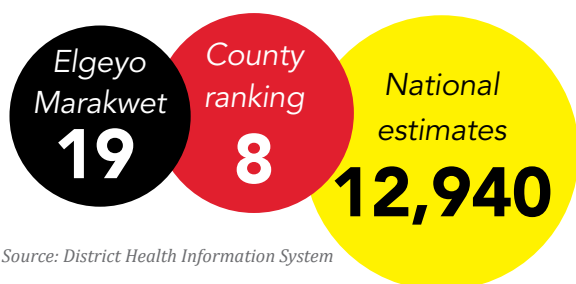
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Elgeyo Marakwet County traditionally circumcise men, with over 78 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Elgeyo Marakwet County, approximately 33 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

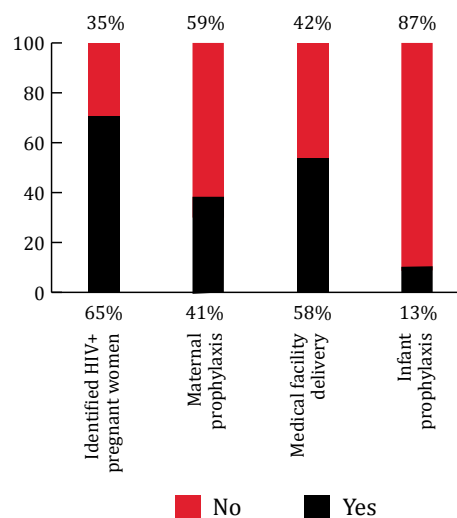
There were about 200 pregnant women living with HIV in Elgeyo Marakwet County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 3: Prevention of mother-to-child transmission uptake



- 71% of HIV-positive pregnant women in Elgeyo Marakwet do not deliver in a health facility
- Only 30 per cent of pregnant women attend the recommended four antenatal visits in Elgeyo Marakwet County

Section 4: Expanding Access to Treatment

Table 3: Elgeyo Marakwet County HIV treatment access annually

Indicator	Value
Adults in need of ART	2,542
Adults receiving ART	978
County ART adult coverage	38%
National ART adult coverage	79%
County ranking of ART coverage among adults*	40
Indicator	Value
Children in need of ART	538
Children receiving ART	89
County ART children coverage	17%
National ART children coverage	42%
County ranking of ART coverage among children	38

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Elgeyo Marakwet orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan*	6,287
Poor Households with an orphan**	3,081
Cash Transfer Beneficiary Poor Households with an orphan ***	1412

Source: UNICEF, 2012;

National Census, 2009*

Assuming 49% of population living below poverty line (absolut poor)**

CT-OVC Households at July 2012 taken from CT-***

- Only 46 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **297** adults and **42** children died of AIDS-related conditions in 2013 in Elgeyo Marakwet County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

EMBU COUNTY

Section 1: HIV Burden in Embu County

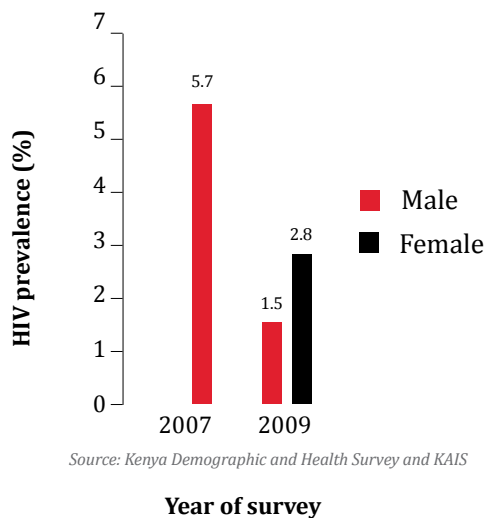
Table 1: HIV burden in Embu

		Rank*
Total population (2013)	543,158	13
HIV adult prevalence (overall)	3.7%	14
Number of adults living with HIV	9,600	14
Number of children living with HIV	1,465	17
Total number of people living with HIV	11,065	14

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Embu County is higher (5.0%) than that of men (2.2%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Embu County



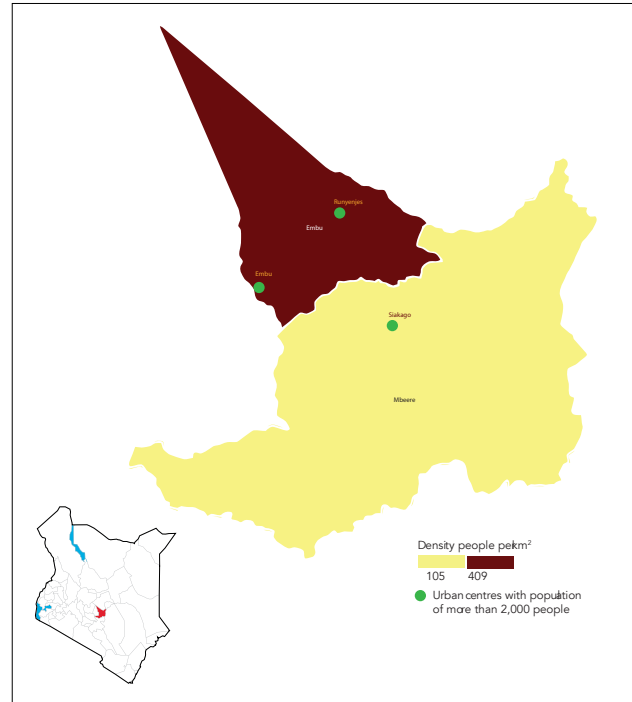
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Embu County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	518	16	88,620

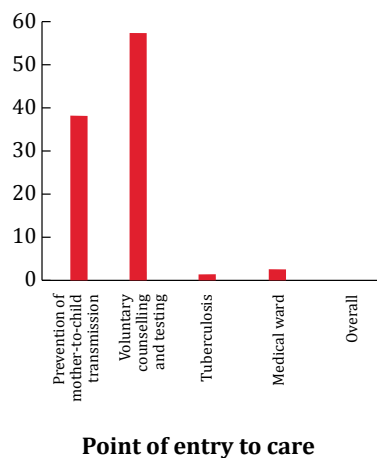
Source: Kenya HIV Estimates Report, 2014



HIV counselling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 54 per cent of people in Embu County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Embu County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Embu County, low condom use may pose a significant risk of HIV infection to the population.

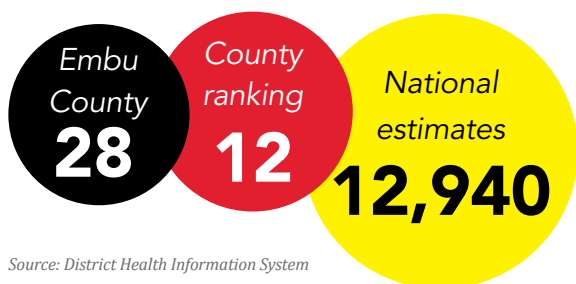
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Embu County traditionally circumcise men, with almost 100 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Embu County, there are indications of early sexual debut. Voluntary medical male circumcision should be promoted for boys below 15 years of age before their first sexual encounter.

Section 3: Elimination of Mother-to-Child Transmission

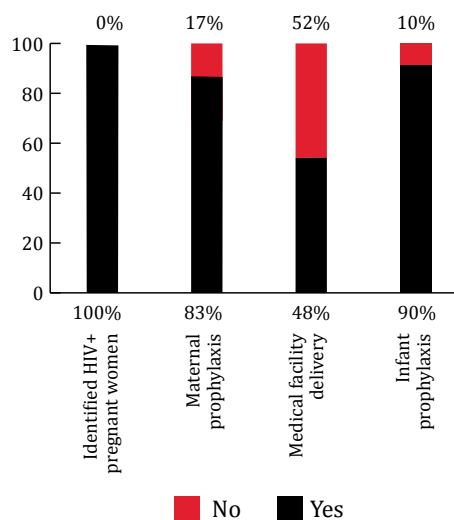
There were about 581 pregnant women living with HIV in Embu County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 3: Prevention of mother-to-child transmission uptake



- 52% of HIV-positive pregnant women in Embu County do not deliver in a health facility
- Only 52 per cent of pregnant women attend the recommended four antenatal visits in Embu County

Section 4: Expanding Access to Treatment

Table 3: Embu County HIV treatment access annually

Indicator	
Adults in need of ART	5,540
Adults receiving ART	5130
County ART adult coverage	93%
National ART adult coverage	79%
County ranking of ART coverage among adults*	12

Indicator	
Children in need of ART	1,046
Children receiving ART	513
County ART children coverage	49%
National ART children coverage	42%
County ranking of ART coverage among children	17

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Embu orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan*	12,808
Poor Households with an orphan**	6,276
Cash Transfer Beneficiary Poor Households with an orphan ***	3,638

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolut poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 58 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **326** adults and **63** children died of AIDS-related conditions in 2013 in Embu County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

GARISSA COUNTY

Section 1: HIV Burden in Garissa County

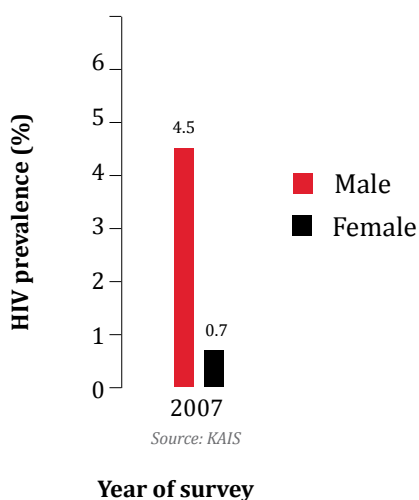
Table 1: HIV burden in Garissa

		Rank*
HIV adult prevalence (overall)	2.1%	5
Number of adults living with HIV	3,300	6
Number of children living with HIV	1,075	8
Total number of people living with HIV	4,375	6
Total number of people living with HIV	10,563	11

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Garissa County is higher (3.6%) than that of men (0.8%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Garissa County

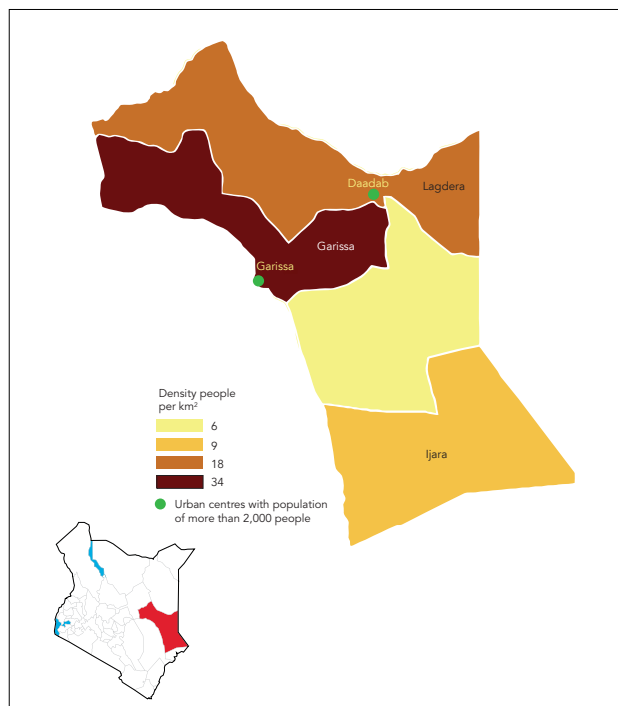


Section 2: Reducing Sexual Transmission of HIV

Table 2: Garissa County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	116	8	88,620

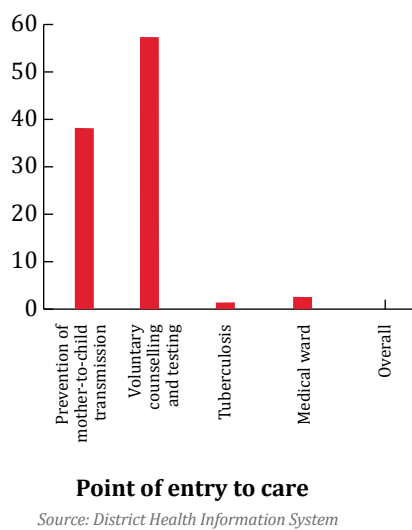
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Garissa County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Garissa County



Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Garissa County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Garissa County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Garissa County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 60 pregnant women living with HIV in Garissa County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

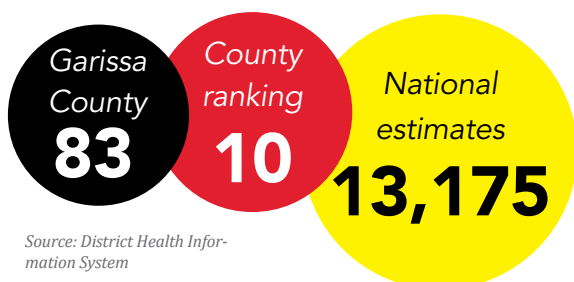
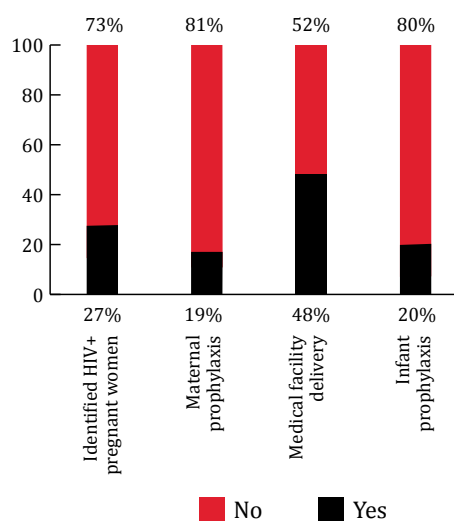


Figure 3: Prevention of mother-to-child transmission uptake



- 52% of HIV-positive pregnant women in Garissa County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Garissa County

Section 4: Expanding Access to Treatment

Table 3: Garissa County HIV treatment access annually

Indicator	Value
Adults in need of ART	1,649
Adults receiving ART	786
County ART adult coverage	48%
National ART adult coverage	79%
County ranking of ART coverage among adults*	36

Indicator	Value
Children in need of ART	755
Children receiving ART	73
County ART children coverage	10%
National ART children coverage	42%
County ranking of ART coverage among children	44

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Embu orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	8,532
Poor households with an orphan**	4,181
Cash transfer beneficiary households***	1,687

Source: UNICEF, 2012; National Census, 2009

- Only 40 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **521** adults and **69** children died of AIDS-related conditions in 2013 in Garissa County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

HOMA BAY COUNTY

Section 1: HIV Burden in Homa Bay County

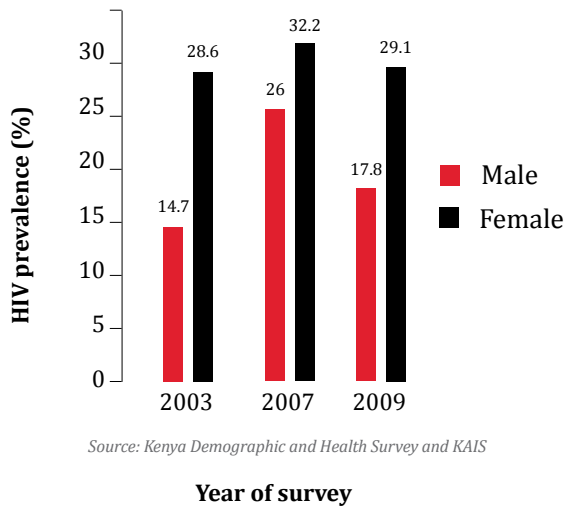
Table 1: HIV burden in Homa Bay

		Rank*
Total population (2013)	1,053,465	35
HIV adult prevalence (overall)	25.7%	47
Number of adults living with HIV	140,600	46
Number of children living with HIV	19,370	47
Total number of people living with HIV	159,970	46

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Homa Bay County is higher (27.4%) than that of men (23.7%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Homa Bay County



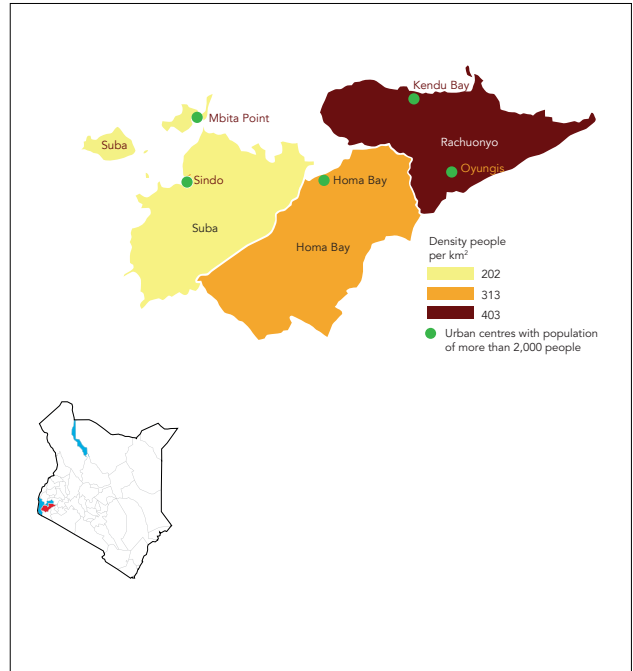
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Homa Bay County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	12,279	47	88,620

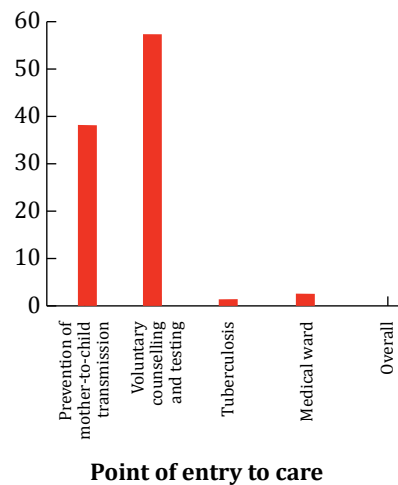
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 31 per cent of people in Homa Bay County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Homa Bay County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Homa Bay County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Few communities in Homa Bay County circumcise men, and only 13 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Homa Bay County, there are indications of early sexual debut. Voluntary medical male circumcision should be promoted for boys below 15 years of age before their first sexual encounter.

Section 3: Elimination of Mother-to-Child Transmission

There were about 9,674 pregnant women living with HIV in Homa Bay County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

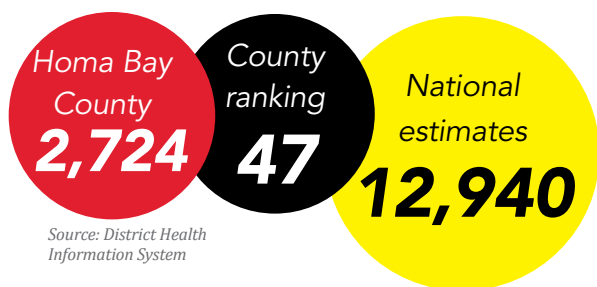
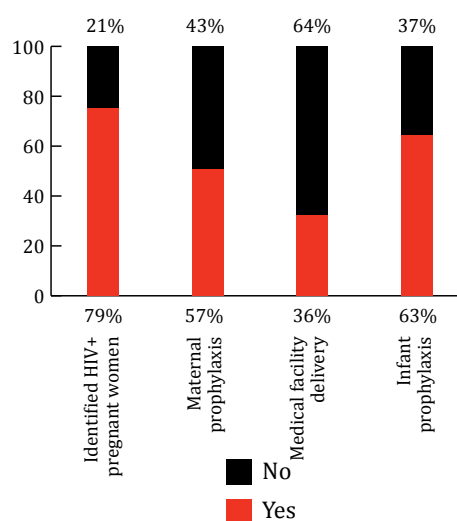


Figure 3: Prevention of mother-to-child transmission uptake



- 36% of HIV-positive pregnant women in Homa Bay County do not deliver in a health facility
- Only 35 per cent of pregnant women attend the recommended four antenatal visits in Homa Bay County

Section 4: Expanding Access to Treatment

Table 3: Homa Bay County HIV treatment access annually

Indicator	
Adults in need of ART	70,837
Adults receiving ART	46,738
County ART adult coverage	70%
National ART adult coverage	79%
County ranking of ART coverage among adults*	25

Indicator	
Children in need of ART	15,235
Children receiving ART	6,331
County ART children coverage	42%
National ART children coverage	42%
County ranking of ART coverage among children	21

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Homa Bay orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan*	60,958
Poor Households with an orphan**	29,896
Cash Transfer Beneficiary Poor Households with an orphan ***	8,107

Source: UNICEF, 2012; National Census, 2009* Assuming 49% of population living below poverty line (absolute poor)** CT-OVC Households at July 2012 taken from CT***

- Only 27 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **3,395** adults and **1,234** children died of AIDS-related conditions in 2013 in Homa Bay County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

ISIOLO COUNTY

Section 1: HIV Burden in Isiolo County

Table 1: HIV burden in Isiolo

		Rank*
Total population (2013)	150,817	2
HIV adult prevalence (overall)	4.2%	20
Number of adults living with HIV	2,800	5
Number of children living with HIV	427	5
Total number of people living with HIV	3,227	5

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Isiolo County is higher (5.7%) than that of men (2.5%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

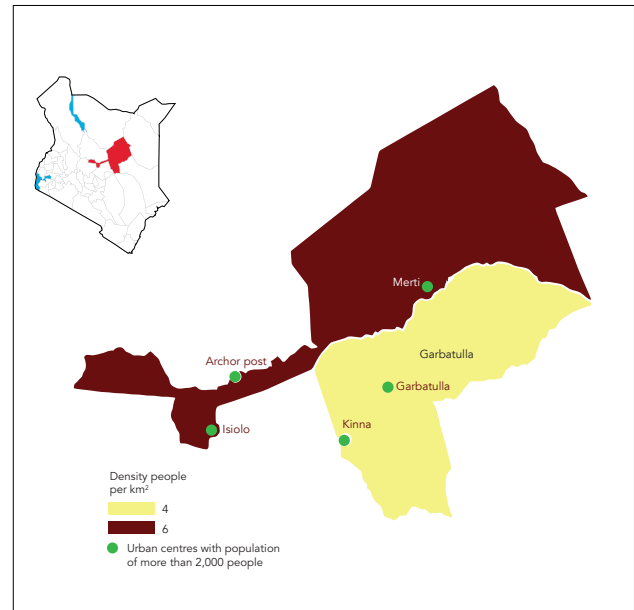
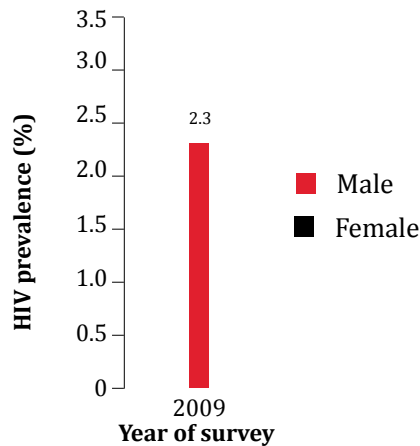


Figure 2: Prevalence of HIV by gender in Isiolo County

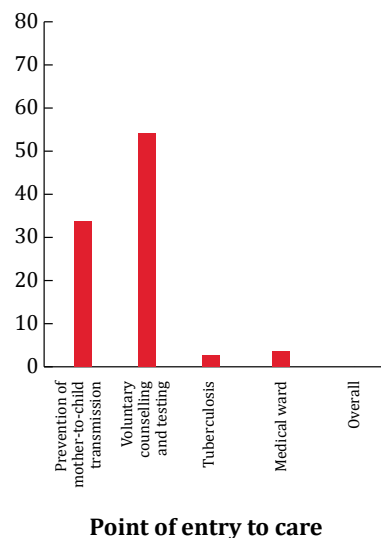


Source: Kenya Demographic and Health Survey

HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 71 per cent of people in Isiolo County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Isiolo County



Source: District Health Information System

Section 2: Reducing Sexual Transmission of HIV

Table 2: Isiolo County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	151	10	88,620

Source: Kenya HIV Estimates Report, 2014

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Isiolo County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Isiolo County circumcise men, with a majority of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Isiolo County, there are indications of early sexual debut. Voluntary medical male circumcision should be promoted for boys below 15 years of age before their first sexual encounter.

Section 3: Elimination of Mother-to-Child Transmission

There were about 237 pregnant women living with HIV in Isiolo County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

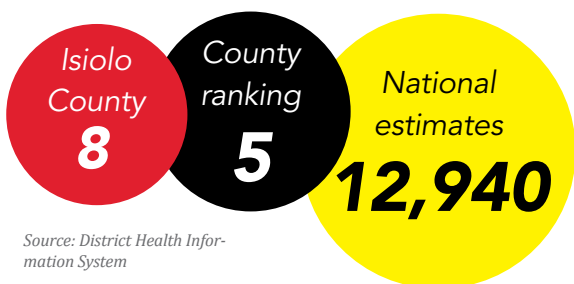
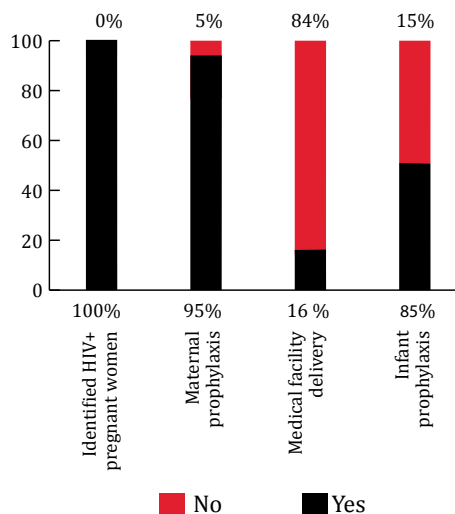


Figure 4: Prevention of mother-to-child transmission uptake



- 84% of HIV-positive pregnant women in Isiolo County do not deliver in a health facility
- Only 40 per cent of pregnant women attend the recommended four antenatal visits in Isiolo County

Section 4: Expanding Access to Treatment

Table 3: Isiolo County HIV treatment access annually

Indicator	Value
Adults in need of ART	1,616
Adults receiving ART	969
County ART adult coverage	60%
National ART adult coverage	79%
County ranking of ART coverage among adults*	29

Indicator	Value
Children in need of ART	305
Children receiving ART	92
County ART children coverage	30%
National ART children coverage	42%
County ranking of ART coverage among children	30

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Isiolo orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan*	4,323
Poor Households with an orphan**	2,118
Cash Transfer Beneficiary Poor Households with an orphan ***	2,437

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- All poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **95** adults and **18** children died of AIDS-related conditions in 2013 in Isiolo County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

KAJIADO COUNTY

Section 1: HIV Burden in Kajiado County

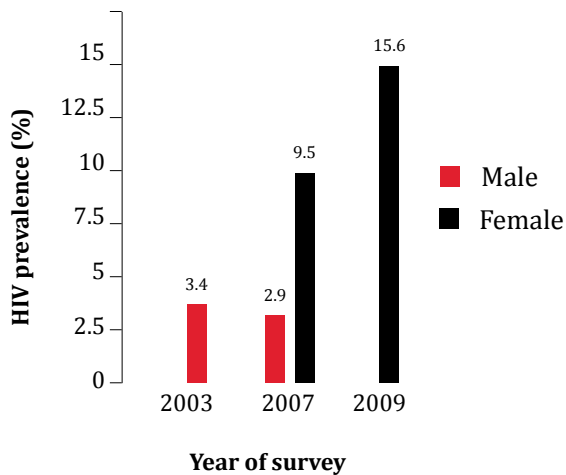
Table 1: HIV burden in Kajiado

		Rank*
Total population (2013)	782,409	23
HIV adult prevalence (overall)	4.4%	25
Number of adults living with HIV	20,100	25
Number of children living with HIV	2,965	25
Total number of people living with HIV	23,056	25

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Kajiado County is higher (6.3%) than that of men (3.8%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Kajiado County



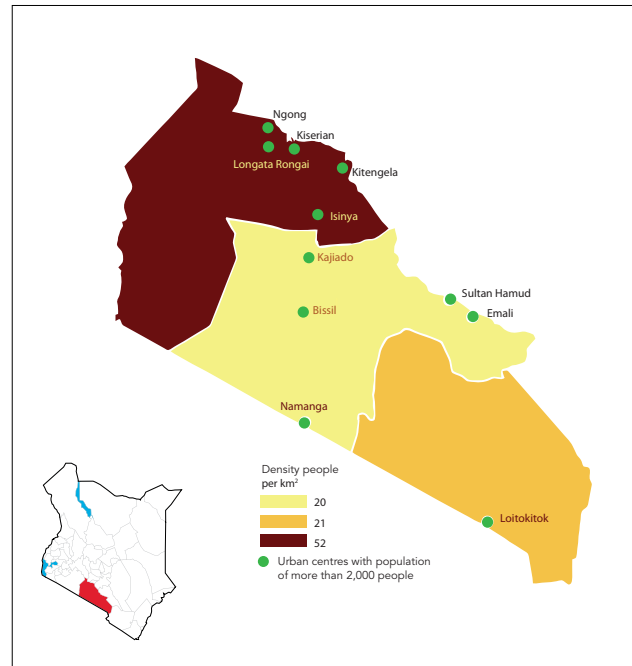
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Kajiado County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	1,545	31	88,620

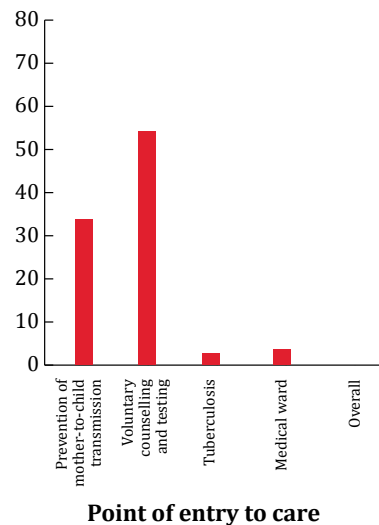
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 41 per cent of people in Kajiado County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Kajiado County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Kajiado County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kajiado County circumcise men, with over 87 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Kajiado County, approximately 34 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 1,172 pregnant women living with HIV in Kajiado County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

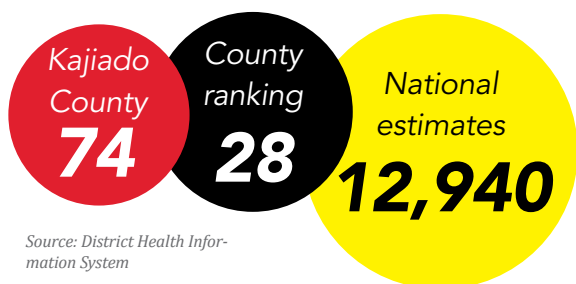
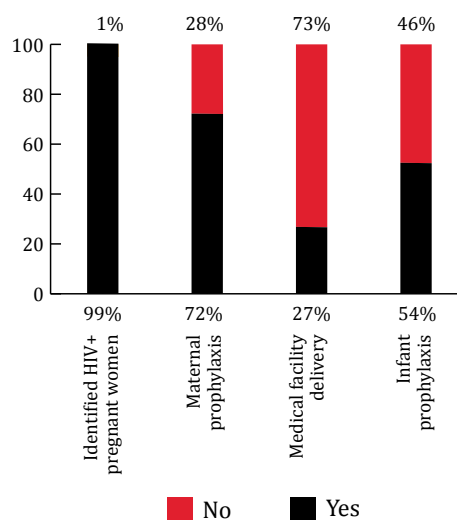


Figure 4: Prevention of mother-to-child transmission uptake



- 73% of HIV-positive pregnant women in Kajiado County do not deliver in a health facility
- Only 44 per cent of pregnant women attend the recommended four antenatal visits in Kajiado County

Section 4: Expanding Access to Treatment

Table 3: Kajiado County HIV treatment access annually

Indicator	Value
Adults in need of ART	9,827
Adults receiving ART	5,219
County ART adult coverage	53%
National ART adult coverage	79%
County ranking of ART coverage among adults*	34

Indicator	Value
Children in need of ART	2,080
Children receiving ART	372
County ART children coverage	18%
National ART children coverage	42%
County ranking of ART coverage among children	37

Section 5: Orphans and Social Welfare

Table 4: Kajiado orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan*	15,482
Poor Households with an orphan**	7,586
Cash Transfer Beneficiary Poor Households with an orphan ***	1,416

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- 19 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **1,147** adults and **161** children died of AIDS-related conditions in 2013 in Kajiado County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

KAKAMEGA COUNTY

Section 1: HIV Burden in Kakamega County

Table 1: HIV burden in Kakamega

		Rank*
Total population (2013)	1,782,152	45
HIV adult prevalence (overall)	5.9%	36
Number of adults living with HIV	48,500	40
Number of children living with HIV	9,452	16
Total number of people living with HIV	57,952	40

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Kakamega County is higher (7.3%) than that of men (4.4%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

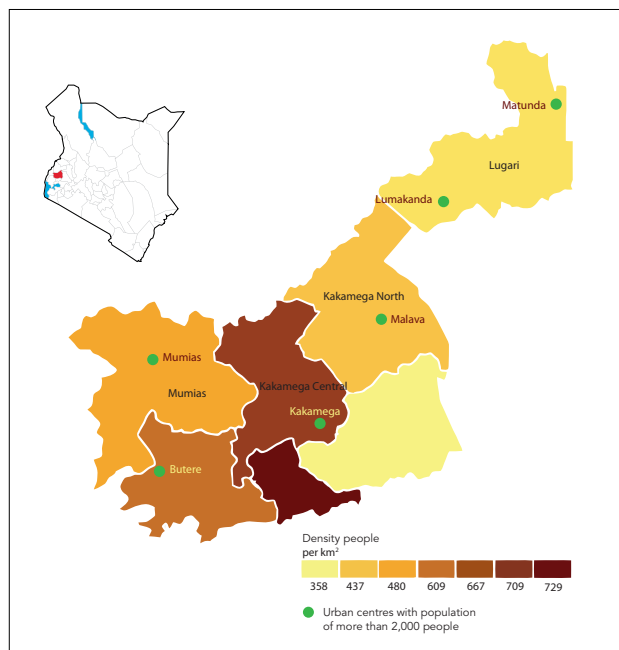
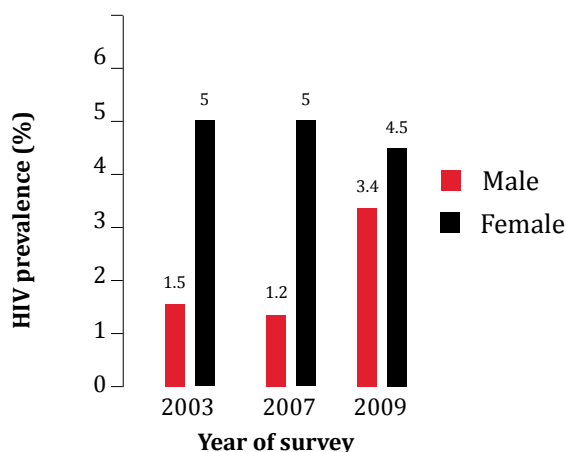


Figure 2: Prevalence of HIV by gender in Kakamega County



Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Kakamega County HIV indicators

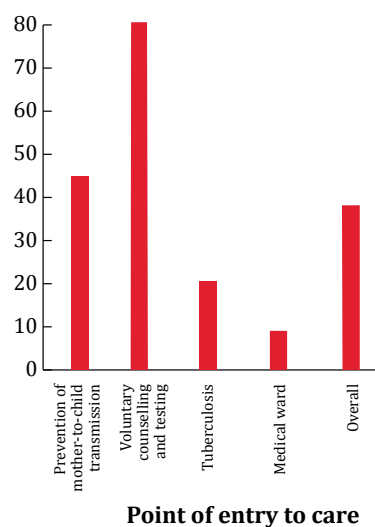
	Annual	County ranking	National estimates
New adult HIV infections annually	154	11	88,620

Source: Kenya HIV Estimates Report, 2014

HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 41 per cent of people in Kakamega County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes

Figure 3: Percentage of adults enrolling for HIV care by entry point in Kakamega County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Kakamega County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kakamega County circumcise men, with over 87 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Kakamega County, approximately 34 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 2,754 pregnant women living with HIV in Kakamega County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

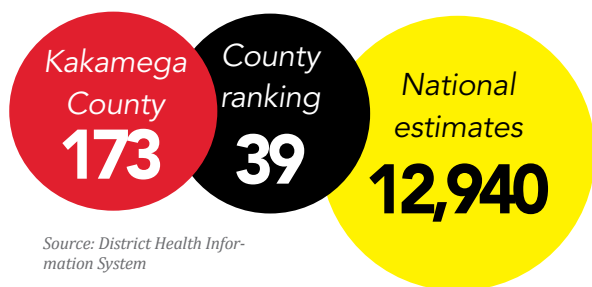
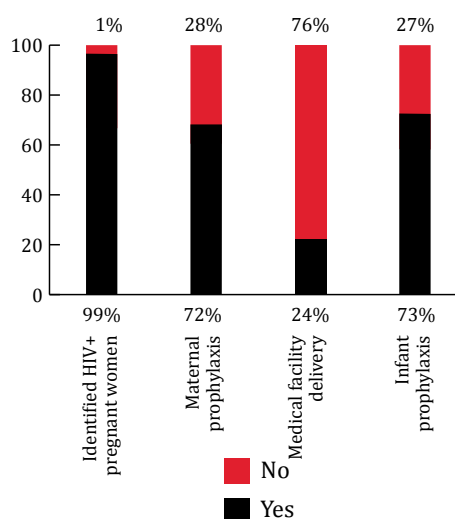


Figure 4: Prevention of mother-to-child transmission uptake



- 76% of HIV-positive pregnant women in Kakamega County do not deliver in a health facility
- Only 44 per cent of pregnant women attend the recommended four antenatal visits in Kakamega County

Section 4: Expanding Access to Treatment

Table 3: Kakamega County HIV treatment access annually

Indicator	Value
Adults in need of ART	31,896
Adults receiving ART	21,014
County ART adult coverage	66%
National ART adult coverage	79%
County ranking of ART coverage among adults*	26
Indicator	
Children in need of ART	6,648
Children receiving ART	2,224
County ART children coverage	33%
National ART children coverage	42%
County ranking of ART coverage among children	27

Section 5: Orphans and Social Welfare

Table 4: Kakamega orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
No. of households with an orphan*	47,914
Poor Households with an orphan**	23,478
Cash Transfer Beneficiary Poor Households with an orphan ***	7,818

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolut poor)**
CT-OVC Households at July 2012 taken from CT.***

- 33 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **1,605** adults and **462** children died of AIDS-related conditions in 2013 in Kakamega County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

KERICHO COUNTY

Section 1: HIV Burden in Kericho County

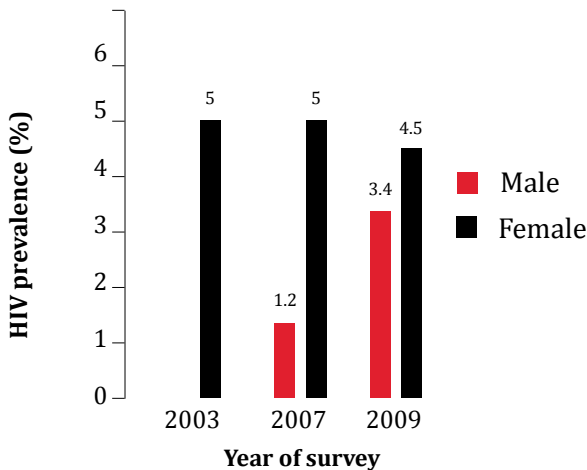
Table 1: HIV burden in Kericho

		Rank*
Total population (2013)	863,222	26
HIV adult prevalence (overall)	3.4%	13
Number of adults living with HIV	15,800	19
Number of children living with HIV	2,324	20
Total number of people living with HIV	18,124	19

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Kericho County is higher (4.8%) than that of men (2.9%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Kericho County



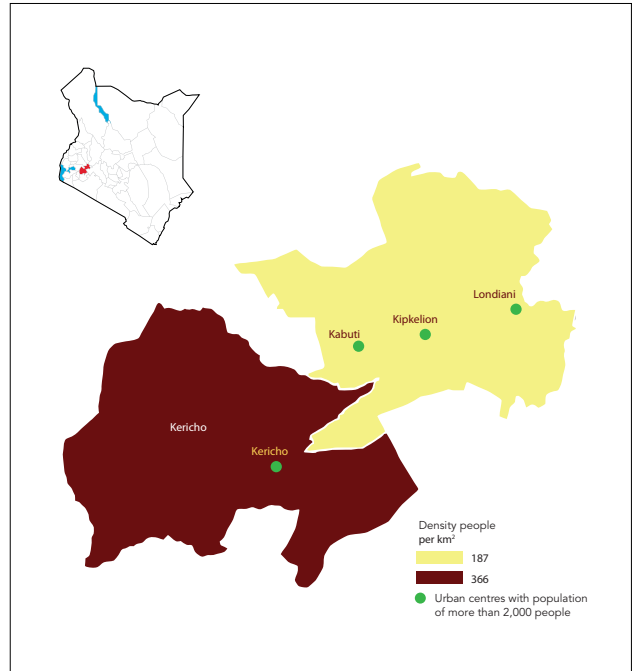
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Kericho County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	1,214	27	88,620

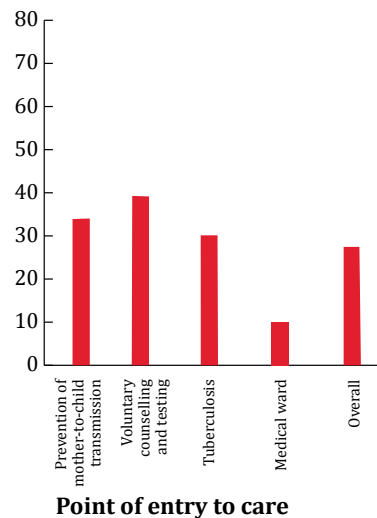
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Kericho County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Kericho County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Kericho County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kericho County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Kericho County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 1411 pregnant women living with HIV in Kericho County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

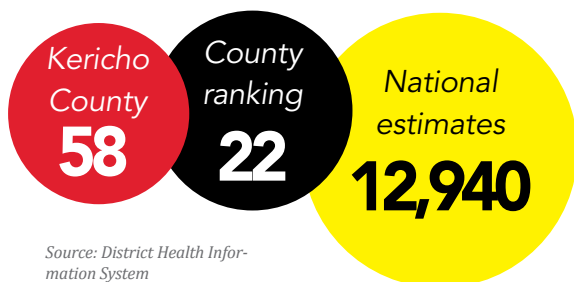
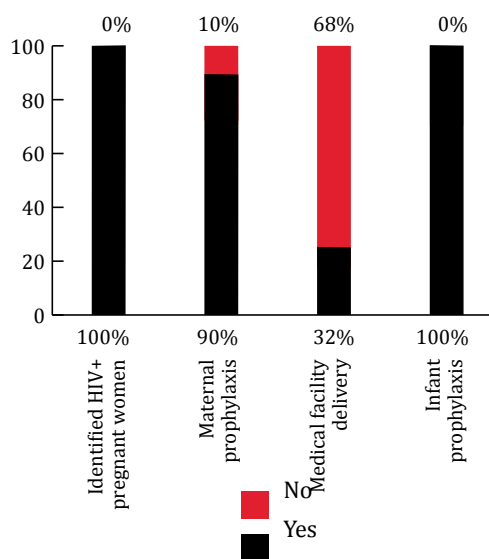


Figure 4: Prevention of mother-to-child transmission uptake



- 68% of HIV-positive pregnant women in Kericho County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Kericho County

Section 4: Expanding Access to Treatment

Table 3: Kericho County HIV treatment access annually

Indicator	Value
Adults in need of ART	7,725
Adults receiving ART	9,299
County ART adult coverage	100%
National ART adult coverage	79%
County ranking of ART coverage among adults*	3

Indicator	Value
Children in need of ART	1,635
Children receiving ART	832
County ART children coverage	51%
National ART children coverage	42%
County ranking of ART coverage among children	16

Section 5: Orphans and Social Welfare

Table 4: Kericho orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	20,345
Poor households with an orphan**	9,969
Cash Transfer Beneficiary households***	1,383

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT:***

- Only 14 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **902** adults and **126** children died of AIDS-related conditions in 2013 in Kericho County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

KIAMBU COUNTY

Section 1: HIV Burden in Kiambu County

Table 1: HIV burden in Kiambu

		Rank*
Total population (2013)	1760692	44
HIV adult prevalence (overall)	3.8%	17
Number of adults living with HIV	42,400	38
Number of children living with HIV	4,256	36
Total number of people living with HIV	46,656	38

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Kiambu County is higher (5.6%) than that of men (2.0%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

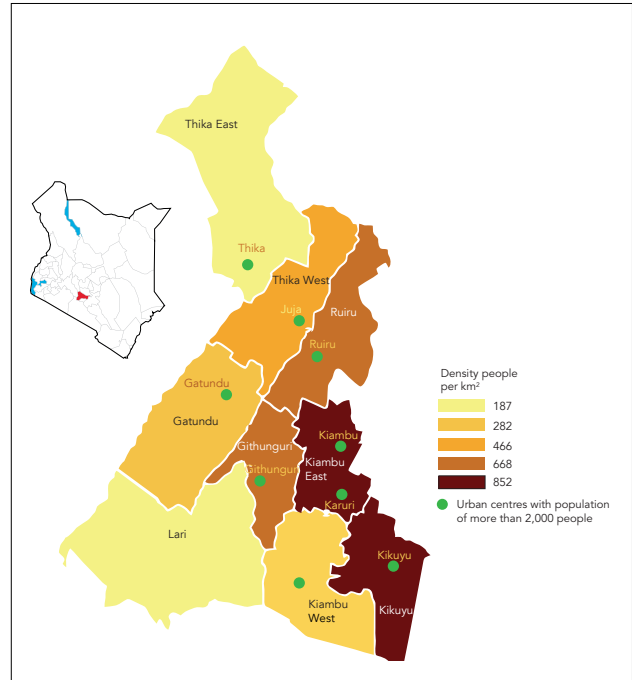
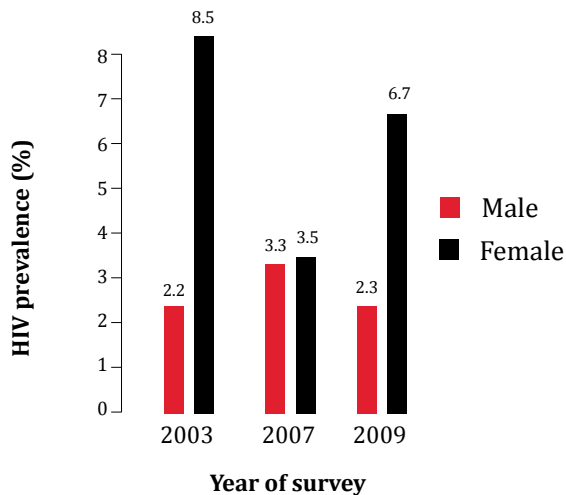


Figure 2: Prevalence of HIV by gender in Kiambu County



Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Kiambu County HIV indicators

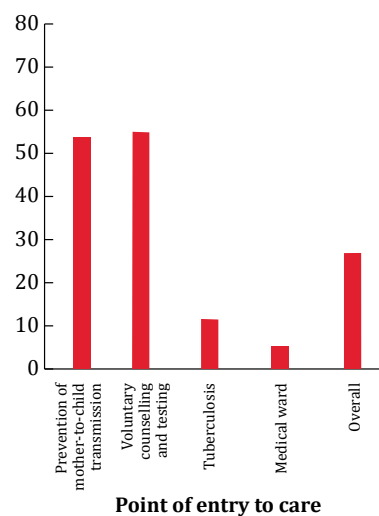
	Annual	County ranking	National estimates
New adult HIV infections annually	2,931	39	88,620

Source: Kenya HIV Estimates Report, 2014

HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Kiambu County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Kiambu County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Kiambu County, low condom use may pose a significant risk of HIV infection to the population.

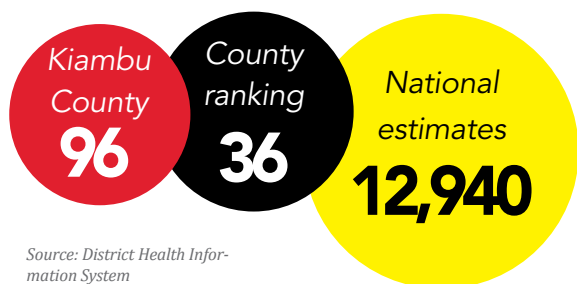
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kiambu County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Kiambu County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

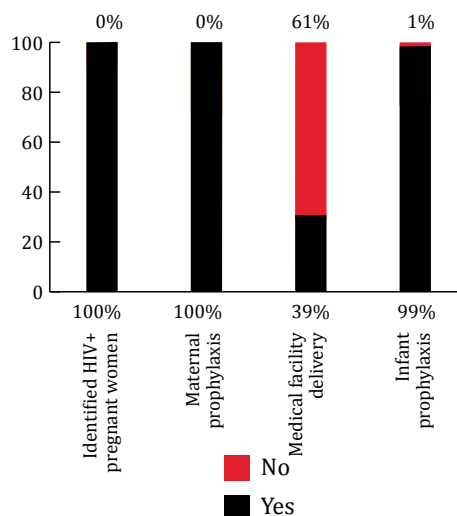
There were about 2,252 pregnant women living with HIV in Kiambu County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 4: Prevention of mother-to-child transmission uptake



- 61% of HIV-positive pregnant women in Kiambu County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Kiambu County

Section 4: Expanding Access to Treatment

Table 3: Kiambu County HIV treatment access annually

Indicator	Value
Adults in need of ART	23,747
Adults receiving ART	24,104
County ART adult coverage	100%
National ART adult coverage	79%
County ranking of ART coverage among adults*	5

Indicator	Value
Children in need of ART	3,041
Children receiving ART	2,011
County ART children coverage	66%
National ART children coverage	42%
County ranking of ART coverage among children	6

Section 5: Orphans and Social Welfare

Table 4: Kiambu orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	41,068
Poor households with an orphan**	20,123
Cash transfer beneficiary households***	2,906

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 14 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **1,207** adults and **180** children died of AIDS-related conditions in 2013 in Kiambu County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

KILIFI COUNTY

Section 1: HIV Burden in Kilifi County

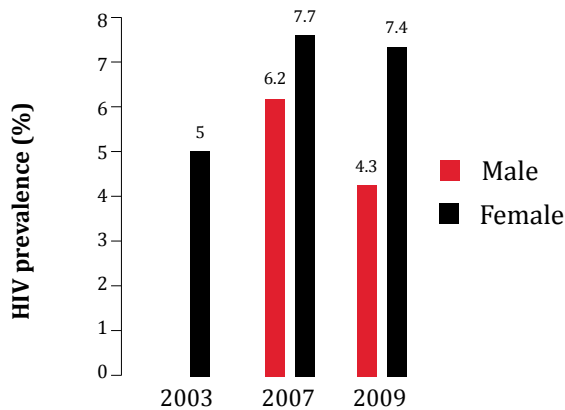
Table 1: HIV burden in Kilifi

		Rank*
Total population (2013)	1262127	41
HIV adult prevalence (overall)	4.4%	26
Number of adults living with HIV	24,400	32
Number of children living with HIV	3,507	31
Total number of people living with HIV	27,907	31

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Kilifi County is higher (6.3%) than that of men (2.7%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Kilifi County



Source: Kenya Demographic and Health Survey and KAIS

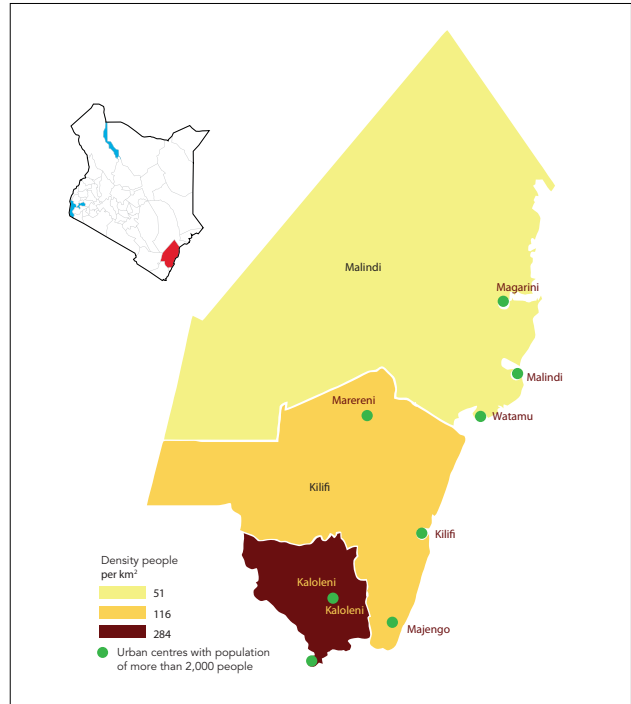
Year of survey

Section 2: Reducing Sexual Transmission of HIV

Table 2: Kilifi County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	821	22	88,620 Source:

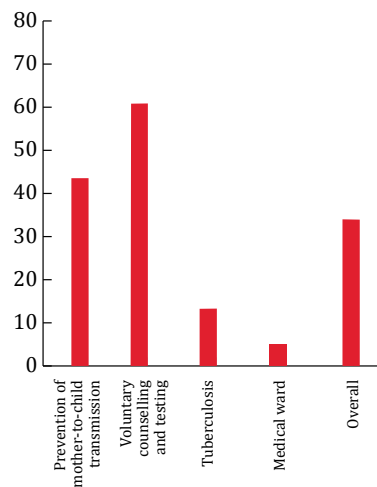
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Kilifi County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Kilifi County



Point of entry to care

Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Kilifi County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kilifi County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Kilifi County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 1585 pregnant women living with HIV in Kilifi County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

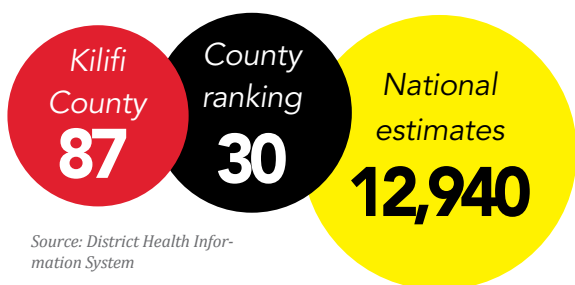
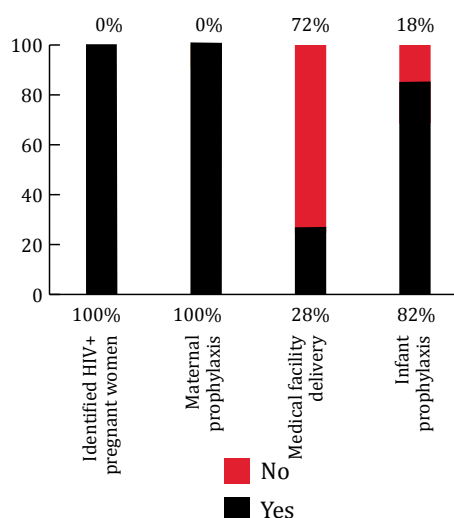


Figure 4: Prevention of mother-to-child transmission uptake



- 72% of HIV-positive pregnant women in Kilifi County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Kilifi County

Section 4: Expanding Access to Treatment

Table 3: Kilifi County HIV treatment access annually

Indicator	
Adults in need of ART	13,868
Adults receiving ART	9,884
County ART adult coverage	71%
National ART adult coverage	79%
County ranking of ART coverage among adults*	24

Indicator	
Children in need of ART	2,459
Children receiving ART	1,087
County ART children coverage	44%
National ART children coverage	42%
County ranking of ART coverage among children	19

Section 5: Orphans and Social Welfare

Table 4: Kilifi orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	26,702
Poor households with an orphan**	13,084
Cash transfer beneficiary households***	4,747 S

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT.***

- Only 36 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **1,021** adults and **179** children died of AIDS-related conditions in 2013 in Kilifi County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

KIRINYAGA COUNTY

Section 1: HIV Burden in Kirinyaga County

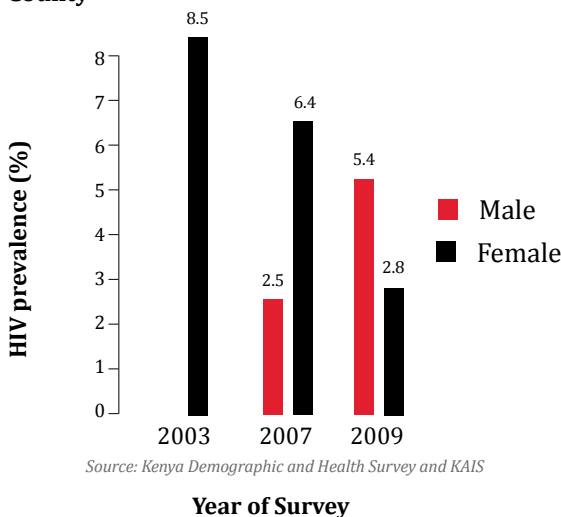
Table 1: HIV burden in Kirinyaga

		Rank*
Total population (2013)	572,889	14
HIV adult prevalence (overall)	3.3%	12
Number of adults living with HIV	11,500	17
Number of children living with HIV	1,154	10
Total number of people living with HIV	12,654	17

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT-***

The county had about 795 new adult infections in 2013. Kenya aims to reduce new HIV infections by at least 50% in all counties by 2015

Figure 2: Prevalence of HIV by gender in Kirinyaga County



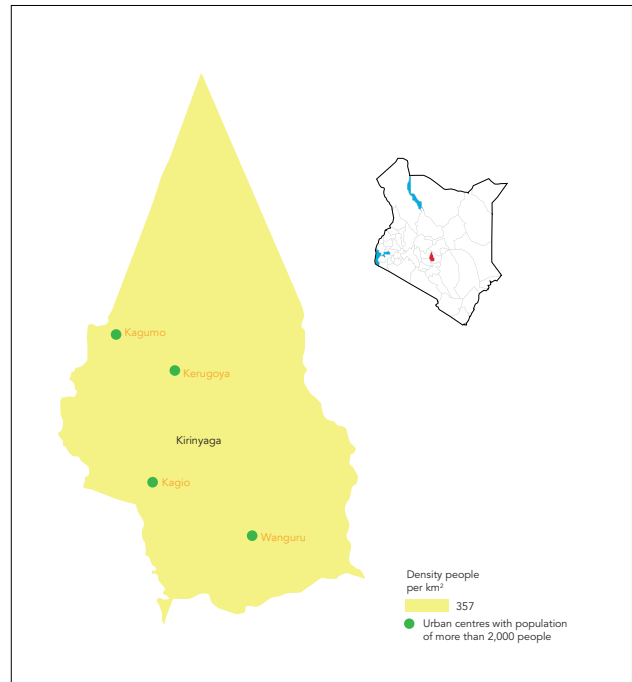
Source: Kenya Demographic and Health Survey and KALS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Kirinyaga County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	795	21	88,620

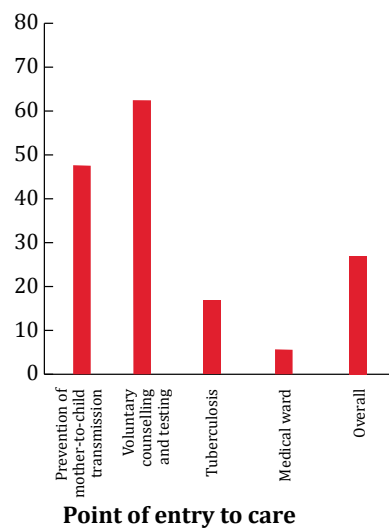
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Kirinyaga County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Kirinyaga County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Kirinyaga County, low condom use may pose a significant risk of HIV infection to the population.

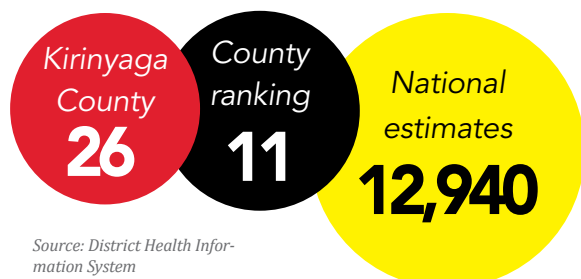
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kirinyaga County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Kirinyaga County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

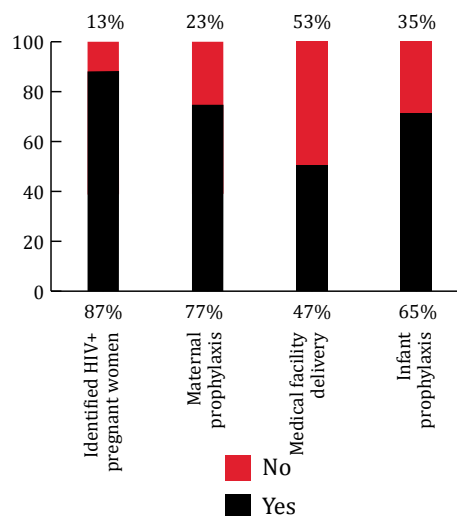
There were about 355 pregnant women living with HIV in Kirinyaga County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 4: Prevention of mother-to-child transmission uptake



- 53% of HIV-positive pregnant women in Kirinyaga County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Kirinyaga County

Section 4: Expanding Access to Treatment

Table 3: Kirinyaga County HIV treatment access annually

Indicator	
Adults in need of ART	6,441
Adults receiving ART	5,831
County ART adult coverage	91%
National ART adult coverage	79%
County ranking of ART coverage among adults*	14

Indicator	
Children in need of ART	825
Children receiving ART	559
County ART children coverage	68%
National ART children coverage	42%
County ranking of ART coverage among children	4

Source: District Health Information System

Section 5: Orphans and Social Welfare

Table 4: Kirinyaga orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	12,364
Poor households with an orphan**	6,059
Cash transfer beneficiary households***	1,302

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 22 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **327** adults and **49** children died of AIDS-related conditions in 2013 in Kirinyaga County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

KISII COUNTY

Section 1: HIV Burden in Kisii County

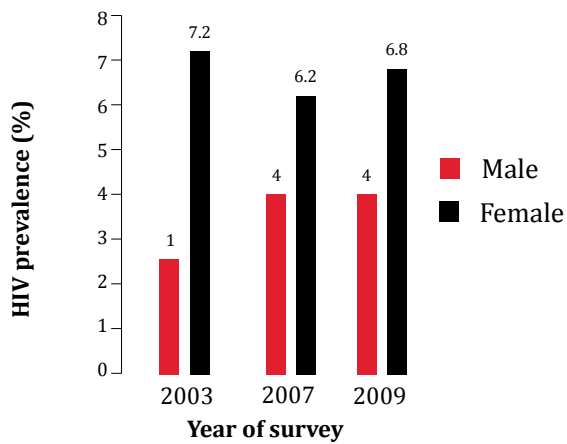
Table 1: HIV burden in Kisii

		Rank*
Total population (2013)	1259489	40
HIV adult prevalence (overall)	8.0%	42
Number of adults living with HIV	56,000	42
Number of children living with HIV	7,715	40
Total number of people living with HIV	63,715	42

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Kisii County is higher (8.5%) than that of men (7.3%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Kisii County



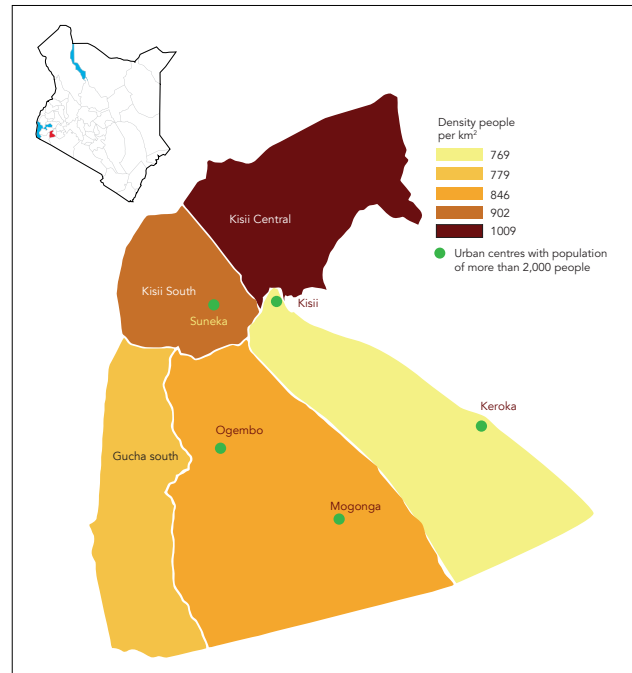
Source: Kenya Demographic and Health Survey and KALS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Kisii County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	4,891	43	88,620

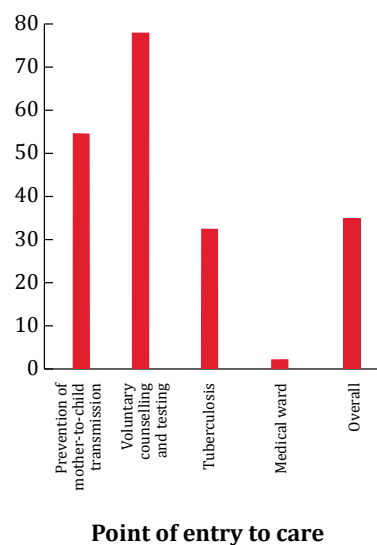
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Kisii County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Kisii County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Kisii County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kisii County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Kisii County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 2,094 pregnant women living with HIV in Kisii County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

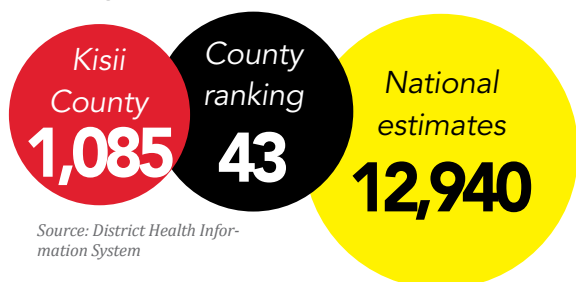
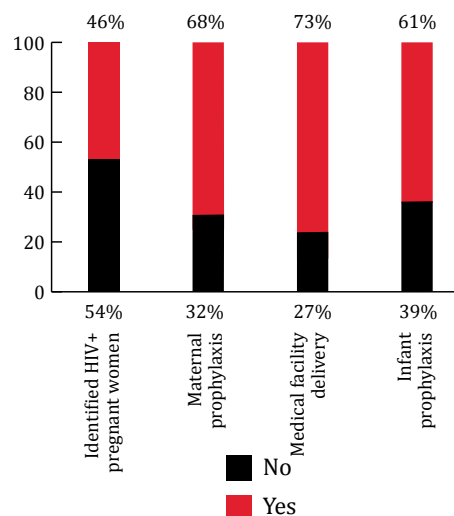


Figure 4: Prevention of mother-to-child transmission uptake



- 73% of HIV-positive pregnant women in Kisii County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Kisii County

Section 4: Expanding Access to Treatment

Table 3: Kisii County HIV treatment access annually

Indicator	Value
Adults in need of ART	28,214
Adults receiving ART	13,629
County ART adult coverage	48%
National ART adult coverage	79%
County ranking of ART coverage among adults*	37

Indicator	Value
Children in need of ART	6,068
Children receiving ART	1,169
County ART children coverage	19%
National ART children coverage	42%
County ranking of ART coverage among children	35

Section 5: Orphans and Social Welfare

Table 4: Kisii orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	37,838
Poor households with an orphan**	18,541
Cash transfer beneficiary households***	5,089

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT-***

- Only 27 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **1,352** adults and **492** children died of AIDS-related conditions in 2013 in Kisii County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

KISUMU COUNTY

Section 1: HIV Burden in Kisumu County

Table 1: HIV burden in Kisumu

		Rank*
Total population (2013)	1059053	36
HIV adult prevalence (overall)	19.3%	45
Number of adults living with HIV	118,500	45
Number of children living with HIV	16,326	46
Total number of people living with HIV	134,826	45

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Kisumu County is higher (20.6%) than that of men (17.8%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

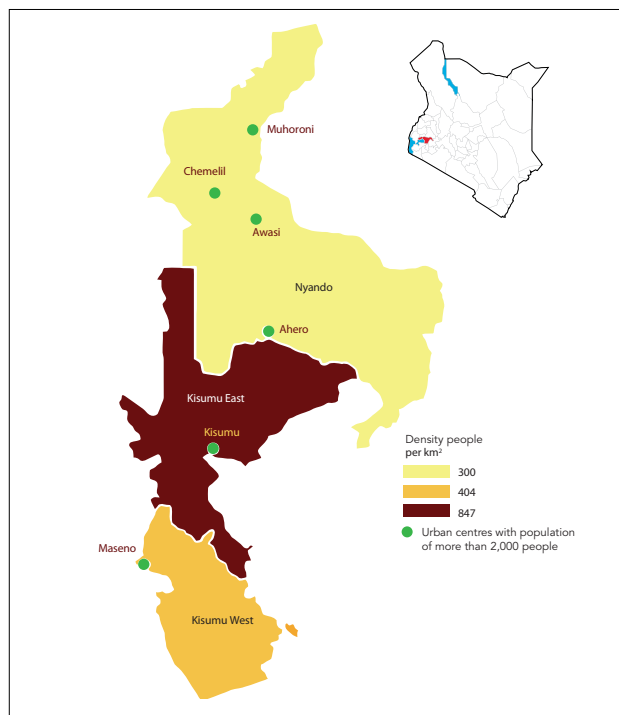
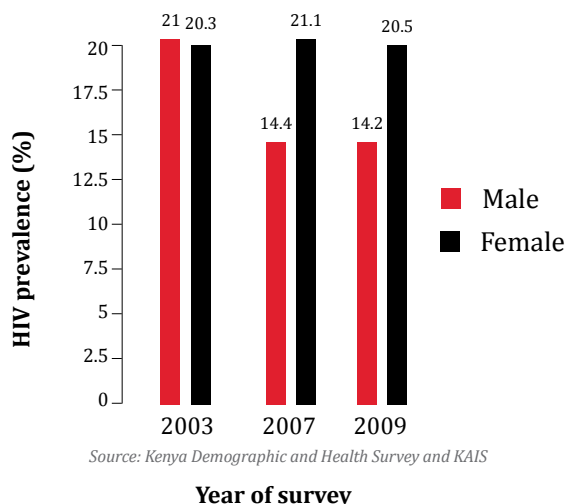


Figure 2: Prevalence of HIV by gender in Kisumu County

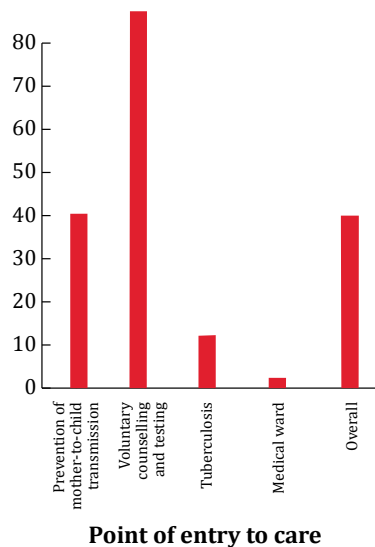


Source: Kenya Demographic and Health Survey and KAIS

HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Kisumu County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Kisumu County



Source: District Health Information System

Section 2: Reducing Sexual Transmission of HIV

Table 2: Kisumu County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	10,349	46	88,620

Source: Kenya HIV Estimates Report, 2014

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Kisumu County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kisumu County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Kisumu County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 6,817 pregnant women living with HIV in Kisumu County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

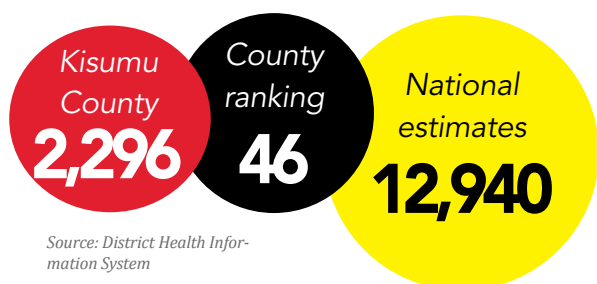
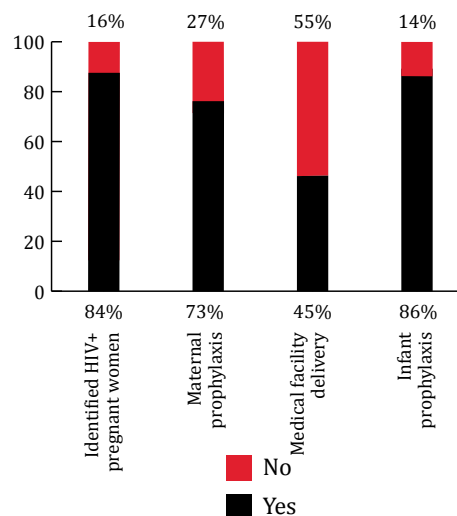


Figure 4: Prevention of mother-to-child transmission uptake



- 55% of HIV-positive pregnant women in Kisumu County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Kisumu County

Section 4: Expanding Access to Treatment

Table 3: Kisumu County HIV treatment access annually

Indicator	Value
Adults in need of ART	59,703
Adults receiving ART	62,280
County ART adult coverage	100%
National ART adult coverage	79%
County ranking of ART coverage among adults*	4

Indicator	Value
Children in need of ART	12,840
Children receiving ART	6,881
County ART children coverage	54%
National ART children coverage	42%
County ranking of ART coverage among children	14

Section 5: Orphans and Social Welfare

Table 4: Kisumu orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	56,795
Poor households with an orphan**	27,830
Cash transfer beneficiary households***	6,331

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolut poor)**
CT-OVC Households at July 2012 taken from CT.***

- Only 23 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **2,861** adults and **1,040** children died of AIDS-related conditions in 2013 in Kisumu County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

KITUI COUNTY

Section 1: HIV Burden in Kitui County

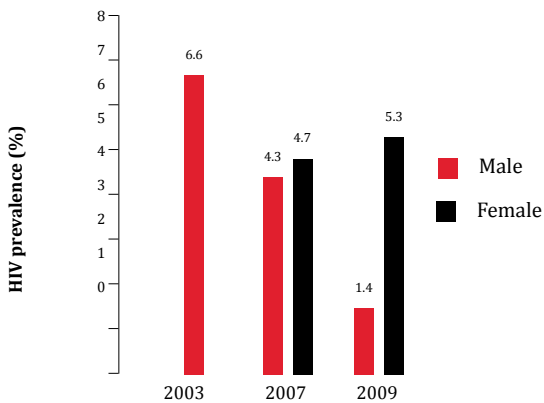
Table 1: HIV burden in Kitui

		Rank*
Total population (2013)	1065329	37
HIV adult prevalence (overall)	4.3%	21
Number of adults living with HIV	18,300	22
Number of children living with HIV	2,792	23
Total number of people living with HIV	21,092	23

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Kitui County is higher (5.8%) than that of men (2.5%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Kitui County



Source: Kenya Demographic and Health Survey and KASIS

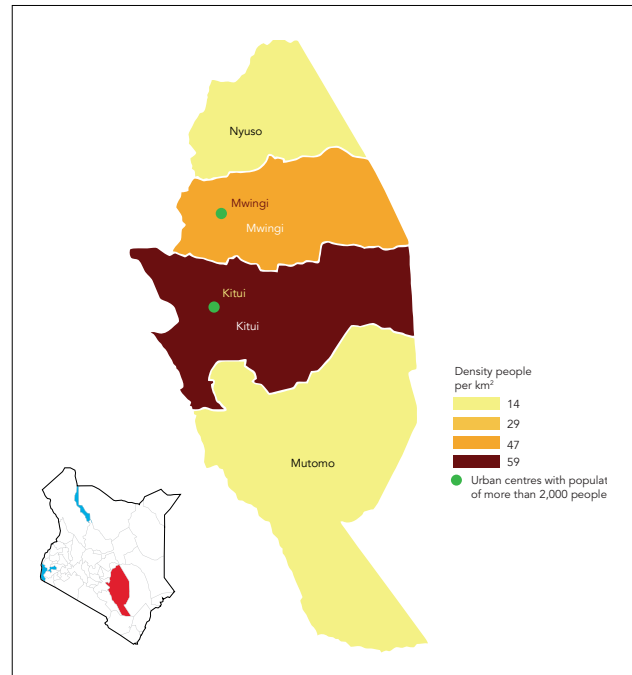
Year of survey

Section 2: Reducing Sexual Transmission of HIV

Table 2: Kitui County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	988	24	88,620

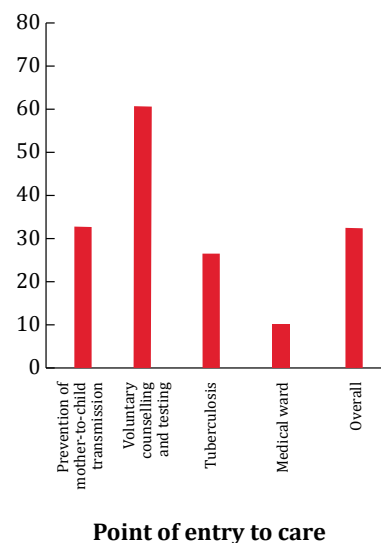
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Kitui County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Kitui County



Point of entry to care

Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Kitui County, low condom use may pose a significant risk of HIV infection to the population.

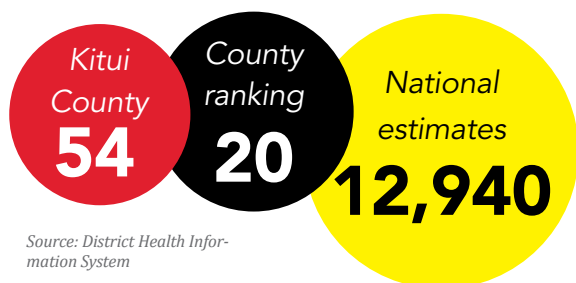
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kitui County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Kitui County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

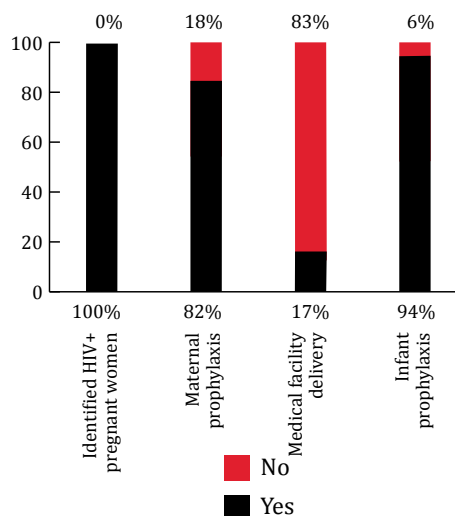
There were about 1,603 pregnant women living with HIV in Kitui County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 4: Prevention of mother-to-child transmission uptake



- 83% of HIV-positive pregnant women in Kitui County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Kitui County

Section 4: Expanding Access to Treatment

Table 3: Kitui County HIV treatment access annually

Indicator	Value
Adults in need of ART	10,561
Adults receiving ART	9,273
County ART adult coverage	88%
National ART adult coverage	79%
County ranking of ART coverage among adults*	16
Indicator	Value
Children in need of ART	1,994
Children receiving ART	1,269
County ART children coverage	64%
National ART children coverage	42%
County ranking of ART coverage among children	8

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Kitui orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	30,859
Poor households with an orphan**	15,121
Cash transfer beneficiary households***	5,422

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT-***

- Only 36 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **622** adults and **120** children died of AIDS-related conditions in 2013 in Kitui County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

KWALE COUNTY

Section 1: HIV Burden in Kwale County

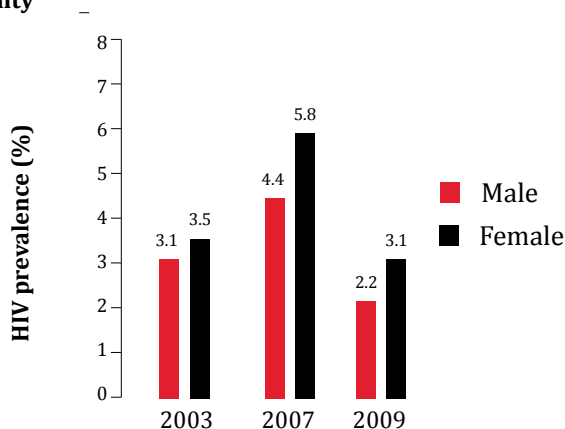
Table 1: HIV burden in Kwale

		Rank*
Total population (2013)	739,435	21
HIV adult prevalence (overall)	5.7%	34
Number of adults living with HIV	18,500	23
Number of children living with HIV	2,659	22
Total number of people living with HIV	21,159	24

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Kwale County is higher (8.1%) than that of men (3.5%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Kwale County



Source: Kenya Demographic and Health Survey and KAIS

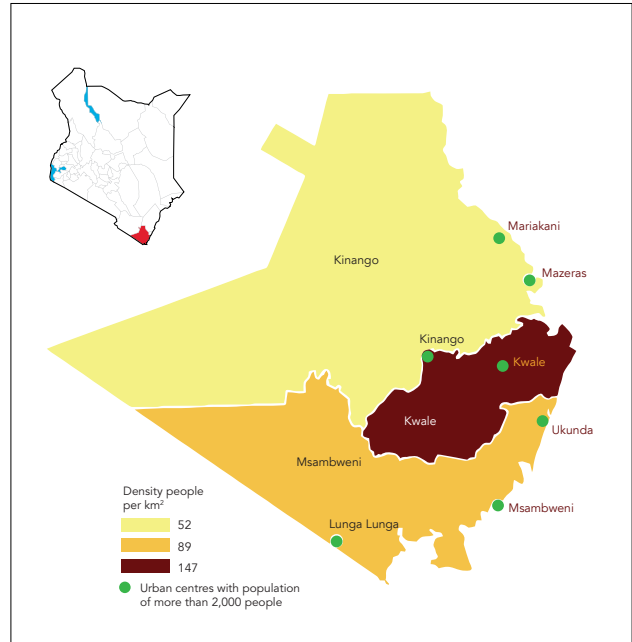
Year of survey

Section 2: Reducing Sexual Transmission of HIV

Table 2: Kwale County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	623	18	88,620

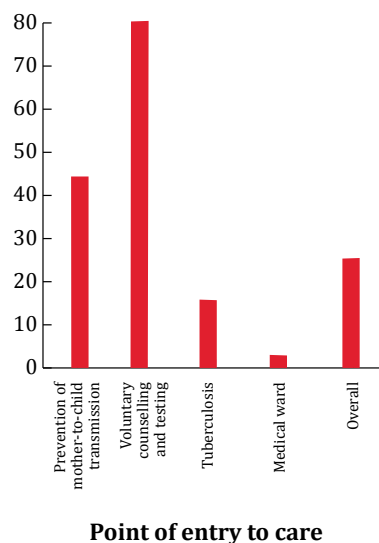
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Kwale County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Kwale County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Kwale County, low condom use may pose a significant risk of HIV infection to the population.

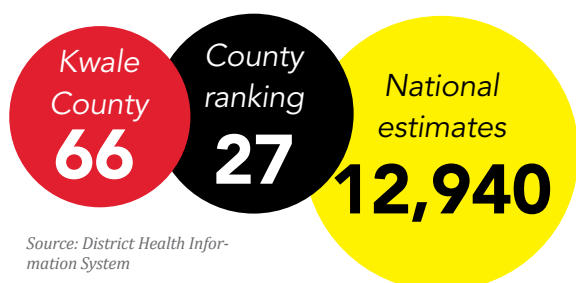
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kwale County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Kwale County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

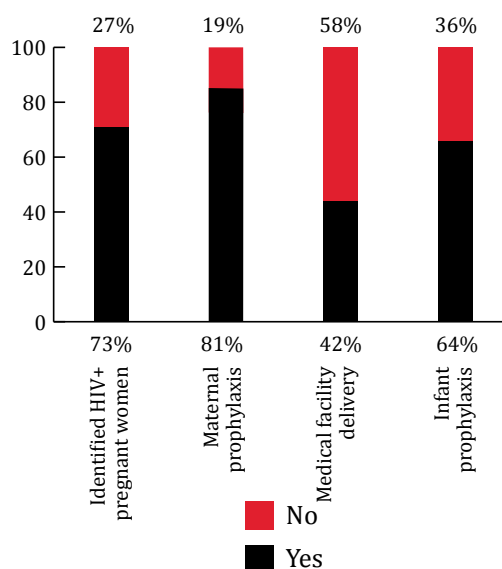
There were about 1,300 HIV-positive pregnant women in Kwale County in 2011. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 4: Prevention of mother-to-child transmission uptake



- 58% of HIV-positive pregnant women in Kwale County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Kwale County

Section 4: Expanding Access to Treatment

Table 3: Kwale County HIV treatment access annually

Indicator	Value
Adults in need of ART	10,515
Adults receiving ART	3,227
County ART adult coverage	31%
National ART adult coverage	79%
County ranking of ART coverage among adults*	42

Indicator	Value
Children in need of ART	1,864
Children receiving ART	292
County ART children coverage	16%
National ART children coverage	42%
County ranking of ART coverage among children	41

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Kwale orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	17,309
Poor households with an orphan**	8,481
Cash transfer beneficiary households***	2,253

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT***

- Only 27 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **774** adults and **136** children died of AIDS-related conditions in 2013 in Kwale County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

LAIKIPIA COUNTY

Section 1: HIV Burden in Laikipia County

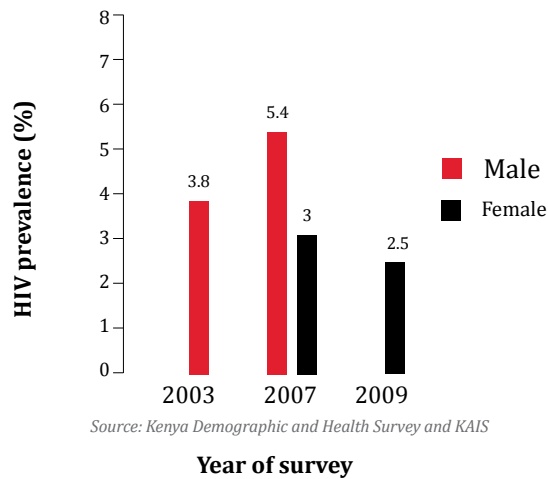
Table 1: HIV burden in Laikipia

		Rank*
Total population (2013)	454,412	11
HIV adult prevalence (overall)	3.7%	15
Number of adults living with HIV	9,000	12
Number of children living with HIV	1,324	14
Total number of people living with HIV	10,324	12

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Laikipia County is higher (5.3%) than that of men (3.2%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Laikipia County

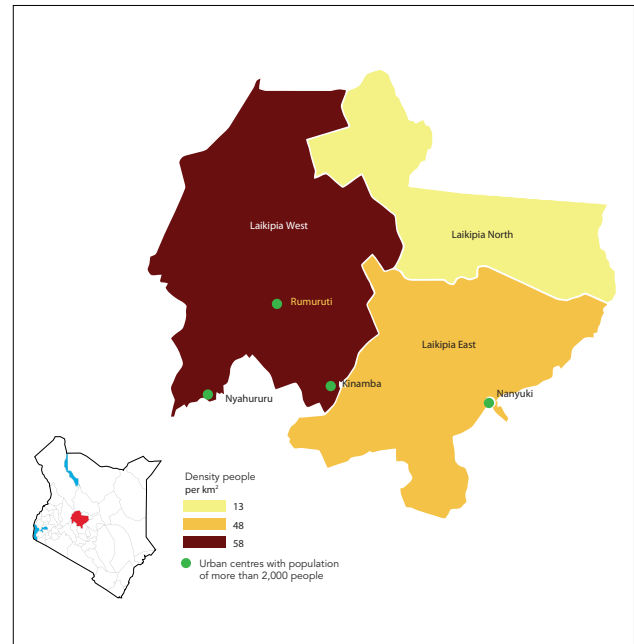


Section 2: Reducing Sexual Transmission of HIV

Table 2: Laikipia County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	692	19	88,620

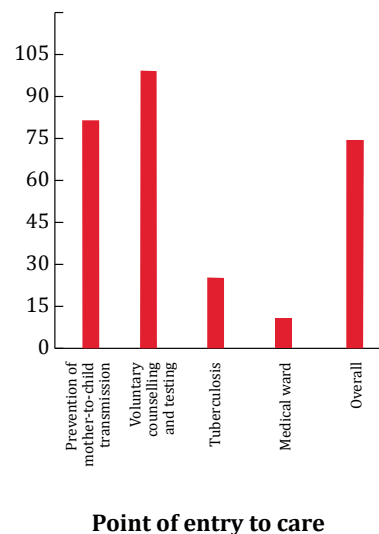
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Laikipia County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Laikipia County



Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Laikipia County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Laikipia County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Laikipia County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 348 pregnant women living with HIV in Laikipia County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

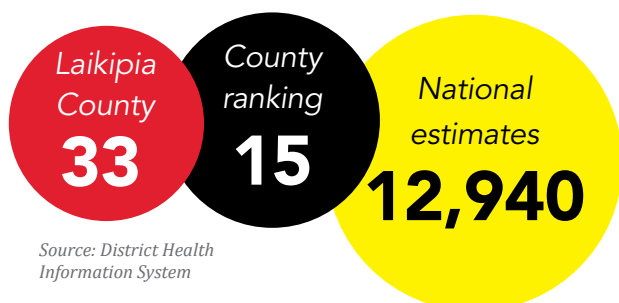
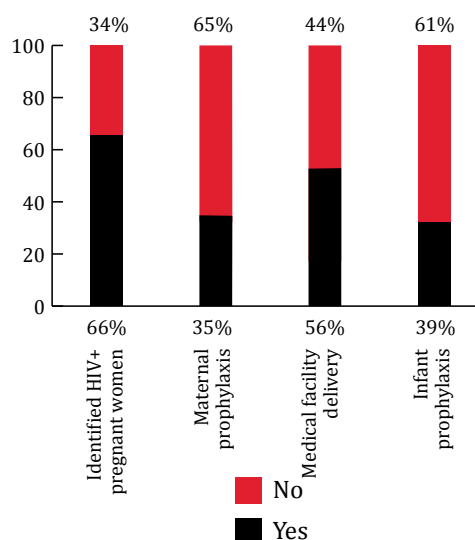


Figure 4: Prevention of mother-to-child transmission uptake



- 44% of HIV-positive pregnant women in Laikipia County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Laikipia County

Section 4: Expanding Access to Treatment

Table 3: Laikipia County HIV treatment access annually

Indicator	
Adults in need of ART	4,400
Adults receiving ART	2,391
County ART adult coverage	54%
National ART adult coverage	79%
County ranking of ART coverage among adults*	32
Indicator	
Children in need of ART	931
Children receiving ART	161
County ART children coverage	17%
National ART children coverage	42%
County ranking of ART coverage among children	39

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Laikipia orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	10,488
Poor households with an orphan**	5,139
Cash transfer beneficiary households***	1,718

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT***

- Only 33 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **514** adults and 72 children died of AIDS-related conditions in 2013 in Laikipia County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

LAMU COUNTY

Section 1: HIV Burden in Lamu County

Table 1: HIV burden in Lamu

		Rank*
Total population (2013)	115,520	1
HIV adult prevalence (overall)	2.3%	6
Number of adults living with HIV	1,300	3
Number of children living with HIV	187	3
Total number of people living with HIV	1,487	3

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Lamu County is higher (3.2%) than that of men (1.4%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

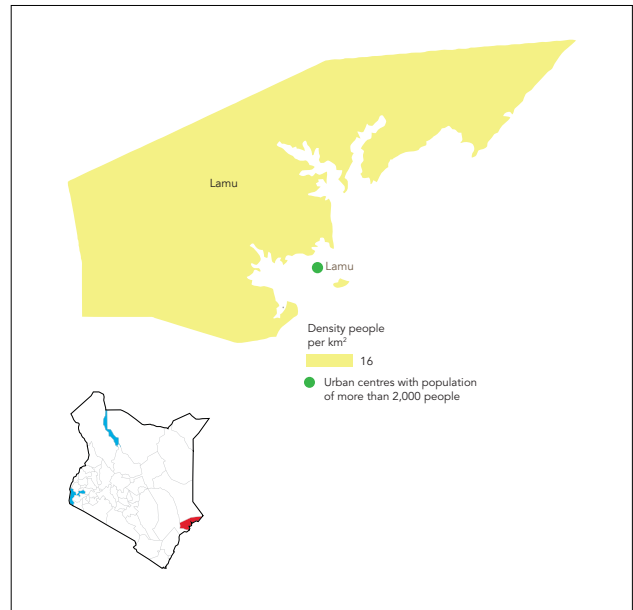
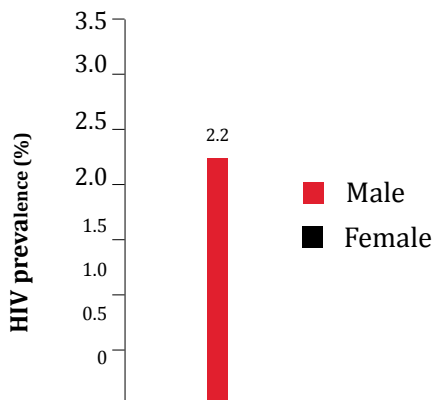


Figure 2: Prevalence of HIV by gender in Lamu County



Source: Kenya Demographic and Health Survey

HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Lamu County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

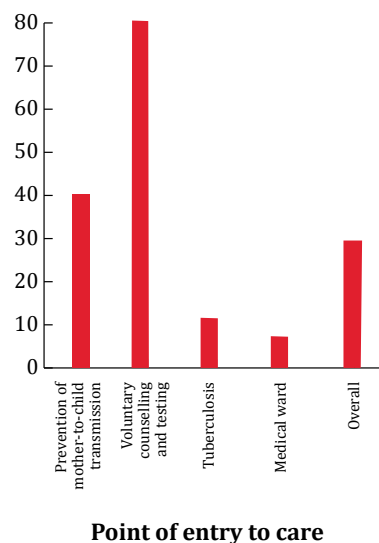
Section 2: Reducing Sexual Transmission of HIV

Table 2: Lamu County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	44	4	88,620

Source: Kenya HIV Estimates Report, 2014

Figure 3: Percentage of adults enrolling for HIV care by entry point in Lamu County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Lamu County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Lamu County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Lamu County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 173 pregnant women living with HIV in Lamu County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

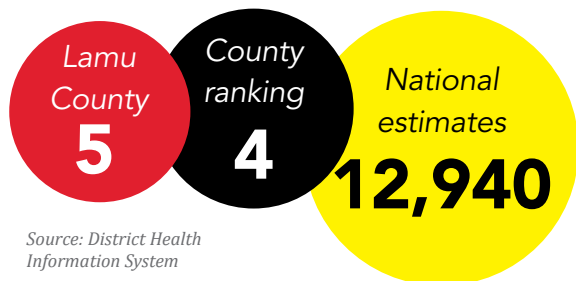
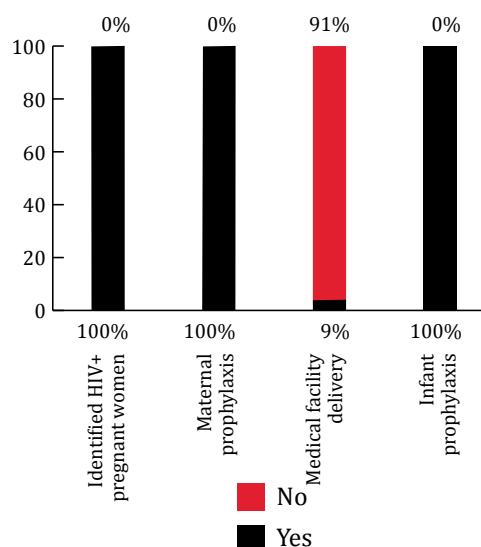


Figure 4: Prevention of mother-to-child transmission uptake



- 91% of HIV-positive pregnant women in Lamu County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Lamu County

Section 4: Expanding Access to Treatment

Table 3: Lamu County HIV treatment access annually

Indicator	Value
Adults in need of ART	739
Adults receiving ART	700
County ART adult coverage	95%
National ART adult coverage	79%
County ranking of ART coverage among adults*	10

Indicator	Value
Children in need of ART	131
Children receiving ART	80
County ART children coverage	61%
National ART children coverage	42%
County ranking of ART coverage among children	10

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Lamu orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	2,380
Poor households with an orphan**	1,166
Cash transfer beneficiary households***	557

Source: UNICEF, 2012; National Census, 2009

- Only 48 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Very **few** adults and approximately **10** children died of AIDS-related conditions in 2011 in Lamu County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

MACHAKOS COUNTY

Section 1: HIV Burden in Machakos County

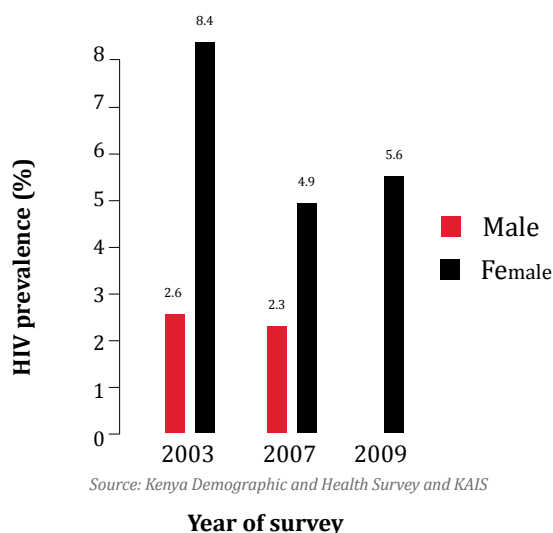
Table 1: HIV burden in Machakos

		Rank*
Total population (2013)	1155957	39
HIV adult prevalence (overall)	5.0%	27
Number of adults living with HIV	27,100	35
Number of children living with HIV	4,135	35
Total number of people living with HIV	31,235	35

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Machakos County is higher (6.8%) than that of men (2.9%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Machakos County



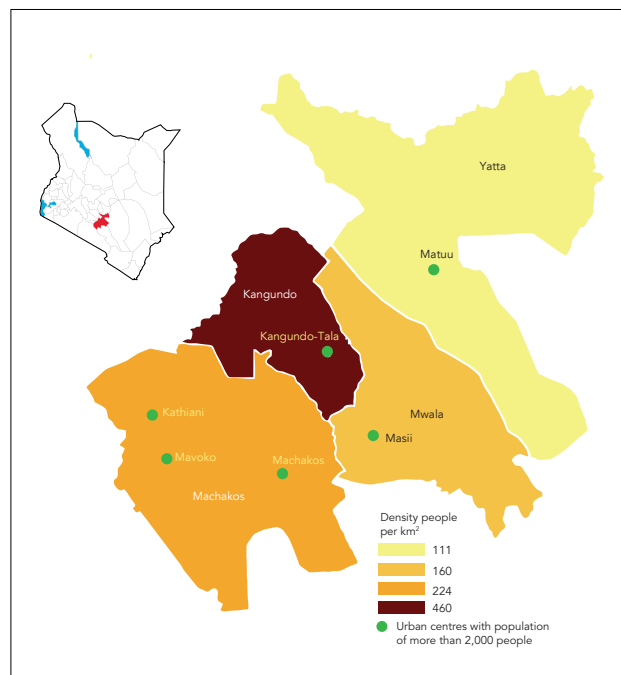
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Machakos County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	1,463	30	88,620

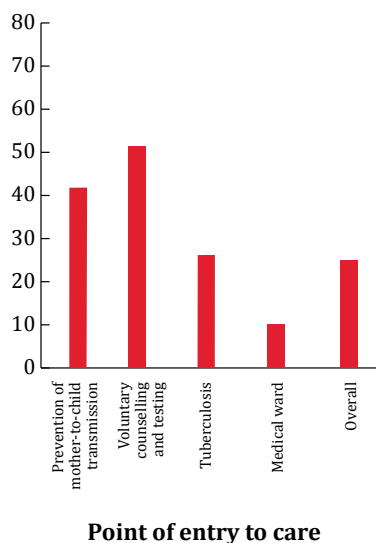
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Machakos County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Machakos County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Machakos County, low condom use may pose a significant risk of HIV infection to the population.

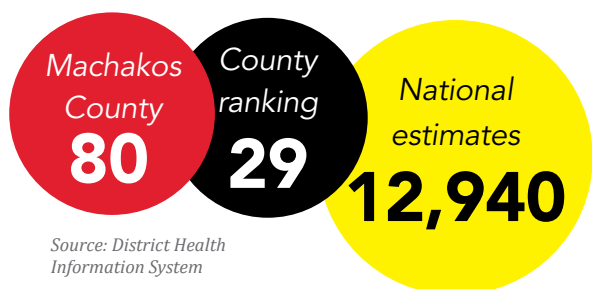
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Machakos County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Machakos County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

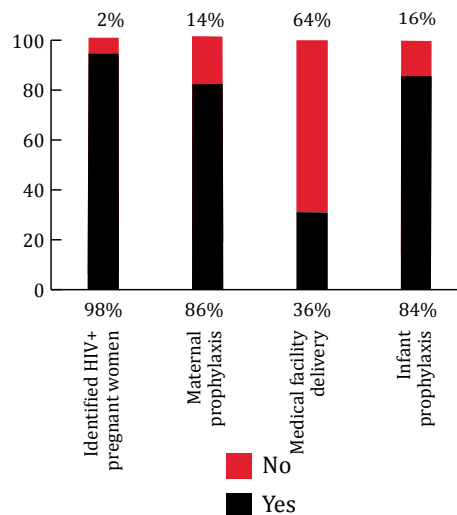
There were about 1,757 HIV-positive pregnant women in Machakos County in 2011. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Section 4: Expanding Access to Treatment

Figure 4: Prevention of mother-to-child transmission uptake



- 64% of HIV-positive pregnant women in Machakos County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Machakos County

Section 4: Expanding Access to Treatment

Table 3: Machakos County HIV treatment access annually

Indicator	
Adults in need of ART	15,640
Adults receiving ART	11,542
County ART adult coverage	74%
National ART adult coverage	79%
County ranking of ART coverage among adults*	23

Indicator	
Children in need of ART	2,953
Children receiving ART	1,609
County ART children coverage	54%
National ART children coverage	42%
County ranking of ART coverage among children	15

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Machakos orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	33,380
Poor households with an orphan**	16,356
Cash Transfer Beneficiary households***	5,001

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 31 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Approximately **921** adults and **177** children died of AIDS-related conditions in 2013 in Machakos County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

MAKUENI COUNTY

Section 1: HIV Burden in Makueni County

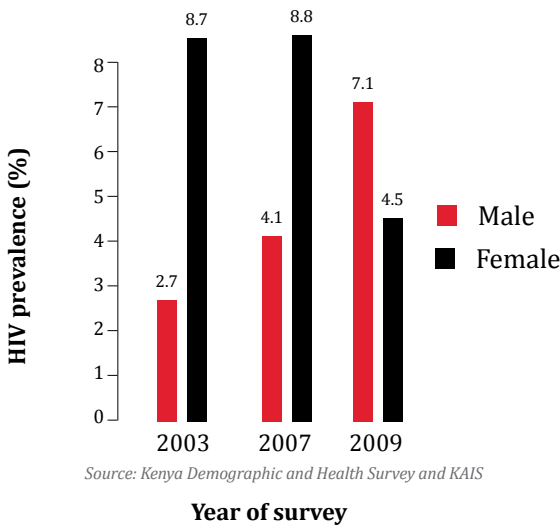
Table 1: HIV burden in Makueni

		Rank*
Total population (2013)	930,630	28
HIV adult prevalence (overall)	5.6%	33
Number of adults living with HIV	22,100	27
Number of children living with HIV	3,372	29
Total number of people living with HIV	25,472	27

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Makueni County is higher (7.6%) than that of men (3.3%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Makueni County

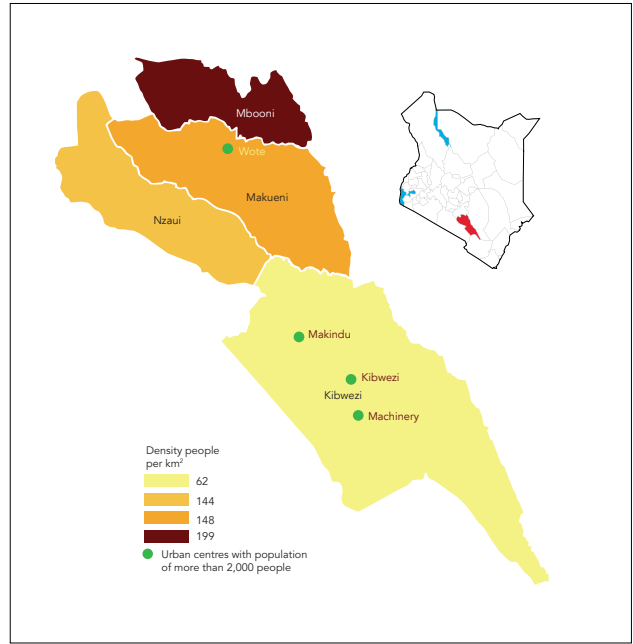


Section 2: Reducing Sexual Transmission of HIV

Table 2: Makueni County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	1,193	26	88,620

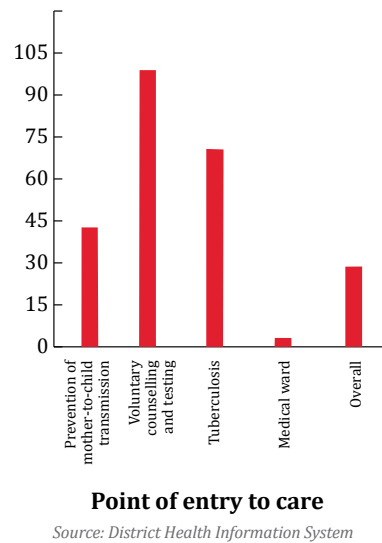
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Makueni County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Makueni County



Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Makueni County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Makueni County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Makueni County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 991 pregnant women living with HIV in Makueni County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

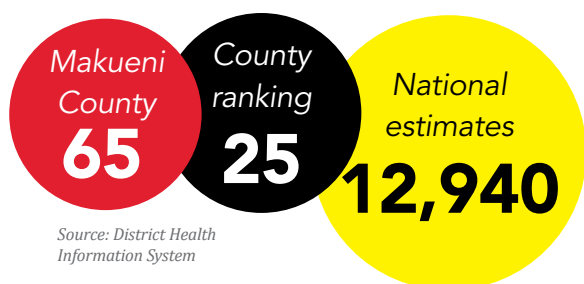
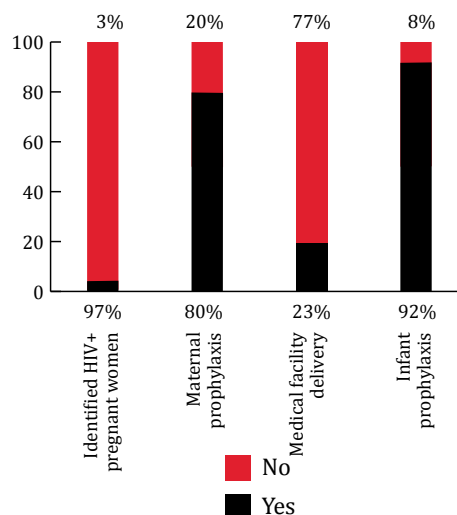


Figure 3: Prevention of mother-to-child transmission uptake



- 77% of HIV-positive pregnant women in Makueni County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Makueni County

Section 4: Expanding Access to Treatment

Table 3: Makueni County HIV treatment access annually

Indicator	Value
Adults in need of ART	12,754
Adults receiving ART	9,705
County ART adult coverage	76%
National ART adult coverage	79%
County ranking of ART coverage among adults*	22

Indicator	Value
Children in need of ART	2,408
Children receiving ART	1,480
County ART children coverage	61%
National ART children coverage	42%
County ranking of ART coverage among children	11

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Makueni orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	27,305
Poor households with an orphan**	13,380
Cash transfer beneficiary households***	4,528

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 34 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **751** adults and **145** children died of AIDS-related conditions in 2013 in Makueni County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

MANDERA COUNTY

Section 1: HIV Burden in Mandera County

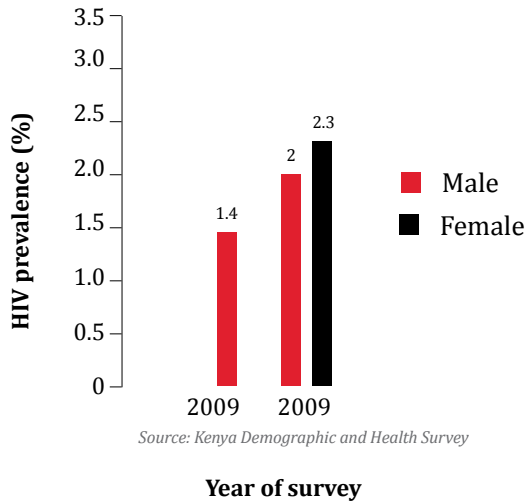
Table 1: HIV burden in Mandera

		Rank*
Total population (2013)	673,356	20
HIV adult prevalence (overall)	1.7%	4
Number of adults living with HIV	3,900	7
Number of children living with HIV	1,271	12
Total number of people living with HIV	5,171	7

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Mandera County is higher (2.9%) than that of men (0.6%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Mandera County



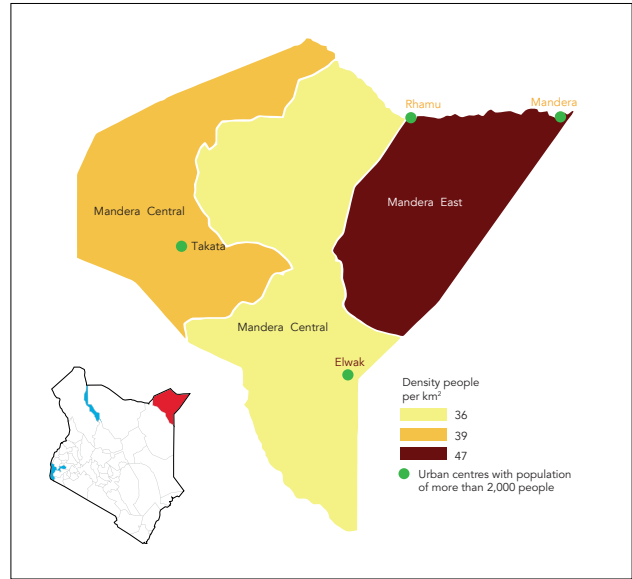
Source: Kenya Demographic and Health Survey

Section 2: Reducing Sexual Transmission of HIV

Table 2: Mandera County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	137	9	88,620

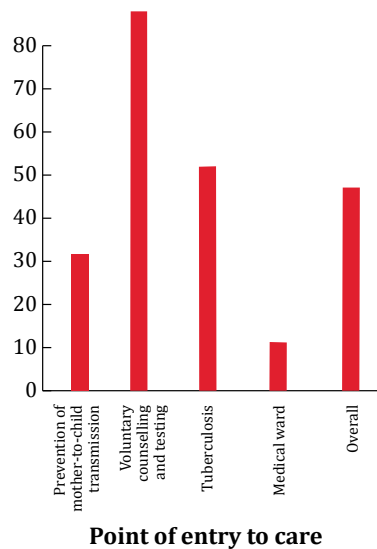
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Mandera County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Mandera County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Mandera County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Mandera County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Mandera County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 40 pregnant women living with HIV in Mandera County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

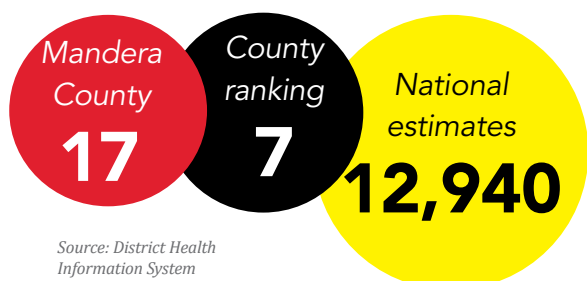
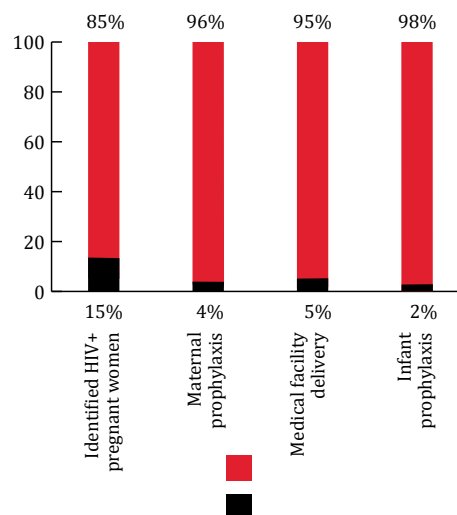


Figure 3: Prevention of mother-to-child transmission uptake



- 95% of HIV-positive pregnant women in Mandera County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Mandera County

Section 4: Expanding Access to Treatment

Table 3: Mandera County HIV treatment access annually

Indicator	Value
Adults in need of ART	1,948
Adults receiving ART	77
County ART adult coverage	4%
National ART adult coverage	79%
County ranking of ART coverage among adults*	47

Indicator	Value
Children in need of ART	892
Children receiving ART	27
County ART children coverage	3%
National ART children coverage	42%
County ranking of ART coverage among children	47

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Mandera orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	13,208
Poor households with an orphan**	6,472
Cash transfer beneficiary Households***	1,650

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT***

- Only 26 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.
-

Approximately **615** adults and **81** children died of AIDS-related conditions in 2013 in Mandera County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

MARSABIT COUNTY

Section 1: HIV Burden in Marsabit County

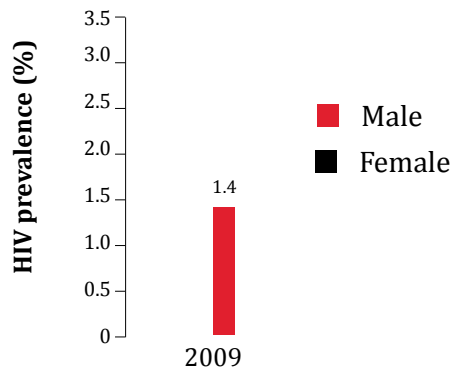
Table 1: HIV burden in Marsabit

		Rank*
Total population (2013)	306,471	5
HIV adult prevalence (overall)	1.2%	3
Number of adults living with HIV	1,500	4
Number of children living with HIV	229	4
Total number of people living with HIV	1,729	4

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Marsabit County is higher (1.6%) than that of men (0.7%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Marsabit County



Source: Kenya Demographic and Health Survey

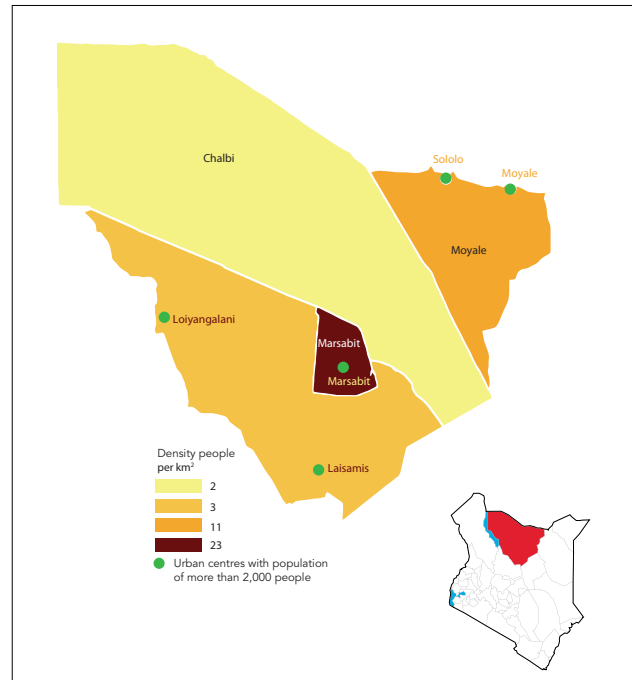
Year of survey

Section 2: Reducing Sexual Transmission of HIV

Table 2: Marsabit County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	81	6	88,620

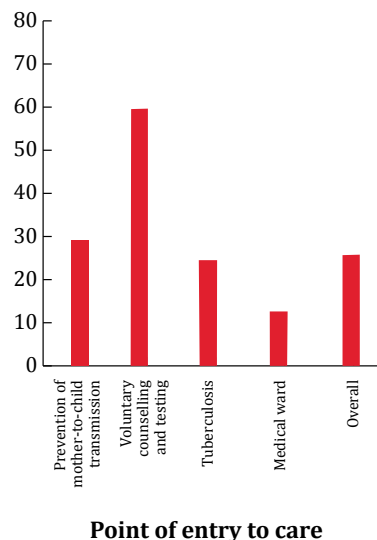
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Marsabit County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Marsabit County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Marsabit County, low condom use may pose a significant risk of HIV infection to the population.

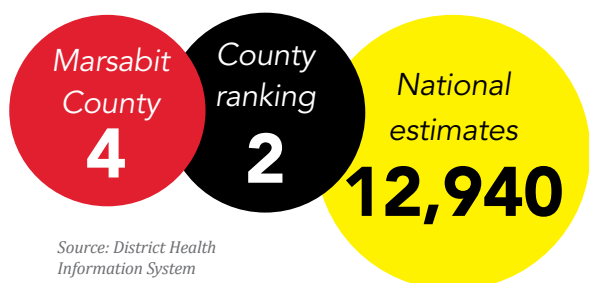
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Marsabit County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Marsabit County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

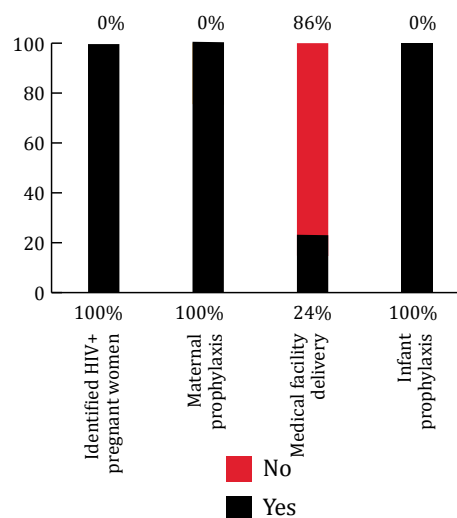
There were about 120 pregnant women living with HIV in Marsabit County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 3: Prevention of mother-to-child transmission uptake



- 76% of HIV-positive pregnant women in Marsabit County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Marsabit County

Section 4: Expanding Access to Treatment

Table 3: Marsabit County HIV treatment access annually

Indicator	Value
Adults in need of ART	866
Adults receiving ART	746
County ART adult coverage	86%
National ART adult coverage	79%
County ranking of ART coverage among adults*	17

Indicator	Value
Children in need of ART	163
Children receiving ART	93
County ART children coverage	57%
National ART children coverage	42%
County ranking of ART coverage among children	12

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Marsabit orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	8,844
Poor households with an orphan**	4,333
Cash transfer beneficiary households***	1,930

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 45 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **100** adults and **10** children died of AIDS-related conditions in 2011 in Marsabit County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

MERU COUNTY

Section 1: HIV Burden in Meru County

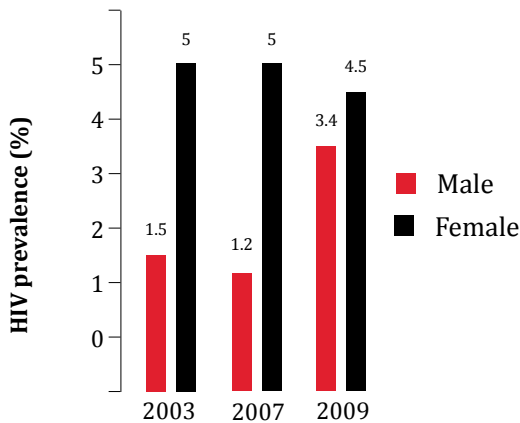
Table 1: HIV burden in Meru

		Rank*
Total population (2013)	1427135	42
HIV adult prevalence (overall)	3%	10
Number of adults living with HIV	20,200	26
Number of children living with HIV	3,082	26
Total number of people living with HIV	23,282	26

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Meru County is higher (4.1%) than that of men (1.8%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Meru County



Year of survey

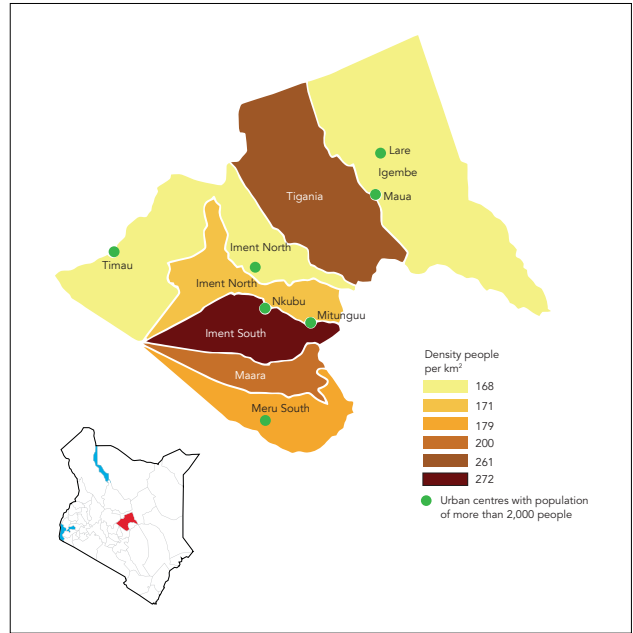
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Meru County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	1,090	25	88,620

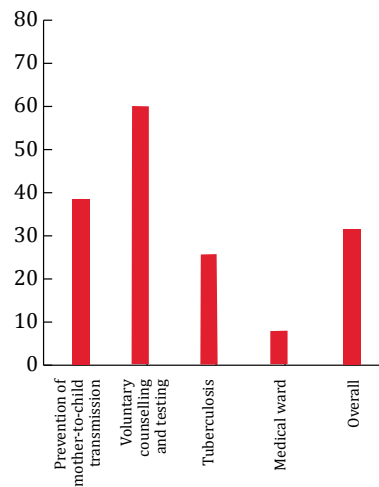
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Meru County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Meru County



Point of entry to care

Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Meru County, low condom use may pose a significant risk of HIV infection to the population.

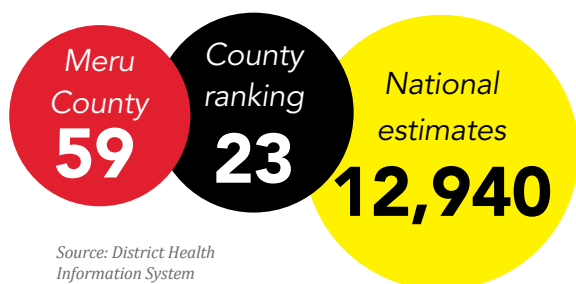
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Meru County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Meru County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

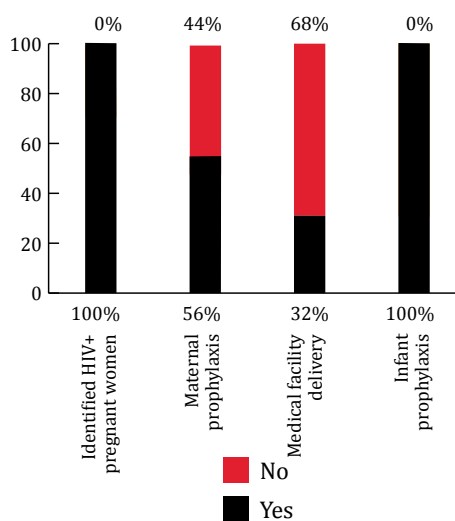
There were about 1202 pregnant women living with HIV in Meru County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 3: Prevention of mother-to-child transmission uptake



- 68% of HIV-positive pregnant women in Meru County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Meru County

Section 4: Expanding Access to Treatment

Table 3: Meru County HIV treatment access annually

Indicator	
Adults in need of ART	11,658
Adults receiving ART	9,615
County ART adult coverage	82%
National ART adult coverage	79%
County ranking of ART coverage among adults*	18

Indicator	
Children in need of ART	2,201
Children receiving ART	1,052
County ART children coverage	48%
National ART children coverage	42%
County ranking of ART coverage among children	18

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Meru orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	27,080
Poor households with an orphan**	13,269
Cash transfer beneficiary households***	2,936

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT***

- Only 22 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **686** adults and **132** children died of AIDS-related conditions in 2013 in Meru County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

MIGORI COUNTY

Section 1: HIV Burden in Migori County

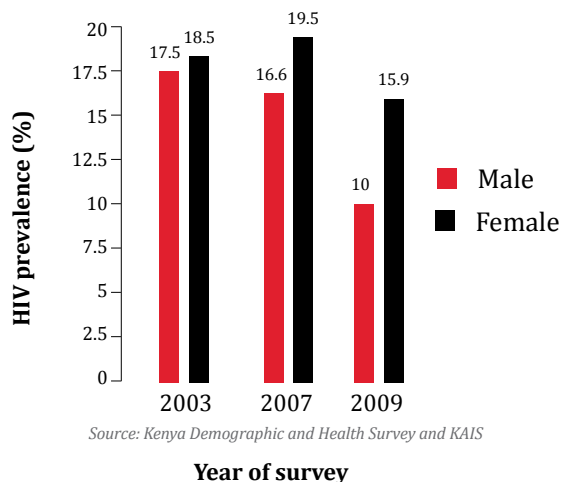
Table 1: HIV burden in Migori

		Rank*
Total population (2013)	1002499	32
HIV adult prevalence (overall)	14.7%	44
Number of adults living with HIV	77,700	43
Number of children living with HIV	10,705	43
Total number of people living with HIV	88,405	43

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Migori County is higher (15.7%) than that of men (13.6%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Migori County



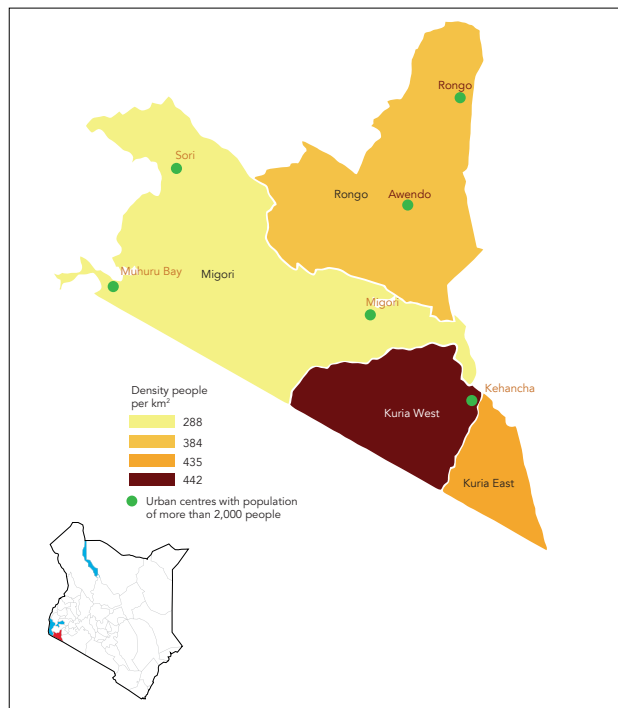
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Migori County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	6,786	44	88,620

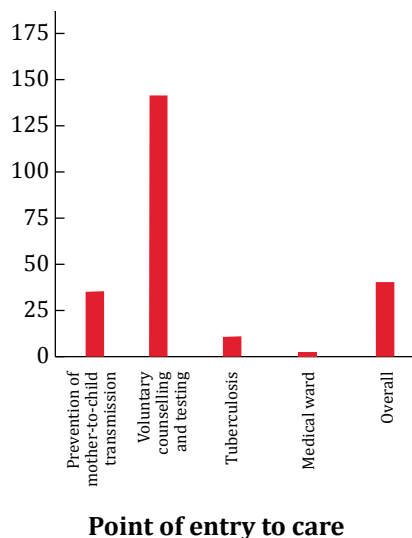
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Migori County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Migori County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Migori County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Migori County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Migori County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 5,262 pregnant women living with HIV in Migori County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

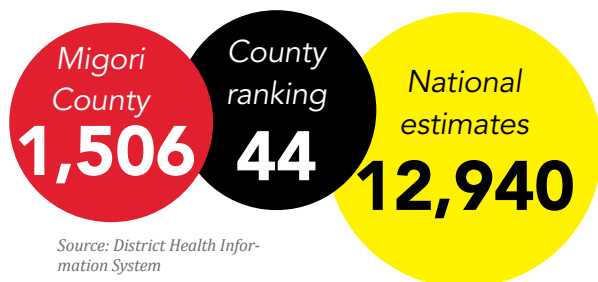
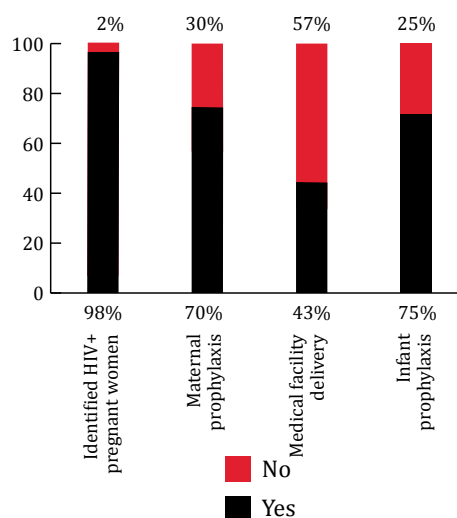


Figure 3: Prevention of mother-to-child transmission uptake



- 57% of HIV-positive pregnant women in Migori County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Migori County

Section 4: Expanding Access to Treatment

Table 3: Migori County HIV treatment access annually

Indicator	Value
Adults in need of ART	39,147
Adults receiving ART	34,927
County ART adult coverage	89%
National ART adult coverage	79%
County ranking of ART coverage among adults*	15
Indicator	Value
Children in need of ART	8,419
Children receiving ART	3,136
County ART children coverage	37%
National ART children coverage	42%
County ranking of ART coverage among children	25

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Migori orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	44,951
Poor households with an orphan**	22,026
Cash transfer beneficiary households***	6,135

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT***

- Only 28 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **1,876** adults and **682** children died of AIDS-related conditions in 2013 in Migori County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

MOMBASA COUNTY

Section 1: HIV Burden in Mombasa County

Table 1: HIV burden in Mombasa

		Rank*
Total population (2013)	1,068,307	38
HIV adult prevalence (overall)	7.4%	40
Number of adults living with HIV	47,800	39
Number of children living with HIV	6,870	39
Total number of people living with HIV	54,670	39

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Mombasa County is higher (10.5%) than that of men (4.5%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

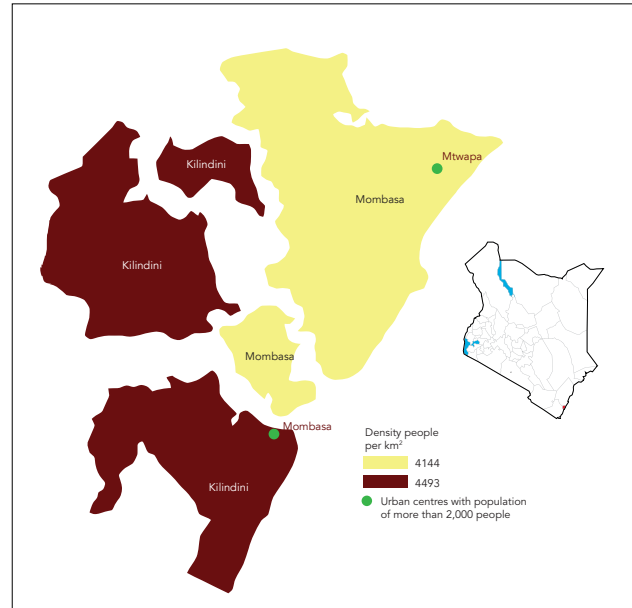
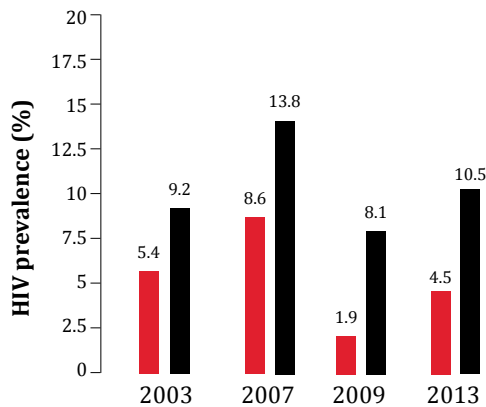


Figure 1: Prevalence of HIV by gender in Mombasa County



Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Mombasa County HIV indicators

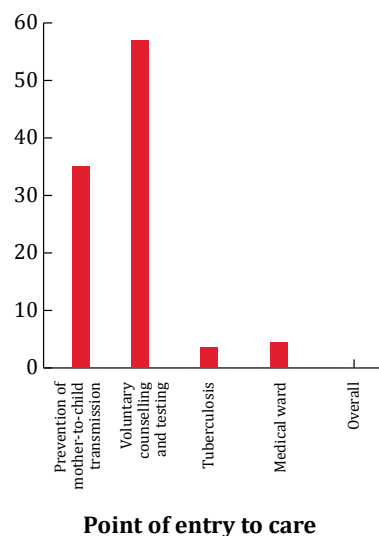
	Annual	County ranking	National estimates
New adult HIV infections annually	1,609	32	88,620

Source: Kenya HIV Estimates Report, 2014

HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Mombasa County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Mombasa County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Mombasa County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Mombasa County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Mombasa County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 2,586 pregnant women living with HIV in Mombasa County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

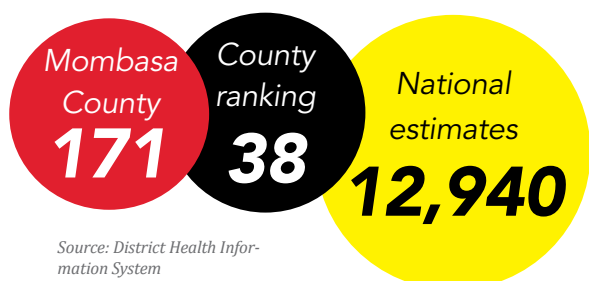
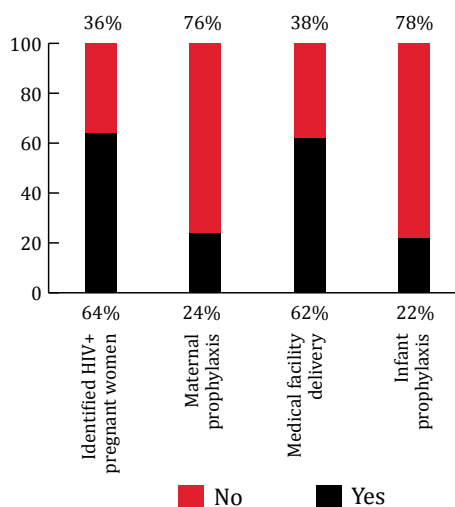


Figure 3: Prevention of mother-to-child transmission uptake



- 71% of pregnant women living with HIV in Mombasa County did not deliver in a health facility
- Only 56 per cent of pregnant women attend the recommended four antenatal visits in Mombasa County

Section 4: Expanding Access to Treatment

Table 3: Mombasa County HIV treatment access annually

Indicator	
Adults in need of ART	27,168
Adults receiving ART	26,490
County ART adult coverage	98%
National ART adult coverage	79%
County ranking of ART coverage among adults*	7

Indicator	
Children in need of ART	4,817
Children receiving ART	1,995
County ART children coverage	41%
National ART children coverage	42%
County ranking of ART coverage among children	22

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Mombasa orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	21,546
Poor households with an orphan**	10,557
Cash Transfer beneficiary households***	1,905

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT***

- Only 18 percent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **2,000** adults and **351** children died of AIDS-related conditions in 2013 in Mombasa County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

MURANG'A COUNTY

Section 1: HIV Burden in Murang'a County

Table 1: HIV burden in Murang'a

		Rank*
Total population (2013)	1022427	34
HIV adult prevalence (overall)	5.2%	31
Number of adults living with HIV	28,700	36
Number of children living with HIV	2,881	24
Total number of people living with HIV	31,581	36

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Murang'a County is higher (7.7%) than that of men (2.8%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

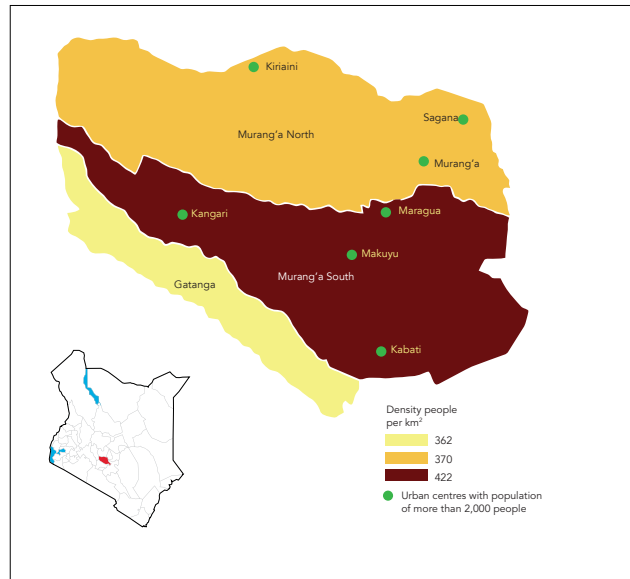
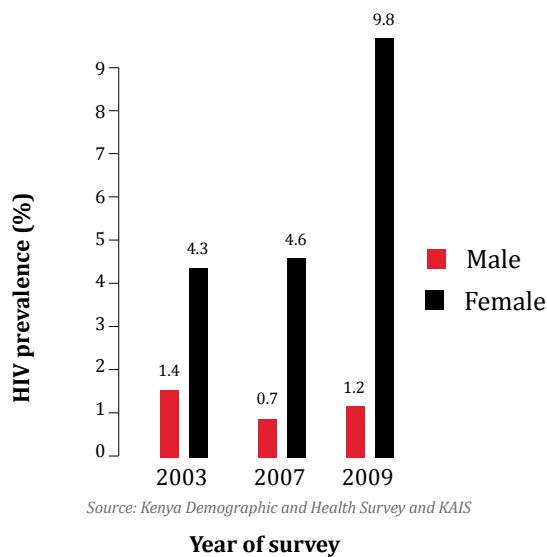


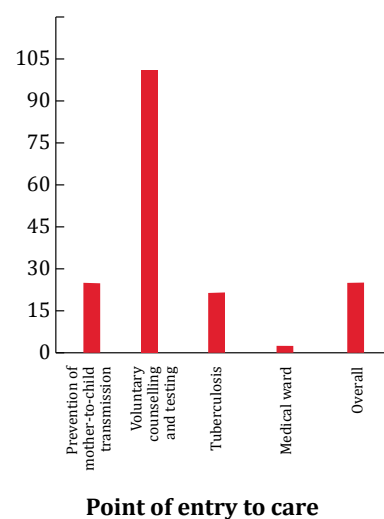
Figure 1: Prevalence of HIV by gender in Murang'a County



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Murang'a County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Murang'a County



Section 2: Reducing Sexual Transmission of HIV

Table 2: Murang'a County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	1,984	37	88,620

Source: Kenya HIV Estimates Report, 2014

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Murang'a County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Murang'a County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Murang'a County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 851 pregnant women living with HIV in Murang'a County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children's survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

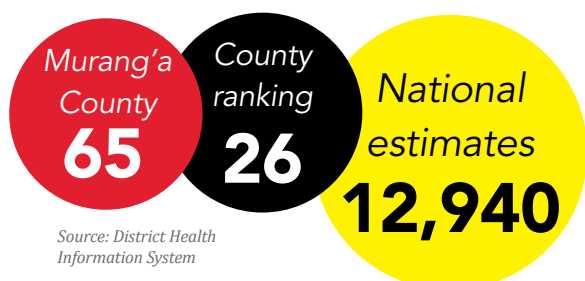
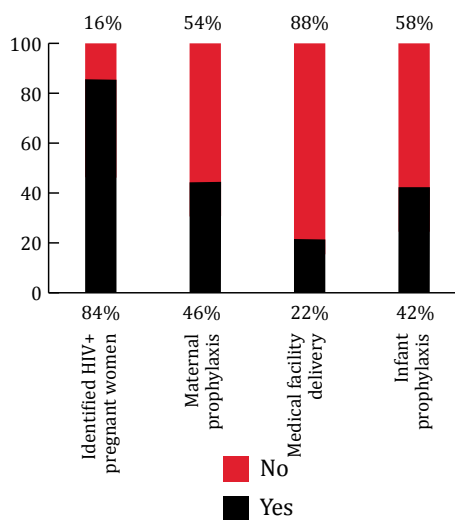


Figure 3: Prevention of mother-to-child transmission uptake



- 78% of HIV-positive pregnant women in Murang'a County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Murang'a County

Section 4: Expanding Access to Treatment

Table 3: Murang'a County HIV treatment access annually

Indicator	
Adults in need of ART	16,074
Adults receiving ART	7,177
County ART adult coverage	45%
National ART adult coverage	79%
County ranking of ART coverage among adults*	38

Indicator	
Children in need of ART	2,058
Children receiving ART	656
County ART children coverage	32%
National ART children coverage	42%
County ranking of ART coverage among children	29

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Murang'a orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	27,992
Poor households with an orphan**	13,716
Cash Transfer Beneficiary households***	4,799

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 35 percent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Approximately **817** adults and **122** children died of AIDS-related conditions in 2013 in Murang'a County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

NAIROBI COUNTY

Section 1: HIV Burden in Nairobi County

Table 1: HIV burden in Nairobi

		Rank*
Total population (2013)	3781394	47
HIV adult prevalence (overall)	8%	43
Number of adults living with HIV	164,658	47
Number of children living with HIV	12,894	44
Total number of people living with HIV	177,552	47

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Nairobi County is higher (8.4%) than that of men (5.3%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

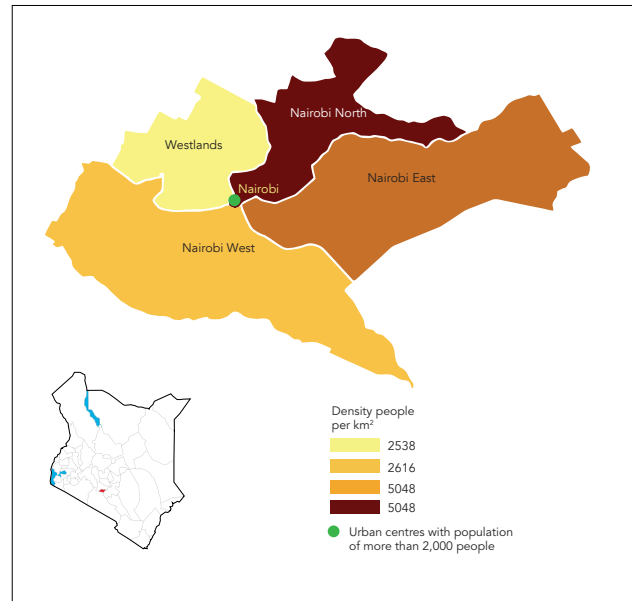
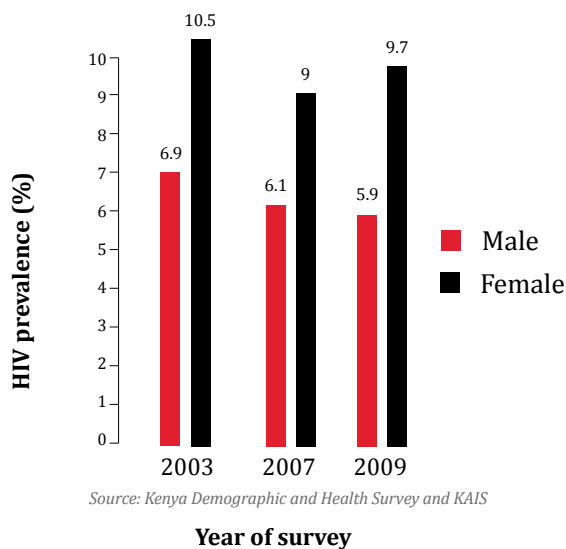


Figure 1: Prevalence of HIV by gender in Nairobi County



Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Nairobi County HIV indicators

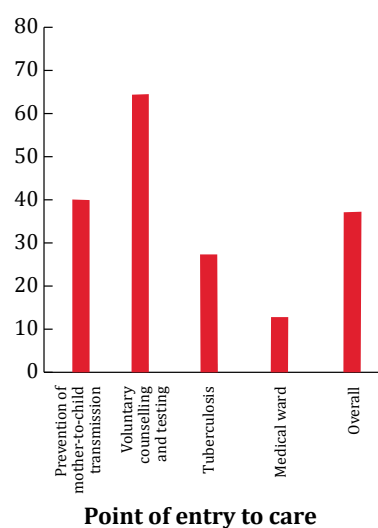
	Annual	County ranking	National estimates
New adult HIV infections annually	3,098	41	88,620

Source: Kenya HIV Estimates Report, 2014

HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Nairobi County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Nairobi County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Nairobi County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Nairobi County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Nairobi County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 9,807 pregnant women living with HIV in Nairobi County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

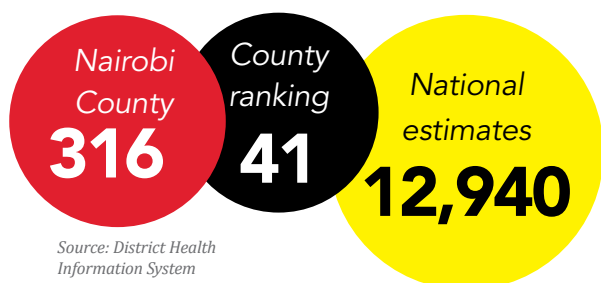
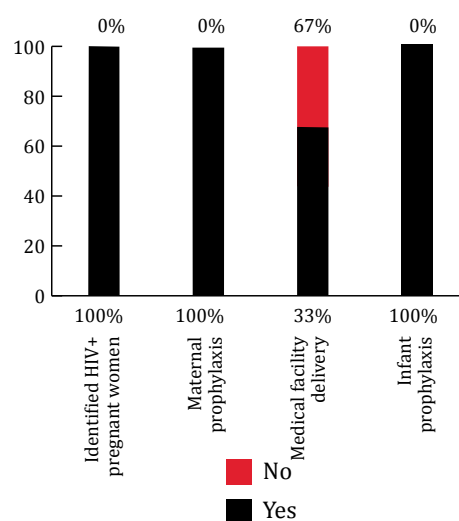


Figure 3: Prevention of mother-to-child transmission uptake



- 67% of HIV-positive pregnant women in Nairobi County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Nairobi County

Section 4: Expanding Access to Treatment

Table 3: Nairobi County HIV treatment access annually

Indicator	
Adults in need of ART	102,103
Adults receiving ART	93,714
County ART adult coverage	92%
National ART adult coverage	79%
County ranking of ART coverage among adults*	13

Indicator	
Children in need of ART	9,398
Children receiving ART	6,988
County ART children coverage	74%
National ART children coverage	42%
County ranking of ART coverage among children	2

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Nairobi orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	69,730
Poor households with an orphan**	34,168
Cash transfer beneficiary households***	2,534

Source: UNICEF, 2012; National Census, 2009

- Only 9 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **3,579** adults and **448** children died of AIDS-related conditions in 2013 in Nairobi County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

NAKURU COUNTY

Section 1: HIV Burden in Nakuru County

Table 1: HIV burden in Nakuru

		Rank*
Total population (2013)	1825229	46
HIV adult prevalence (overall)	5.3%	32
Number of adults living with HIV	53,700	41
Number of children living with HIV	7,898	41
Total number of people living with HIV	61,598	41

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Nakuru County is higher (7.5%) than that of men (4.5%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

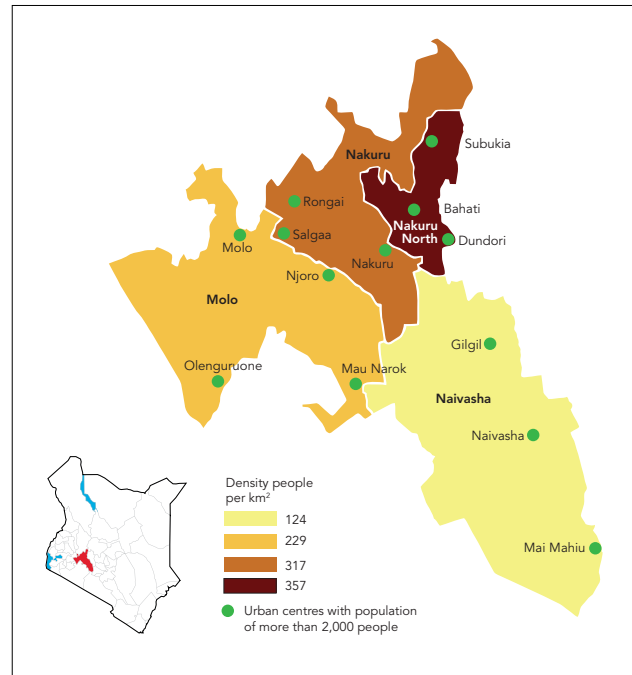
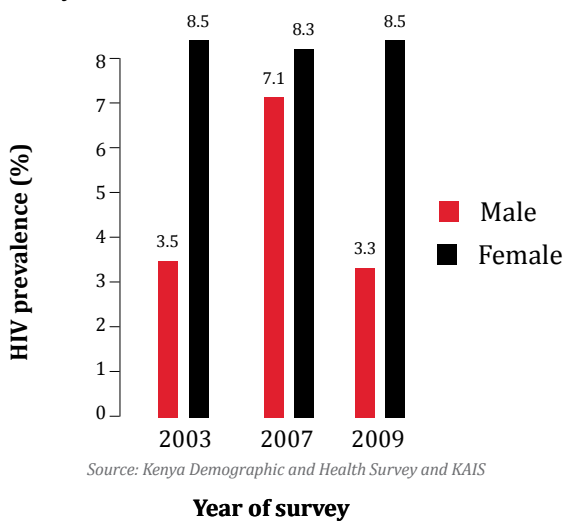


Figure 1: Prevalence of HIV by gender in Nakuru County



Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Nakuru County HIV indicators

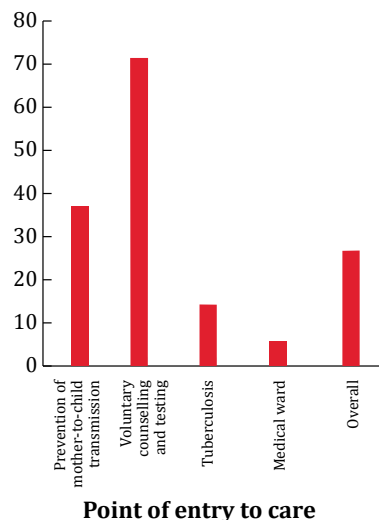
	Annual	County ranking	National estimates
New adult HIV infections annually	4,127	42	88,620

Source: Kenya HIV Estimates Report, 2014

HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Nakuru County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Nakuru County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Nakuru County, low condom use may pose a significant risk of HIV infection to the population.

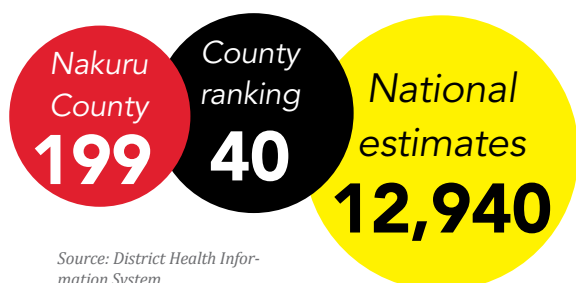
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Nakuru County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Nakuru County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

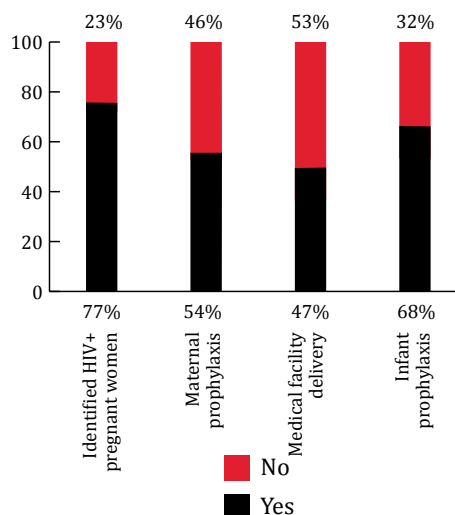
There were about 2,438 pregnant women living with HIV in Nakuru County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 3: Prevention of mother-to-child transmission uptake



- 53% of HIV-positive pregnant women in Nakuru County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Nakuru County

Section 4: Expanding Access to Treatment

Table 3: Nakuru County HIV treatment access annually

Indicator	Value
Adults in need of ART	26,255
Adults receiving ART	16,345
County ART adult coverage	62%
National ART adult coverage	79%
County ranking of ART coverage among adults*	28

Indicator	Value
Children in need of ART	5,558
Children receiving ART	1,677
County ART children coverage	30%
National ART children coverage	42%
County ranking of ART coverage among children	31

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Nakuru orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	41,771
Poor households with an orphan**	20,468
Cash transfer beneficiary households***	3,859

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 19 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **3,065** adults and **429** children died of AIDS-related conditions in 2013 in Nakuru County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

NANDI COUNTY

Section 1: HIV Burden in Nandi County

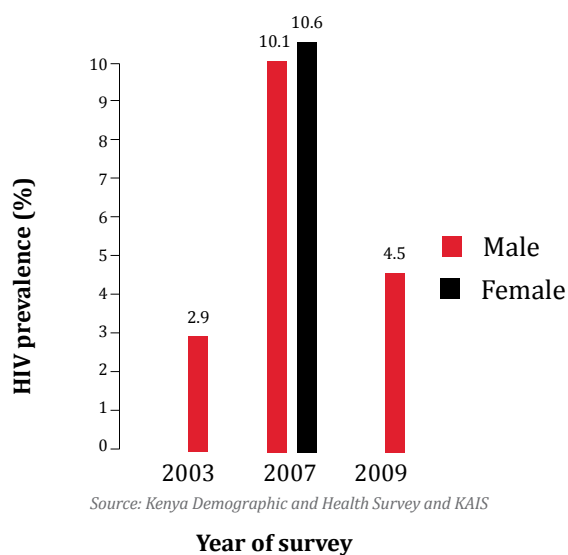
Table 1: HIV burden in Nandi

		Rank*
Total population (2013)	857,207	25
HIV adult prevalence (overall)	3.7%	16
Number of adults living with HIV	16,300	21
Number of children living with HIV	2,397	21
Total number of people living with HIV	18,697	20

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Nandi County is higher (5.2%) than that of men (3.1%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Nandi County



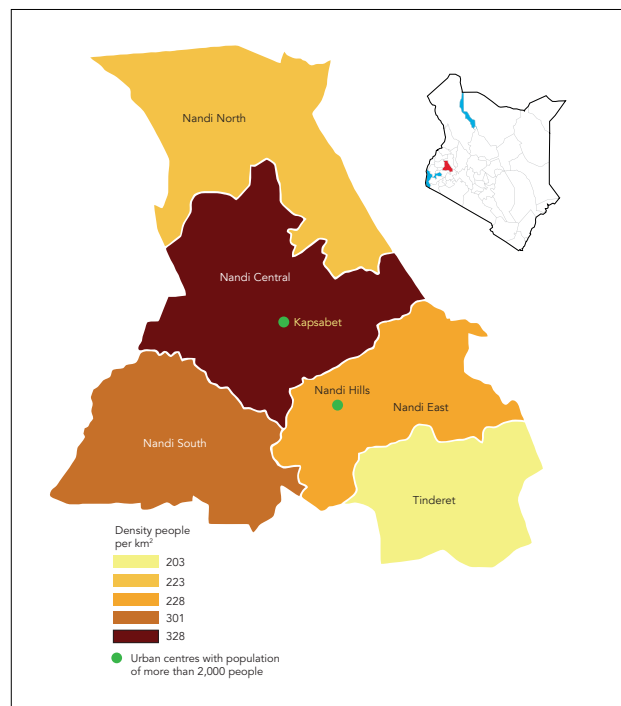
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Nandi County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	1,253	28	88,620

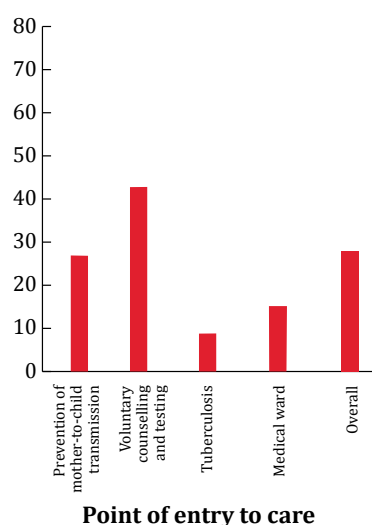
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Nandi County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Nandi County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Nandi County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Nandi County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Nandi County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 632 pregnant women living with HIV in Nandi County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

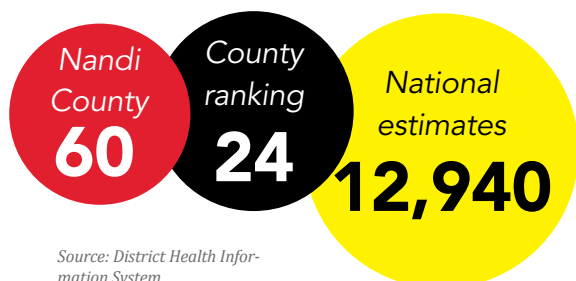
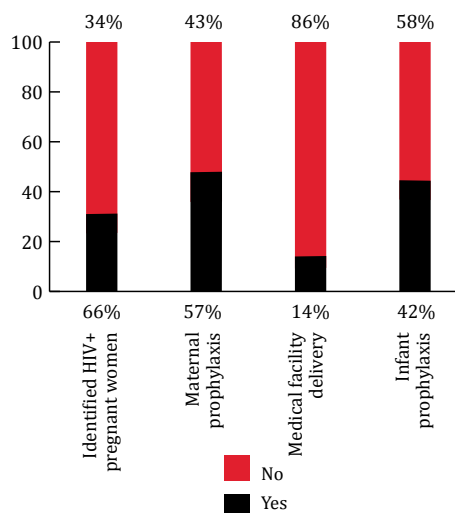


Figure 3: Prevention of mother-to-child transmission uptake



- 86% of HIV-positive pregnant women in Nandi County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Nandi County

Section 4: Expanding Access to Treatment

Table 3: Nandi County HIV treatment access annually

Indicator	
Adults in need of ART	7,969
Adults receiving ART	6,507
County ART adult coverage	82%
National ART adult coverage	79%
County ranking of ART coverage among adults*	19

Indicator	
Children in need of ART	1,687
Children receiving ART	664
County ART children coverage	39%
National ART children coverage	42%
County ranking of ART coverage among children	23

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Nandi orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	17,156
Poor households with an orphan**	8,407
Cash Transfer beneficiary households***	2,474

Source: UNICEF, 2012; National Census, 2009

- Only 29 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **930** adults and **130** children died of AIDS-related conditions in 2013 in Nandi County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

NAROK COUNTY

Section 1: HIV Burden in Narok County

Table 1: HIV burden in Narok

		Rank*
Total population (2013)	968,390	30
HIV adult prevalence (overall)	5%	28
Number of adults living with HIV	23,500	28
Number of children living with HIV	3,456	30
Total number of people living with HIV	26,956	29

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Narok County is higher (7.1%) than that of men (4.3%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

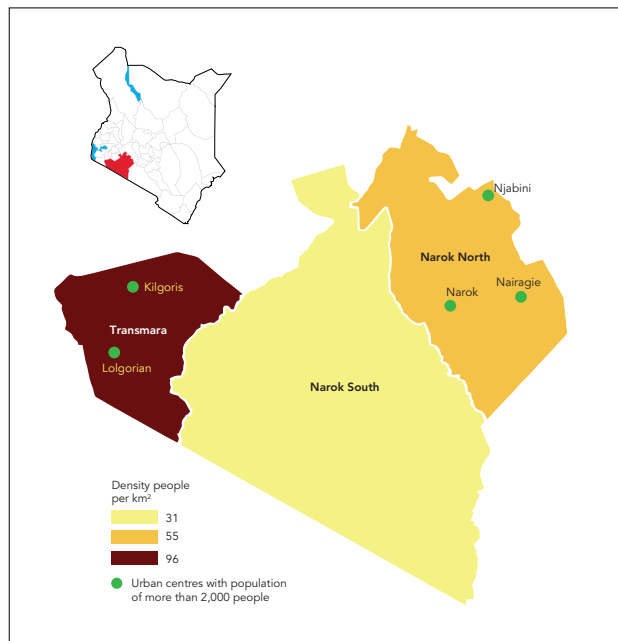
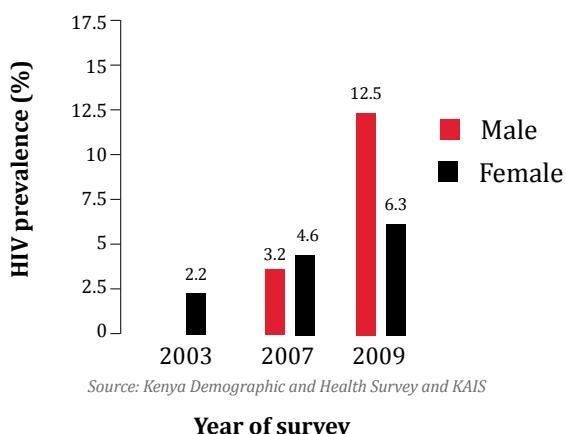


Figure 1: Prevalence of HIV by gender in Narok County

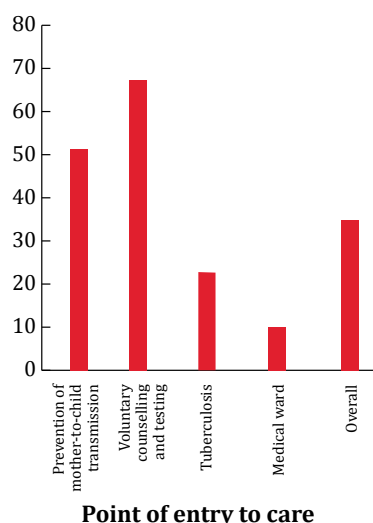


Source: Kenya Demographic and Health Survey and KAIS

HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Narok County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Narok County



Source: District Health Information System

Section 2: Reducing Sexual Transmission of HIV

Table 2: Narok County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	1,806	33	88,620

Source: Kenya HIV Estimates Report, 2014

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Narok County, low condom use may pose a significant risk of HIV infection to the population.

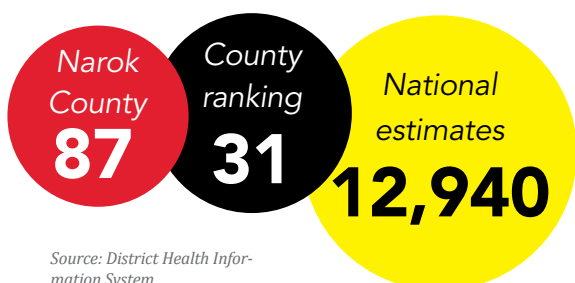
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Narok County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Narok County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

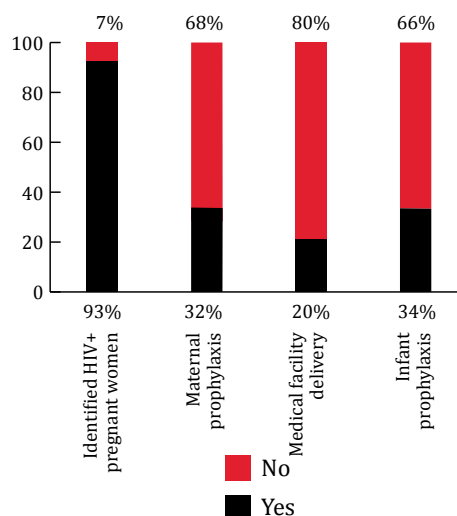
There were about 1279 pregnant women living with HIV in Narok County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 3: Prevention of mother-to-child transmission uptake



- 80% of HIV-positive pregnant women in Narok County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Narok County

Section 4: Expanding Access to Treatment

Table 3: Narok County HIV treatment access annually

Indicator	
Adults in need of ART	11,490
Adults receiving ART	4,351
County ART adult coverage	38%
National ART adult coverage	79%
County ranking of ART coverage among adults*	41

Indicator	
Children in need of ART	2,432
Children receiving ART	296
County ART children coverage	12%
National ART children coverage	42%
County ranking of ART coverage among children	43

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Narok orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	18,021
Poor households with an orphan**	8,830
Cash Transfer Beneficiary Households***	3,058

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT***

- Only 35 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **1,341** adults and **188** children died of AIDS-related conditions in 2013 in Narok County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

NYAMIRA COUNTY

Section 1: HIV Burden in Nyamira County

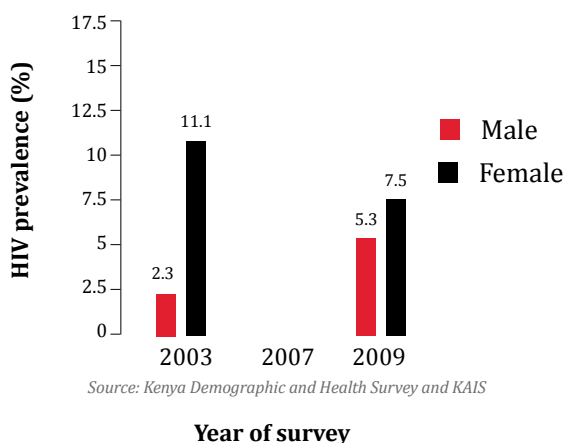
Table 1: HIV burden in Nyamira

		Rank*
Total population (2013)	653,914	19
HIV adult prevalence (overall)	6.4%	38
Number of adults living with HIV	23,500	29
Number of children living with HIV	3,238	28
Total number of people living with HIV	26,738	28

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Nyamira County is higher (6.8%) than that of men (5.8%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Nyamira County



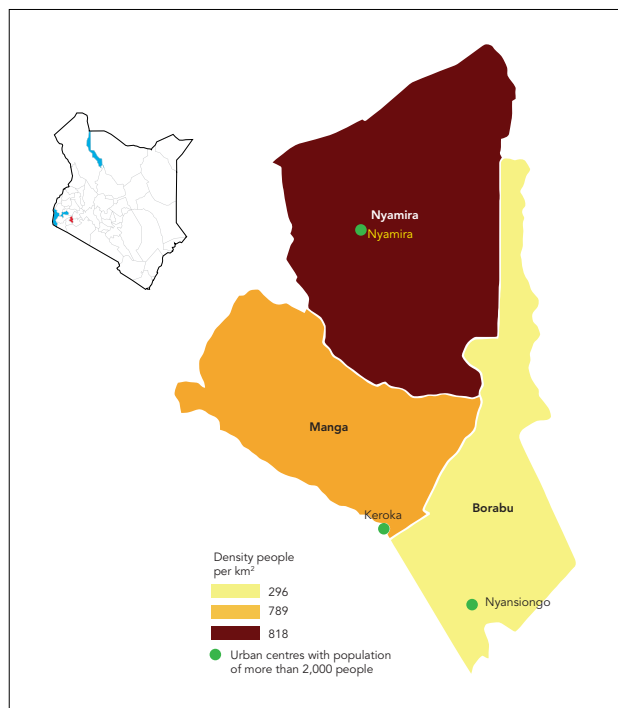
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Nyamira County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	2,052	38	88,620

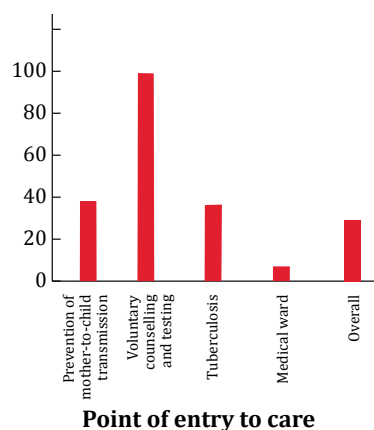
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Nyamira County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Nyamira County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Nyamira County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Nyamira County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Nyamira County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 942 pregnant women living with HIV in Nyamira County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

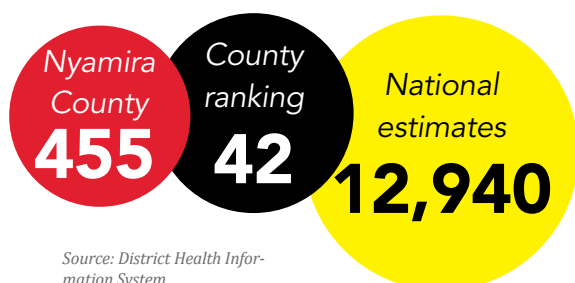
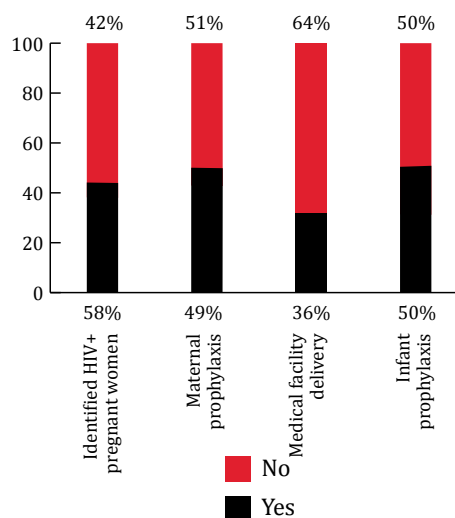


Figure 3: Prevention of mother-to-child transmission uptake



- 64% of HIV-positive pregnant women in Nyamira County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Nyamira County

Section 4: Expanding Access to Treatment

Table 3: Nyamira County HIV treatment access annually

Indicator	
Adults in need of ART	11,840
Adults receiving ART	6,886
County ART adult coverage	58%
National ART adult coverage	79%
County ranking of ART coverage among adults*	30

Indicator	
Children in need of ART	2,546
Children receiving ART	972
County ART children coverage	38%
National ART children coverage	42%
County ranking of ART coverage among children	24

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Nyamira orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	19,416
Poor households with an orphan**	9,514
Cash Transfer Beneficiary households***	2,081

Source: UNICEF, 2012; National Census, 2009

- Only 22 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **567** adults and **206** children died of AIDS-related conditions in 2013 in Nyamira County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

NYANDARUA COUNTY

Section 1: HIV Burden in Nyandarua County

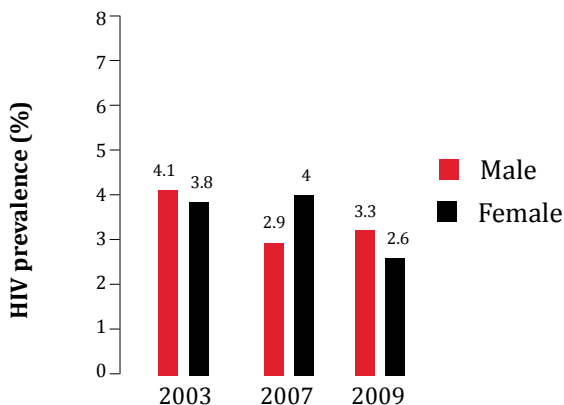
Table 1: HIV burden in Nyandarua

		Rank*
Total population (2013)	646,876	18
HIV adult prevalence (overall)	3.8%	18
Number of adults living with HIV	13,000	18
Number of children living with HIV	1,305	13
Total number of people living with HIV	14,305	18

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Nyandarua County is higher (5.6%) than that of men (2.0%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Nyandarua County



Source: Kenya Demographic and Health Survey and KAIS

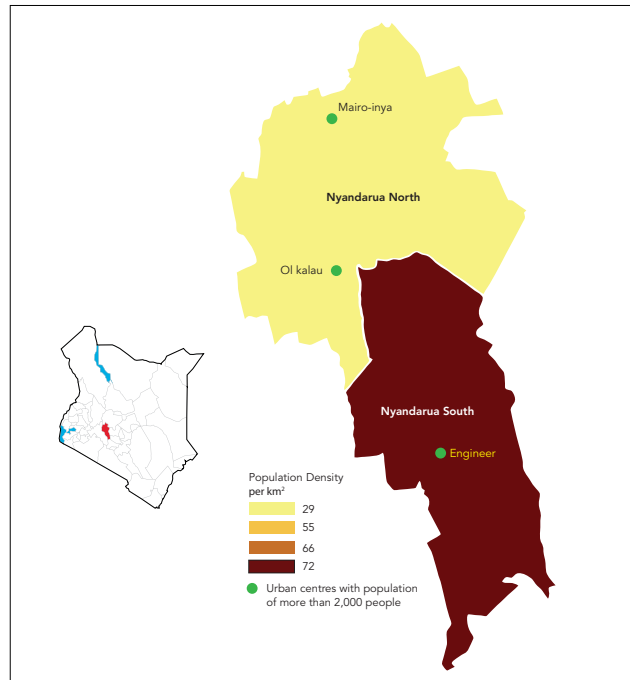
Year of survey

Section 2: Reducing Sexual Transmission of HIV

Table 2: Nyandarua County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	899	23	88,620

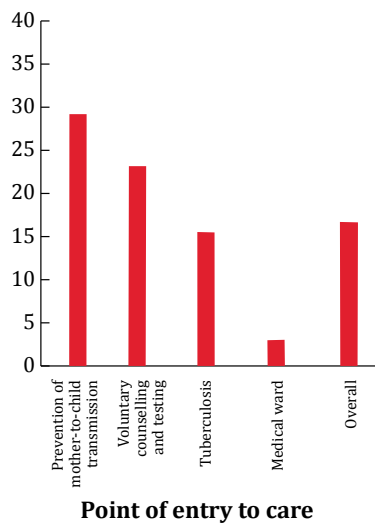
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Nyandarua County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Nyandarua County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Nyandarua County, low condom use may pose a significant risk of HIV infection to the population.

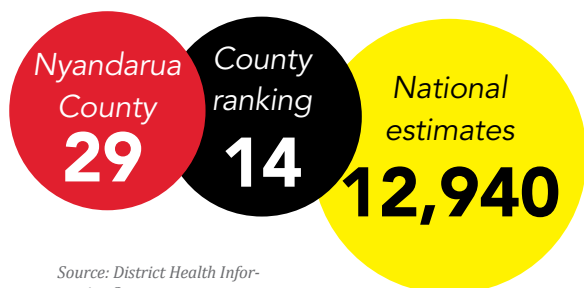
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Nyandarua County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Nyandarua County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

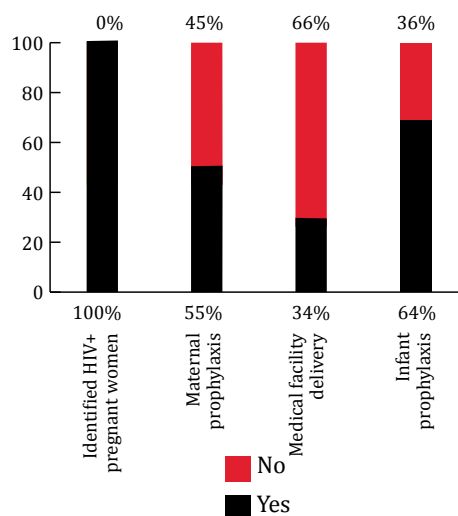
There were about 478 pregnant women living with HIV in Nyandarua County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 3: Prevention of mother-to-child transmission uptake



- 66% of HIV-positive pregnant women in Nyandarua County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Nyandarua County

Section 4: Expanding Access to Treatment

Table 3: Nyandarua County HIV treatment access annually

Indicator	
Adults in need of ART	7,281
Adults receiving ART	5,596
County ART adult coverage	77%
National ART adult coverage	79%
County ranking of ART coverage among adults*	21
Indicator	
Children in need of ART	932
Children receiving ART	592
County ART children coverage	63%
National ART children coverage	42%
County ranking of ART coverage among children	9

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Nyandarua orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	17,030
Poor households with an orphan**	8,345
Cash transfer beneficiary households***	2,081

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 25 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **370** adults and **55** children died of AIDS-related conditions in 2013 in Nyandarua County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

NYERI COUNTY

Section 1: HIV Burden in Nyeri County

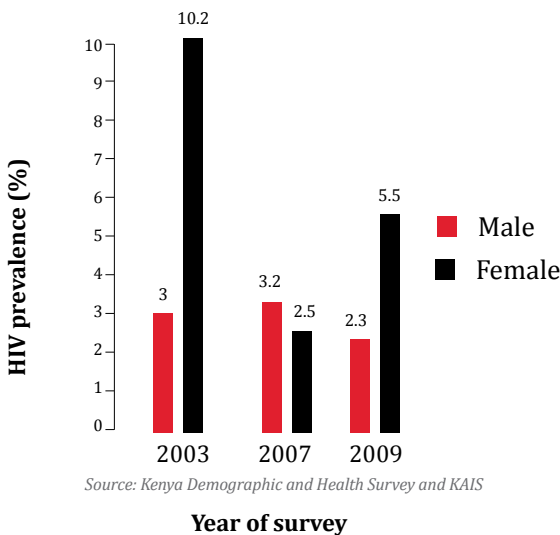
Table 1: HIV burden in Nyeri

		Rank*
Total population (2013)	752,469	22
HIV adult prevalence (overall)	4.3%	22
Number of adults living with HIV	18,900	24
Number of children living with HIV	1,897	18
Total number of people living with HIV	20,797	22

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Nyeri County is higher (6.3%) than that of men (2.3%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 1: Prevalence of HIV by gender in Nyeri County



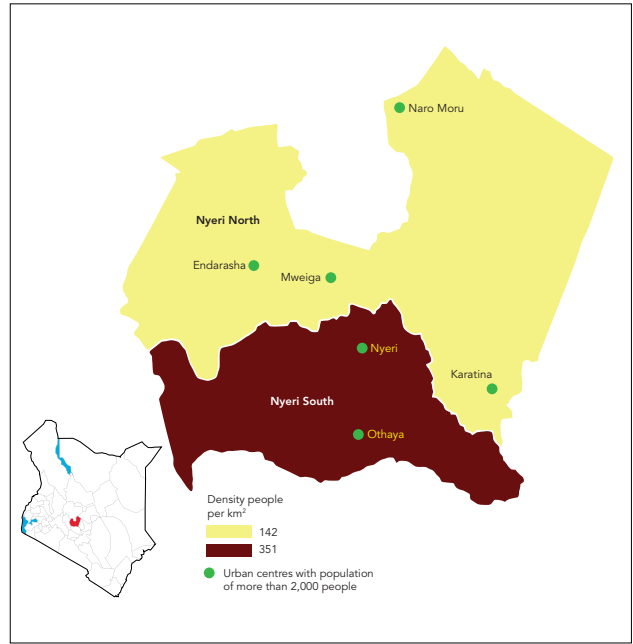
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Nyeri County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	1,307	29	88,620

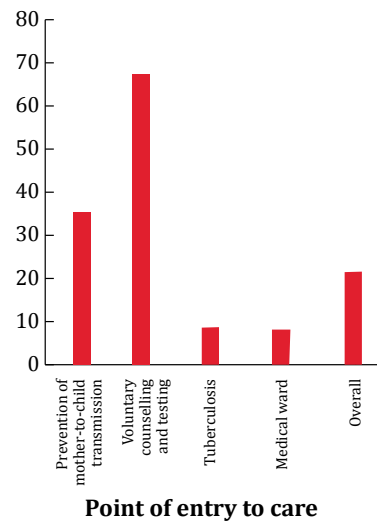
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Nyeri County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Nyeri County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Nyeri County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Nyeri County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Nyeri County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 982 pregnant women living with HIV in Nyeri County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

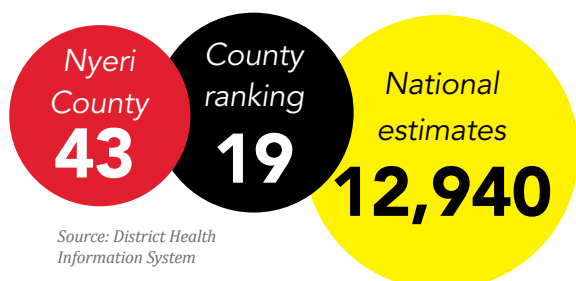
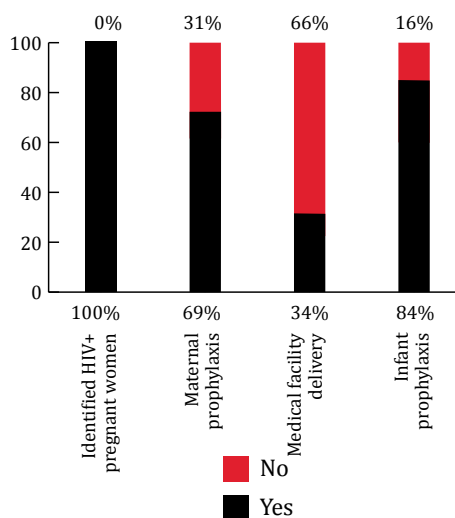


Figure 3: Prevention of mother-to-child transmission uptake



- 66% of HIV-positive pregnant women in Nyeri County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Nyeri County

Section 4: Expanding Access to Treatment

Table 3: Nyeri County HIV treatment access annually

Indicator	Value
Adults in need of ART	10,586
Adults receiving ART	10,471
County ART adult coverage	99%
National ART adult coverage	79%
County ranking of ART coverage among adults*	6

Indicator	Value
Children in need of ART	1,355
Children receiving ART	924
County ART children coverage	68%
National ART children coverage	42%
County ranking of ART coverage among children	5

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47.
Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Nyeri orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	19,948
Poor households with an orphan**	9,774
Cash transfer beneficiary households***	3,052

Source: UNICEF, 2012; National Census, 2009

- Only 31 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **538** adults and **80** children died of AIDS-related conditions in 2013 in Nyeri County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

SAMBURU COUNTY

Section 1: HIV Burden in Samburu County

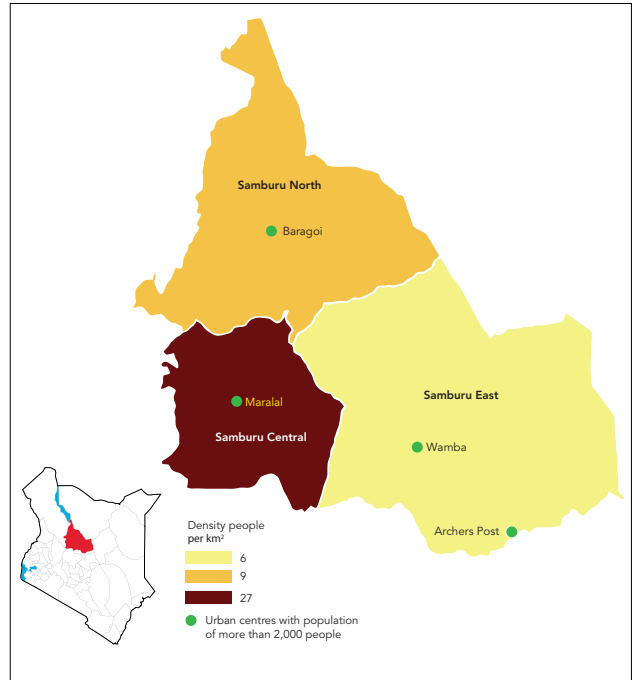
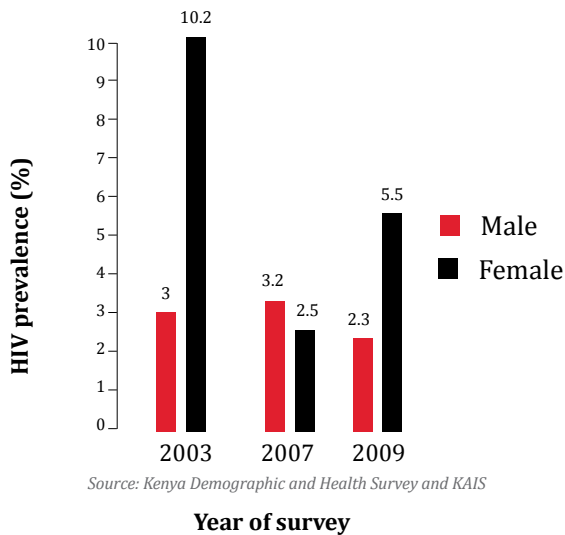
Table 1: HIV burden in Samburu

		Rank*
Total population (2013)	254,997	3
HIV adult prevalence (overall)	5.0%	29
Number of adults living with HIV	6,000	9
Number of children living with HIV	883	7
Total number of people living with HIV	6,883	9

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Samburu County is higher (7.1%) than that of men (4.3%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

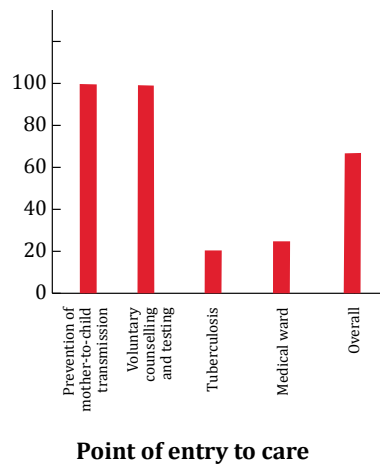
Figure 1: Prevalence of HIV by gender in Nyeri County



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Samburu County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 2: Percentage of adults enrolling for HIV care by entry point in Samburu County



Source: District Health Information System

Section 2: Reducing Sexual Transmission of HIV

Table 2: Samburu County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	461	15	88,620

Source: Kenya HIV Estimates Report, 2014

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Samburu County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Samburu County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Samburu County, approximately 58 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 344 HIV-positive pregnant women in Samburu County in 2011. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

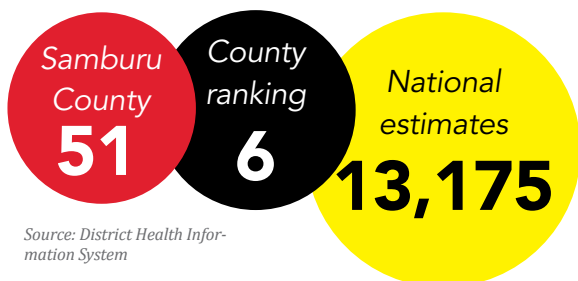
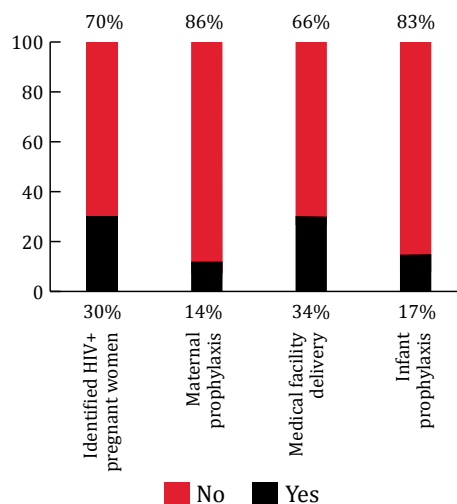


Figure 3: Prevention of mother-to-child transmission uptake



- 74 % of HIV-positive pregnant women in Samburu County do not deliver in a health facility
- Only 43 per cent of pregnant women attend the recommended four antenatal visits in Samburu County

Section 4: Expanding Access to Treatment

Table 3: Samburu County HIV treatment access annually

Indicator	
Adults in need of ART	2,934
Adults receiving ART	700
County ART adult coverage	24%
National ART adult coverage	79%
County ranking of ART coverage among adults*	45
Indicator	
Children in need of ART	621
Children receiving ART	55
County ART children coverage	9%
National ART children coverage	42%
County ranking of ART coverage among children	45

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

Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Samburu orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	7,757
Poor households with an orphan**	3,801
Cash transfer beneficiary households***	2,197

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT***

- Only 58 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **200** adults and **50** children died of AIDS-related conditions in 2011 in Samburu County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

SIAYA COUNTY

Section 1: HIV Burden in Siaya County

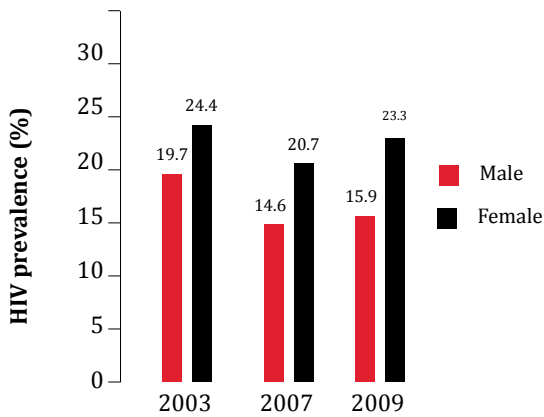
Table 1: HIV burden in Siaya

		Rank*
Total population (2013)	920,671	27
HIV adult prevalence (overall)	23.7%	46
Number of adults living with HIV	113,000	44
Number of children living with HIV	15,568	45
Total number of people living with HIV	128,568	44

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Siaya County is higher (25.3%) than that of men (21.8%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Siaya County



Source: Kenya Demographic and Health Survey and KAIS

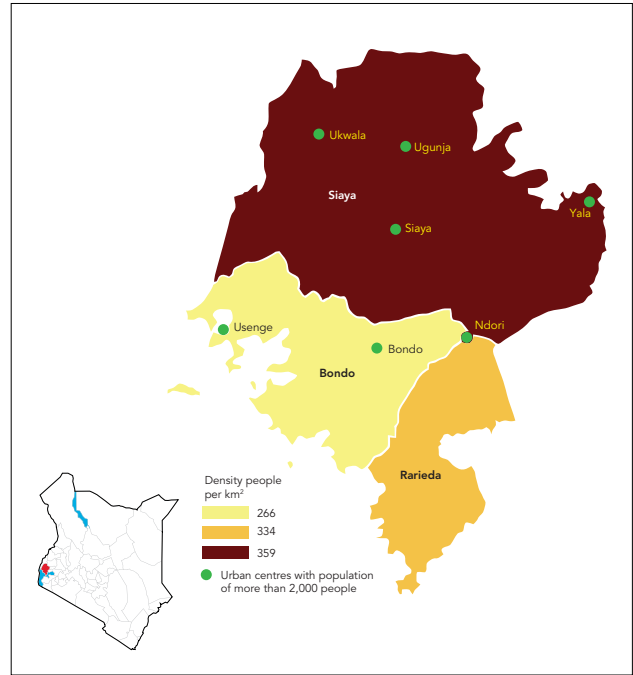
Year of survey

Section 2: Reducing Sexual Transmission of HIV

Table 2: Siaya County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	9,869	45	88,620

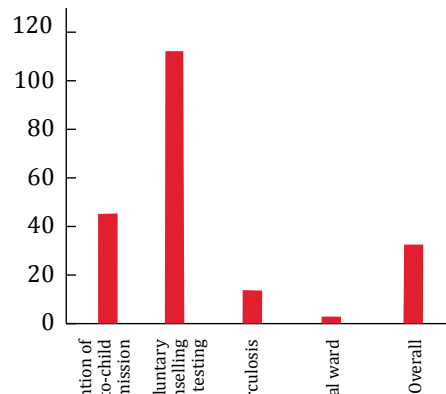
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Siaya County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Siaya County



Point of entry to care

Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Siaya County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Siaya County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Siaya County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 6,692 pregnant women living with HIV in Siaya County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

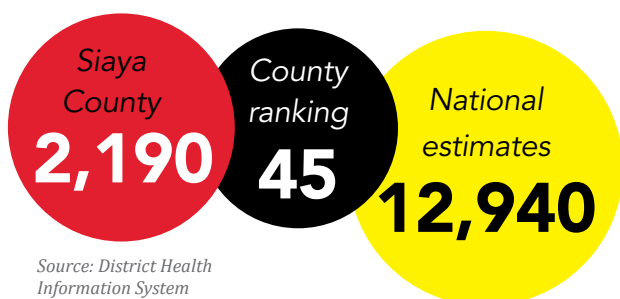
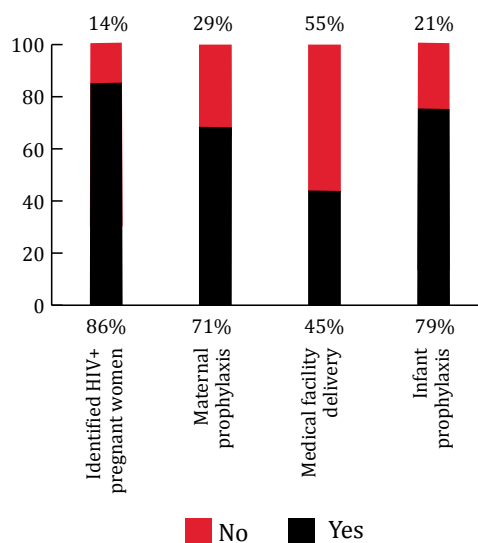


Figure 4: Prevention of mother-to-child transmission uptake



- 55% of HIV-positive pregnant women in Siaya County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Siaya County

Section 4: Expanding Access to Treatment

Table 3: Siaya County HIV treatment access annually

Indicator	Value
Adults in need of ART	56,932
Adults receiving ART	46,413
County ART adult coverage	82%
National ART adult coverage	79%
County ranking of ART coverage among adults*	20

Indicator	Value
Children in need of ART	12,244
Children receiving ART	5,285
County ART children coverage	43%
National ART children coverage	42%
County ranking of ART coverage among children	20

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Siaya orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	54,323
Poor households with an orphan**	26,618
Cash transfer beneficiary households***	6,249

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 24 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Approximately **2,728** adults and **992** children died of AIDS-related conditions in 2013 in Siaya County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

TAITA TAVETA COUNTY

Section 1: HIV Burden in Taita Taveta County

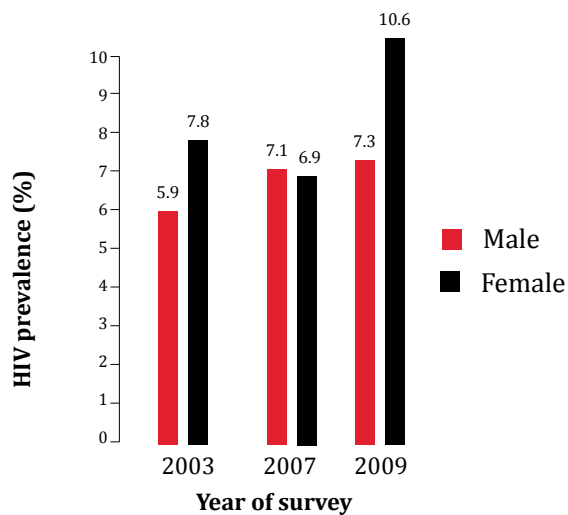
Table 1: HIV burden in Taita Taveta

		Rank*
Total population (2013)	323,867	6
HIV adult prevalence (overall)	6.1%	37
Number of adults living with HIV	9,800	15
Number of children living with HIV	1,409	16
Total number of people living with HIV	11,209	15

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Taita Taveta County is higher (8.7%) than that of men (3.7%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Taita Taveta County



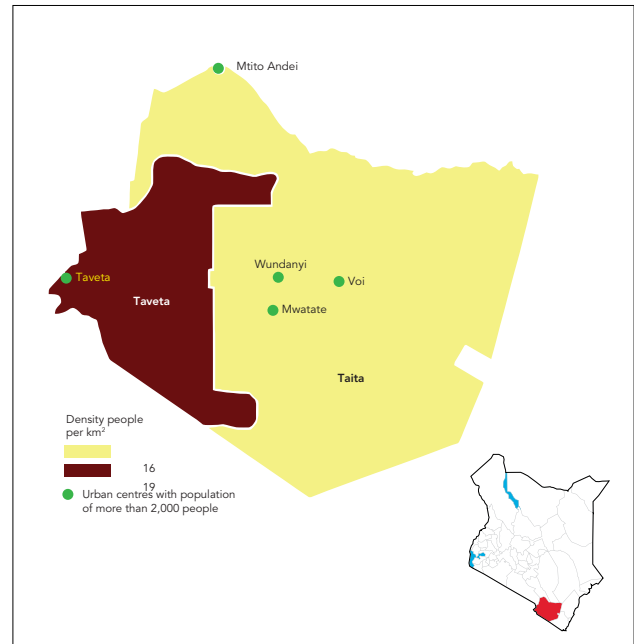
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Taita Taveta County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	330	12	88,620

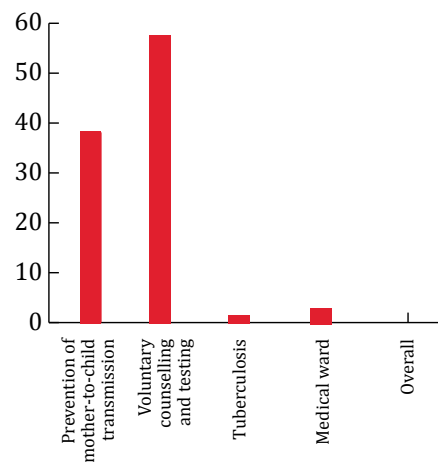
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Taita Taveta County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Taita Taveta County



Point of entry to care

Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Taita Taveta County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Taita Taveta County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Taita Taveta County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 360 pregnant women living with HIV in Taita Taveta County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

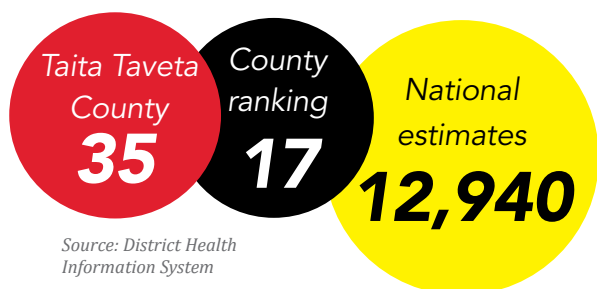
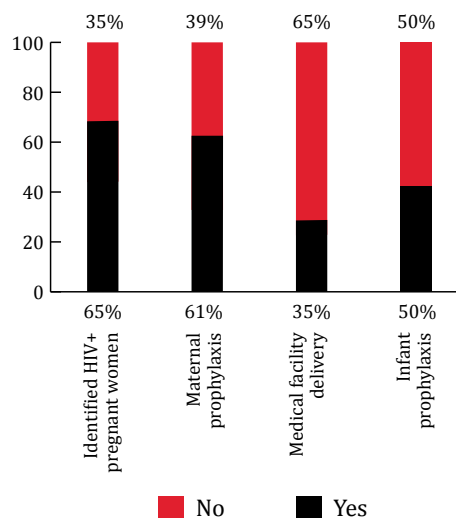


Figure 4: Prevention of mother-to-child transmission uptake



- 65% of HIV-positive pregnant women in Taita Taveta do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Taita Taveta County

Section 4: Expanding Access to Treatment

Table 3: Taita Taveta County HIV treatment access annually

Indicator	Value
Adults in need of ART	5,570
Adults receiving ART	2,903
County ART adult coverage	52%
National ART adult coverage	79%
County ranking of ART coverage among adults*	35

Indicator	Value
Children in need of ART	988
Children receiving ART	194
County ART children coverage	20%
National ART children coverage	42%
County ranking of ART coverage among children	34

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Taita Taveta orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	8,645
Poor households with an orphan**	4,236
Cash transfer beneficiary households***	2,205

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 52 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **410** adults and **72** children died of AIDS-related conditions in 2013 in Taita Taveta County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

TANA RIVER COUNTY

Section 1: HIV Burden in Tana River County

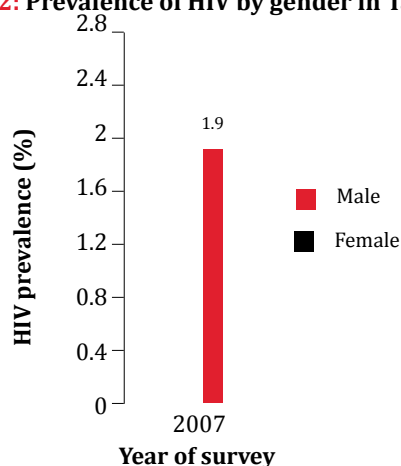
Table 1: HIV burden in Tana River

		Rank*
Total population (2013)	273,205	4
HIV adult prevalence (overall)	1%	2
Number of adults living with HIV	1,200	2
Number of children living with HIV	172	2
Total number of people living with HIV	1,372	2

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Tana River County is higher (1.5%) than that of men (0.6%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Tana River County



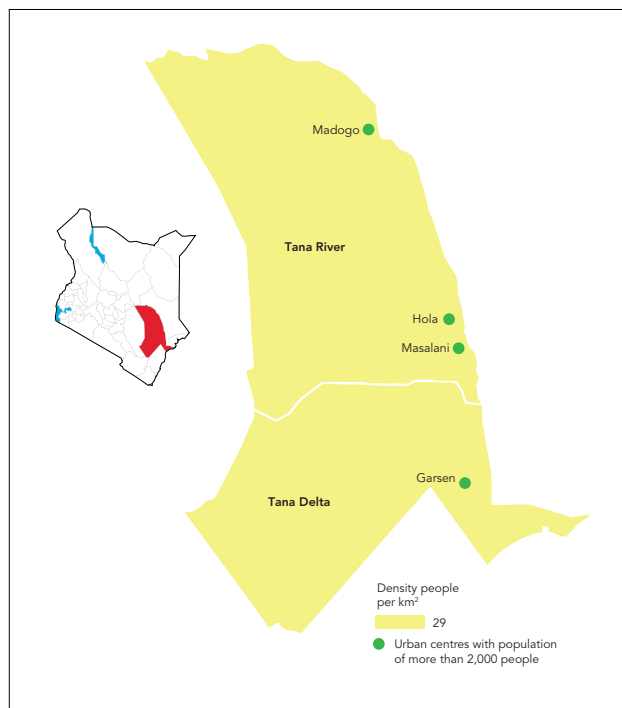
Source: KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Tana River County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	40	3	88,620

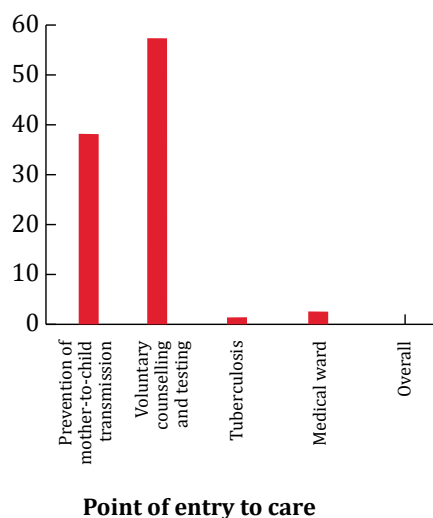
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Tana River County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Tana River County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Tana River County, low condom use may pose a significant risk of HIV infection to the population.

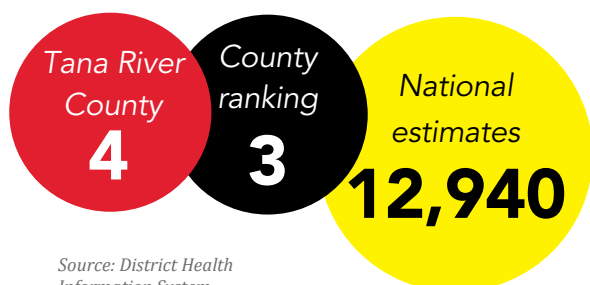
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Tana River County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Tana River County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

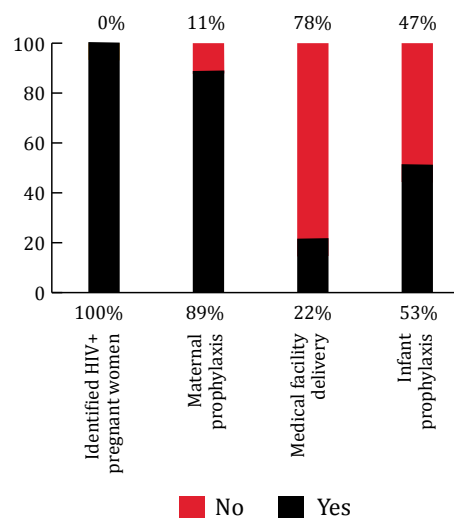
There were about 128 pregnant women living with HIV in Tana River County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 4: Prevention of mother-to-child transmission uptake



- 78% of HIV-positive pregnant women in Tana River do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Tana River County

Section 4: Expanding Access to Treatment

Table 3: Tana River County HIV treatment access annually

Indicator	Value
Adults in need of ART	682
Adults receiving ART	660
County ART adult coverage	97%
National ART adult coverage	79%
County ranking of ART coverage among adults*	8

Indicator	Value
Children in need of ART	121
Children receiving ART	31
County ART children coverage	26%
National ART children coverage	42%
County ranking of ART coverage among children	33

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Tana River orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	5,789
Poor households with an orphan**	2,837
Cash transfer beneficiary households***	2,033

Source: UNICEF, 2012; National Census, 2009

- Only 72 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **50** adults and **9** children died of AIDS-related conditions in 2013 in Tana River County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

THARAKA NITHI COUNTY

Section 1: HIV Burden in Tharaka Nithi County

Table 1: HIV burden in Tharaka Nithi

		Rank*
Total population (2013)	384,379	7
HIV adult prevalence (overall)	4.3%	23
Number of adults living with HIV	7,600	11
Number of children living with HIV	1,160	11
Total number of people living with HIV	8,760	11

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Tharaka Nithi County is higher (5.8%) than that of men (2.5%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

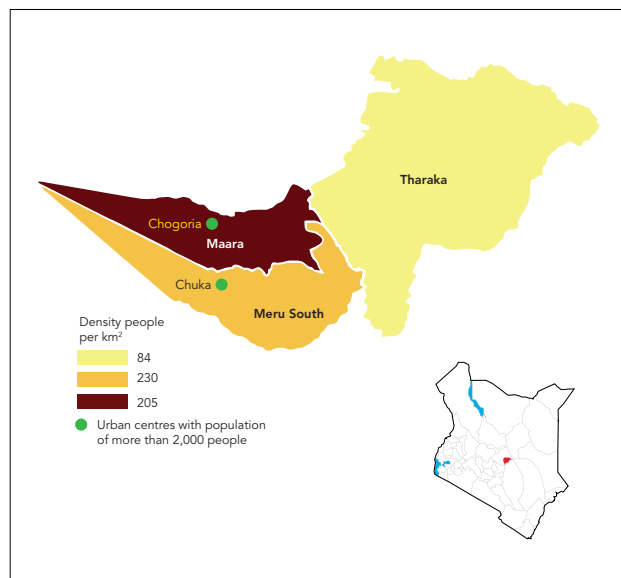
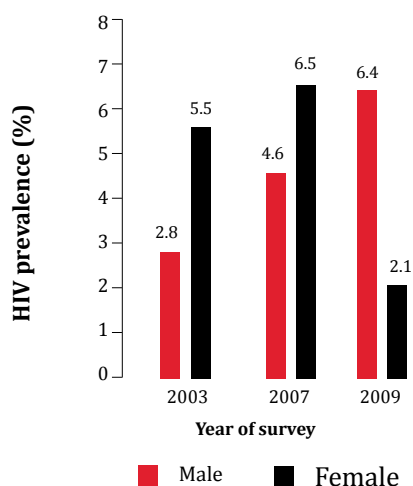


Figure 2: Prevalence of HIV by gender in Tharaka Nithi County



Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Tharaka Nithi County HIV indicators

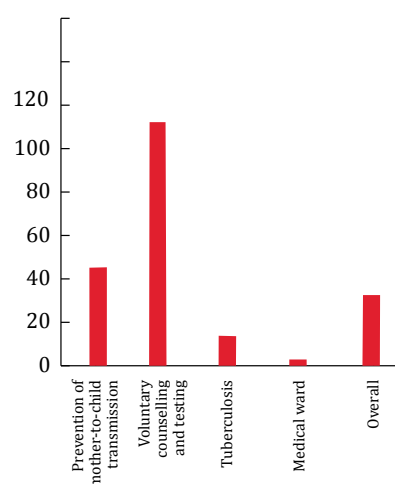
	Annual	County ranking	National estimates
New adult HIV infections annually	410	14	88,620

Source: Kenya HIV Estimates Report, 2014

HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Tharaka Nithi County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Tharaka Nithi County



Point of entry to care

Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Tharaka Nithi County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Tharaka Nithi County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Tharaka Nithi County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 672 pregnant women living with HIV in Tharaka Nithi County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

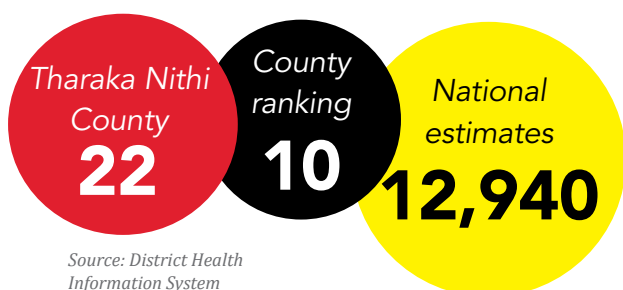
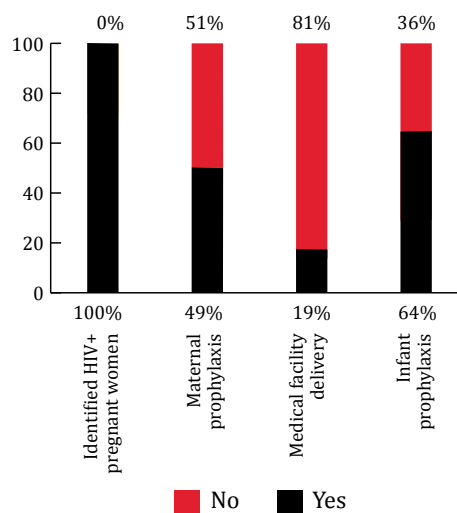


Figure 4: Prevention of mother-to-child transmission uptake



- 81% of HIV-positive pregnant women in Tharaka Nithi do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Tharaka Nithi County

Section 4: Expanding Access to Treatment

Table 3: Tharaka Nithi County HIV treatment access annually

Indicator	Value
Adults in need of ART	4,386
Adults receiving ART	4,177
County ART adult coverage	95%
National ART adult coverage	79%
County ranking of ART coverage among adults*	11

Indicator	Value
Children in need of ART	828
Children receiving ART	538
County ART children coverage	65%
National ART children coverage	42%
County ranking of ART coverage among children	7

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Tharaka Nithi orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	7,464
Poor households with an orphan**	3,657
Cash transfer beneficiary households***	2,354

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT***

- Only 34 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **258** adults and **50** children died of AIDS-related conditions in 2013 in Tharaka Nithi County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

TRANS NZOIA COUNTY

Section 1: HIV Burden in Trans Nzoia County

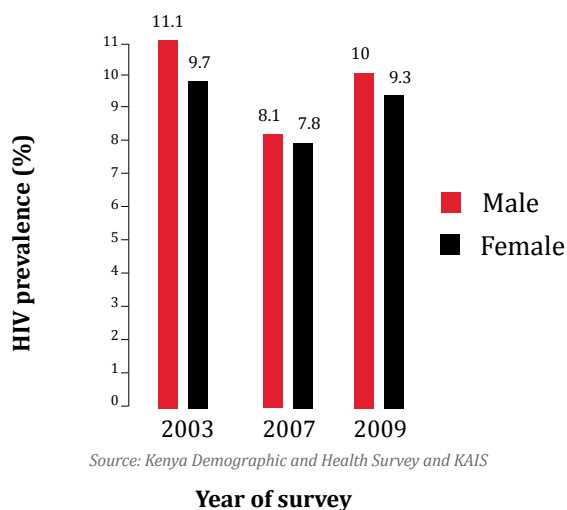
Table 1: HIV burden in Trans Nzoia

		Rank*
Total population (2013)	932,223	29
HIV adult prevalence (overall)	5.1%	30
Number of adults living with HIV	24,300	30
Number of children living with HIV	3,574	32
Total number of people living with HIV	27,874	30

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Trans Nzoia County is higher (7.3%) than that of men (4.4%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Trans Nzoia County

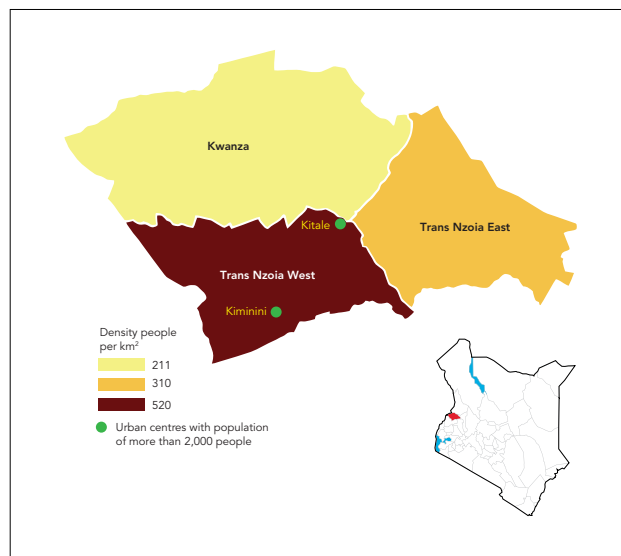


Section 2: Reducing Sexual Transmission of HIV

Table 2: Trans Nzoia County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	1,867	34	88,620

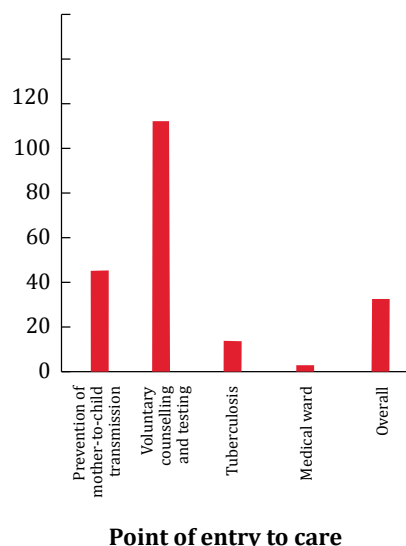
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Trans Nzoia County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Trans Nzoia County



Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Trans Nzoia County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Trans Nzoia County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Trans Nzoia County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 514 pregnant women living with HIV in Trans Nzoia County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

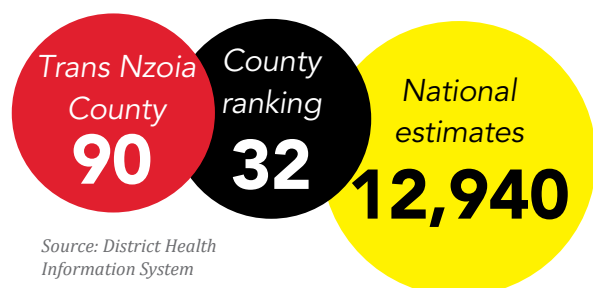
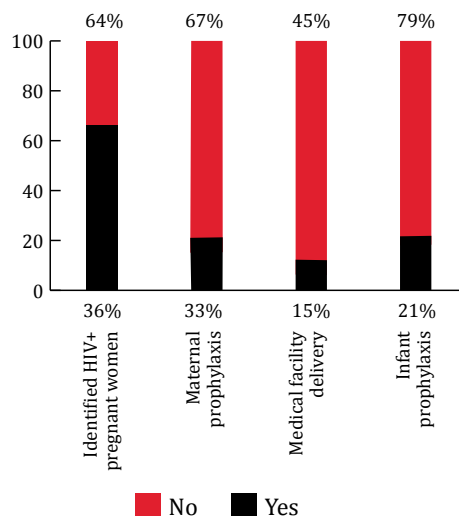


Figure 4: Prevention of mother-to-child transmission uptake



- 85% of HIV-positive pregnant women in Trans Nzoia do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Trans Nzoia County

Section 4: Expanding Access to Treatment

Table 3: Trans Nzoia County HIV treatment access annually

Indicator	Value
Adults in need of ART	11,881
Adults receiving ART	6,618
County ART adult coverage	56%
National ART adult coverage	79%
County ranking of ART coverage among adults*	31

Indicator	Value
Children in need of ART	2,515
Children receiving ART	725
County ART children coverage	29%
National ART children coverage	42%
County ranking of ART coverage among children	32

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Trans Nzoia orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	18,492
Poor households with an orphan**	9,061
Cash transfer beneficiary households***	3,021

Source: UNICEF, 2012; National Census, 2009

- Only 33 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **1,387** adults and **194** children died of AIDS-related conditions in 2013 in Trans Nzoia County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

TURKANA COUNTY

Section 1: HIV Burden in Turkana County

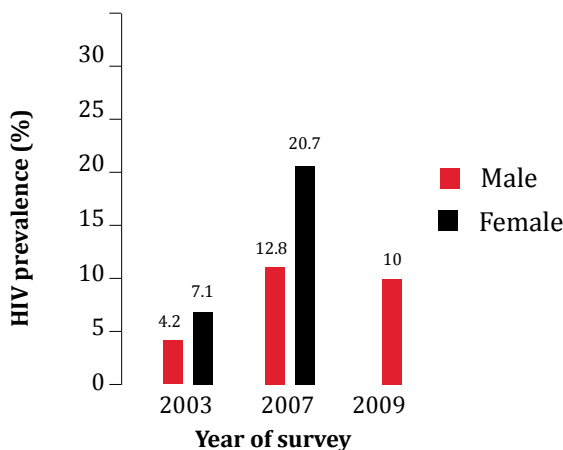
Table 1: HIV burden in Turkana

		Rank*
Total population (2013)	973,742	31
HIV adult prevalence (overall)	7.6%	41
Number of adults living with HIV	39,000	37
Number of children living with HIV	5,736	38
Total number of people living with HIV	44,736	37

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Turkana County is higher (10.8%) than that of men (6.5%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Turkana County



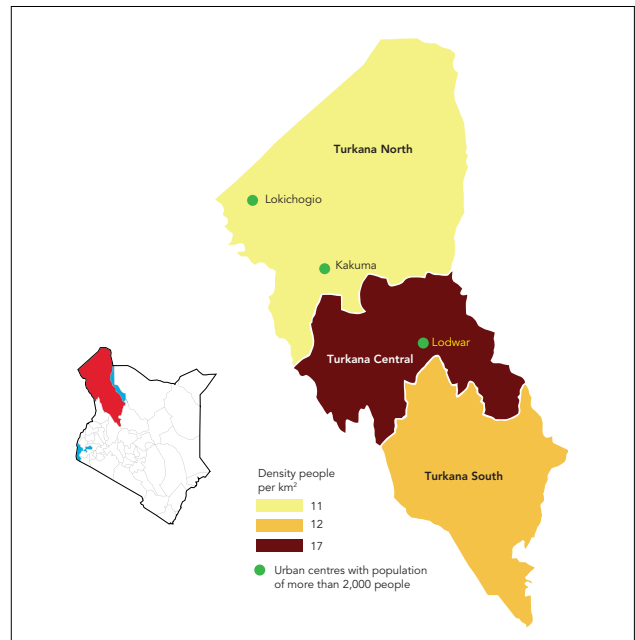
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Turkana County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	2,997	40	88,620

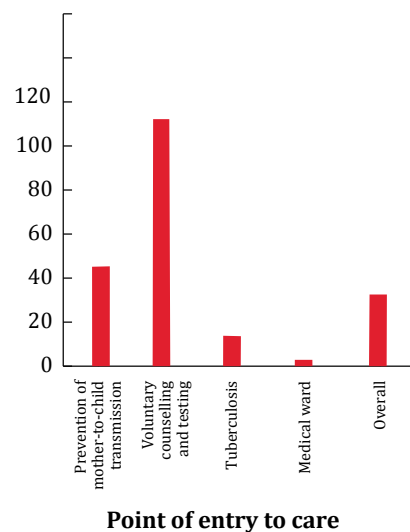
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Turkana County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Turkana County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Turkana County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Turkana County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Turkana County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 835 pregnant women living with HIV in Turkana County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

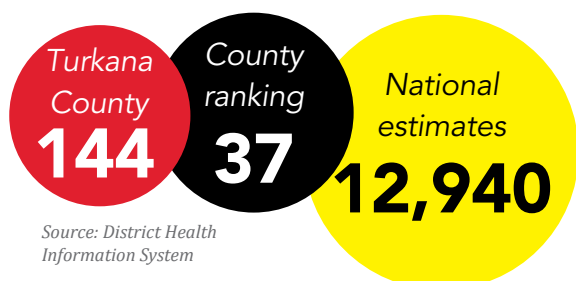
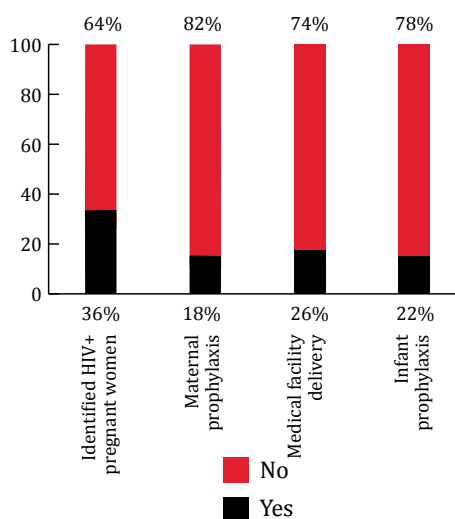


Figure 4: Prevention of mother-to-child transmission uptake



- 74% of HIV-positive pregnant women in Turkana County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Turkana County

Section 4: Expanding Access to Treatment

Table 3: Turkana County HIV treatment access annually

Indicator	Value
Adults in need of ART	19,068
Adults receiving ART	3,791
County ART adult coverage	20%
National ART adult coverage	79%
County ranking of ART coverage among adults*	46
Indicator	Value
Children in need of ART	4,036
Children receiving ART	778
County ART children coverage	19%
National ART children coverage	42%
County ranking of ART coverage among children	36

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Turkana orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	17,901
Poor households with an orphan**	8,772
Cash transfer beneficiary households***	1,468

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT***

- Only 17 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **2,226** adults and **311** children died of AIDS-related conditions in 2013 in Turkana County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

UASIN GISHU COUNTY

Section 1: HIV Burden in Uasin Gishu County

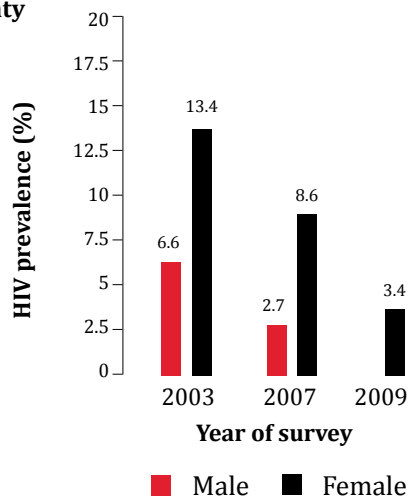
Table 1: HIV burden in Uasin Gishu

		Rank*
Total population (2013)	1017723	33
HIV adult prevalence (overall)	4.3%	24
Number of adults living with HIV	25,000	33
Number of children living with HIV	3,677	34
Total number of people living with HIV	28,677	33

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Uasin Gishu County is higher (6.1%) than that of men (3.7%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Uasin Gishu County



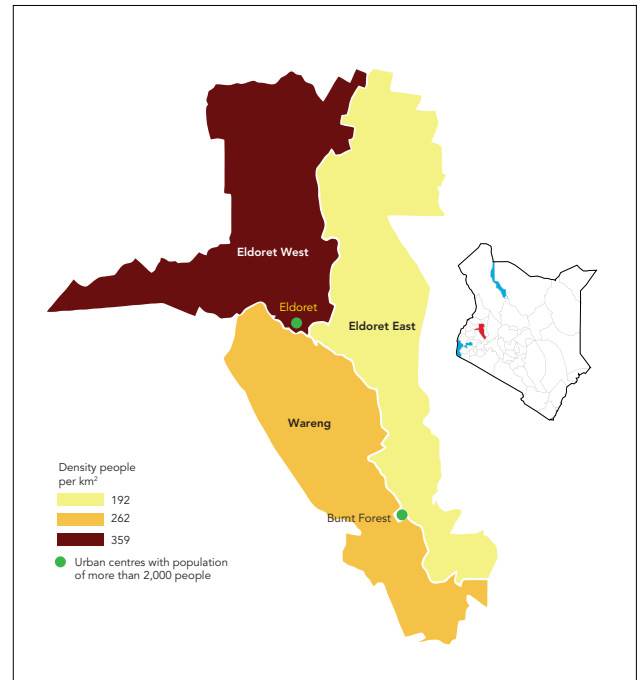
Source: Kenya Demographic and Health Survey and KAIS

Section 2: Reducing Sexual Transmission of HIV

Table 2: Uasin Gishu County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	1,921	36	88,620

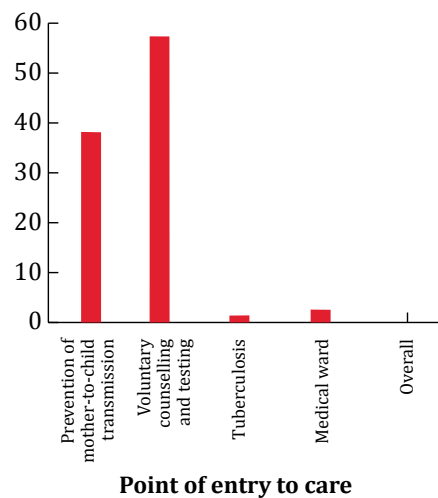
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Uasin Gishu County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Uasin Gishu County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Uasin Gishu County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Uasin Gishu County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Uasin Gishu County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 1,415 pregnant women living with HIV in Uasin Gishu County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

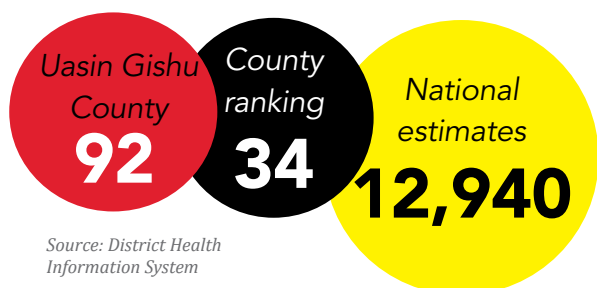
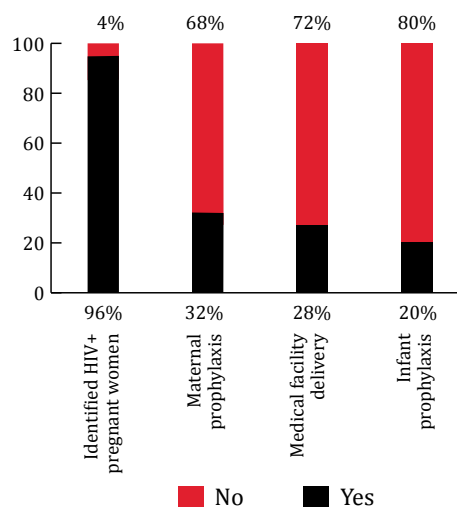


Figure 4: Prevention of mother-to-child transmission uptake



- 72% of HIV-positive pregnant women in Uasin Gishu do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Uasin Gishu County

Section 4: Expanding Access to Treatment

Table 3: Uasin Gishu County HIV treatment access annually

Indicator	Value
Adults in need of ART	12,223
Adults receiving ART	17,614
County ART adult coverage	100%
National ART adult coverage	79%
County ranking of ART coverage among adults*	2

Indicator	Value
Children in need of ART	2,587
Children receiving ART	1,895
County ART children coverage	73%
National ART children coverage	42%
County ranking of ART coverage among children	3

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Uasin Gishu orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	19,015
Poor households with an orphan**	9,317
Cash transfer beneficiary households***	2,080

Source: UNICEF, 2012; National Census, 2009

- Only 22 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **1,427** adults and **200** children died of AIDS-related conditions in 2013 in Uasin Gishu County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

VIHIGA COUNTY

Section 1: HIV Burden in Vihiga County

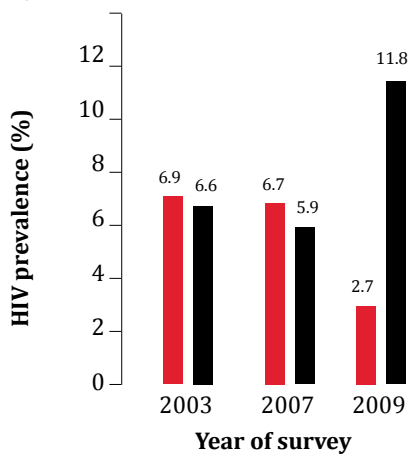
Table 1: HIV burden in Vihiga

		Rank*
Total population (2013)	595,301	16
HIV adult prevalence (overall)	3.8%	19
Number of adults living with HIV	9,900	16
Number of children living with HIV	1,929	19
Total number of people living with HIV	11,829	16

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Vihiga County is higher (4.7%) than that of men (2.8%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in Vihiga County



Source: Kenya Demographic and Health Survey and KAIS

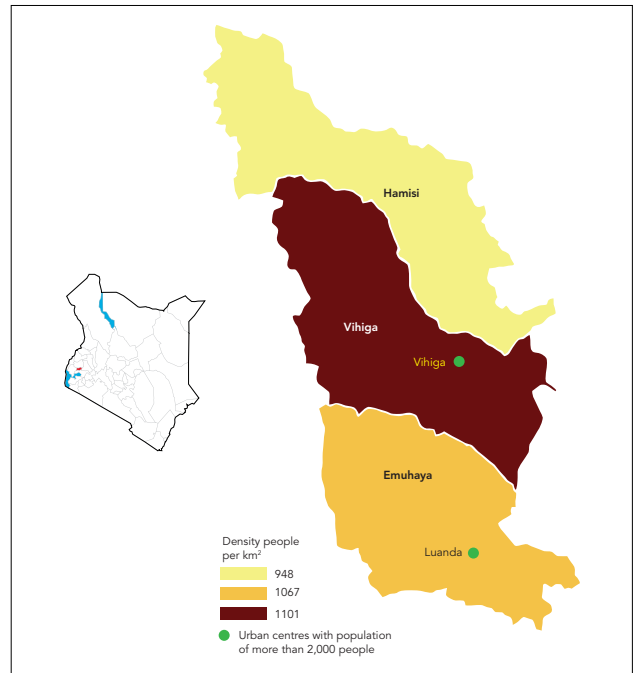
■ Male ■ Female

Section 2: Reducing Sexual Transmission of HIV

Table 2: Vihiga County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	31	2	88,620

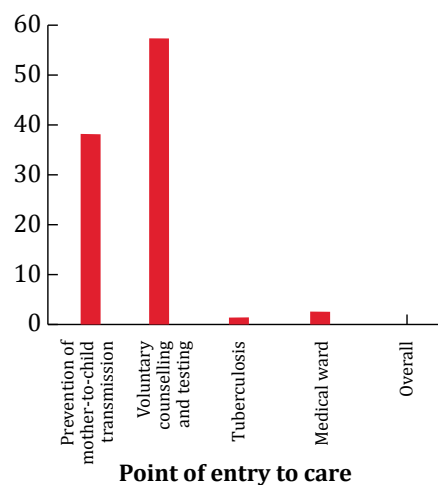
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Vihiga County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Vihiga County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Vihiga County, low condom use may pose a significant risk of HIV infection to the population.

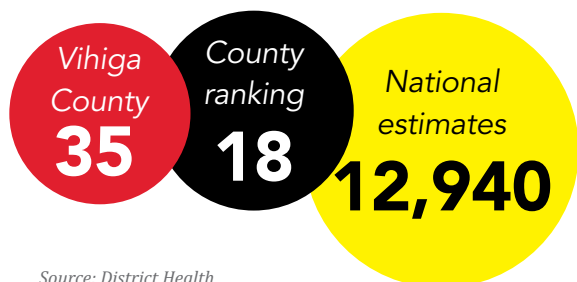
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Vihiga County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Vihiga County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

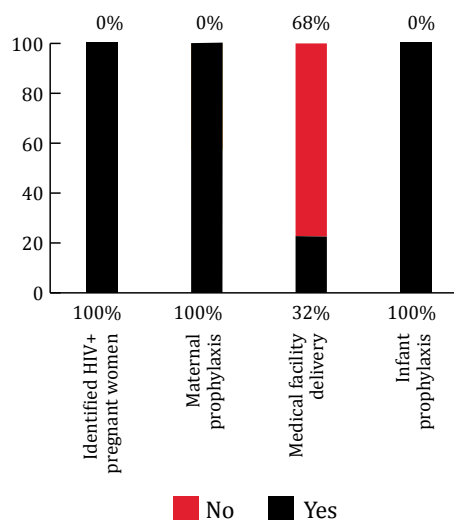
There were about 956 pregnant women living with HIV in Vihiga County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 4: Prevention of mother-to-child transmission uptake



- 68 per cent of HIV-positive pregnant women in Vihiga County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Vihiga County

Section 4: Expanding Access to Treatment

Table 3: Vihiga County HIV treatment access annually

Indicator	Value
Adults in need of ART	6,511
Adults receiving ART	6,324
County ART adult coverage	97%
National ART adult coverage	79%
County ranking of ART coverage among adults*	9

Indicator	Value
Children in need of ART	1,357
Children receiving ART	769
County ART children coverage	57%
National ART children coverage	42%
County ranking of ART coverage among children	13

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Vihiga orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	19,628
Poor households with an orphan**	9,618
Cash transfer beneficiary households***	3,956

Source: UNICEF, 2012; National Census, 2009*
Assuming 49% of population living below poverty line (absolute poor)**
CT-OVC Households at July 2012 taken from CT***

- Only 41 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **328** adults and **94** children died of AIDS-related conditions in 2013 in Vihiga County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

WAJIR COUNTY

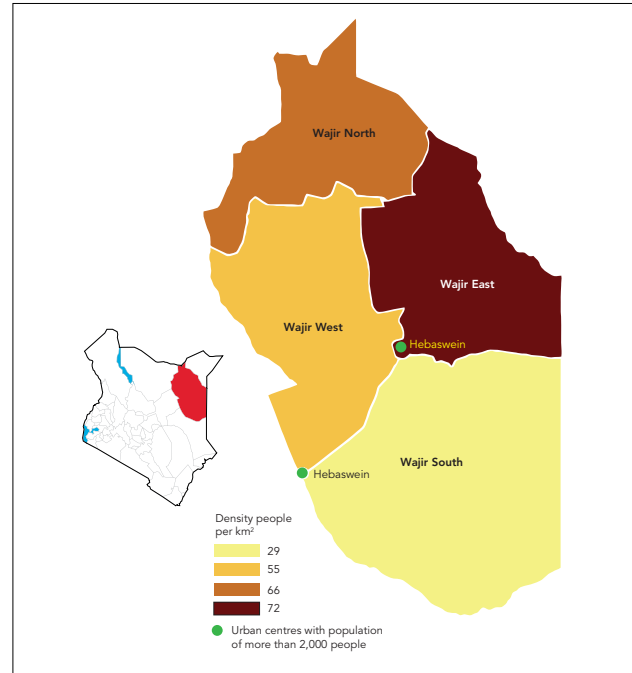
Section 1: HIV Burden in Wajir County

Table 1: HIV burden in Wajir

		Rank*
Total population (2013)	434,524	10
HIV adult prevalence (overall)	0.2%	1
Number of adults living with HIV	500	1
Number of children living with HIV	163	1
Total number of people living with HIV	663	1

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The HIV prevalence among women in Wajir County is higher (0.3%) than that of men (0.1%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.



Section 2: Reducing Sexual Transmission of HIV

Table 2: Wajir County HIV indicators

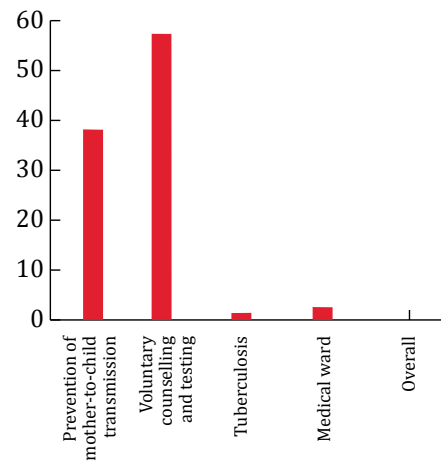
	Annual	County ranking	National estimates
New adult HIV infections annually	18	1	88,620

Source: Kenya HIV Estimates Report, 2014

HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in Wajir County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in Wajir County



Point of entry to care

Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Wajir County, low condom use may pose a significant risk of HIV infection to the population.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Wajir County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting

that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In Wajir County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

There were about 24 pregnant women living with HIV in Wajir County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children

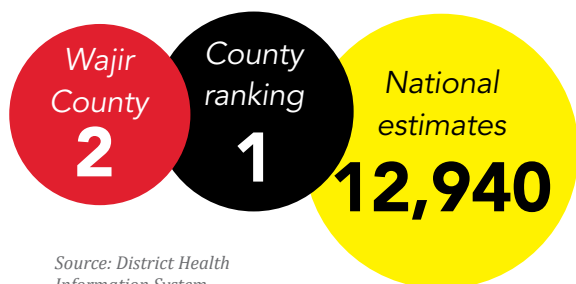
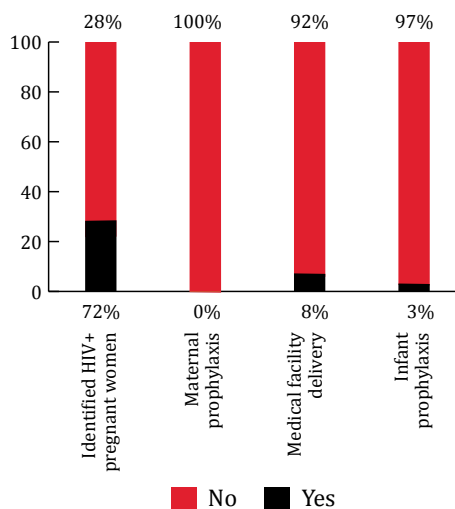


Figure 4: Prevention of mother-to-child transmission uptake



- 92 per cent of HIV-positive pregnant women in Wajir County do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in Wajir County

Section 4: Expanding Access to Treatment

Table 3: Wajir County HIV treatment access annually

Indicator	
Adults in need of ART	250
Adults receiving ART	66
County ART adult coverage	26%
National ART adult coverage	79%
County ranking of ART coverage among adults*	44
Indicator	
Children in need of ART	114
Children receiving ART	5
County ART children coverage	4%
National ART children coverage	42%
County ranking of ART coverage among children	46

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: Wajir orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	9,707
Poor households with an orphan**	4,756
Cash transfer beneficiary households***	1,649

Source: Kenya HIV Estimates Report, 2014

- Only 35 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **79** adults and **10** children died of AIDS-related conditions in 2013 in Wajir County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

WEST POKOT COUNTY

Section 1: HIV Burden in West Pokot County

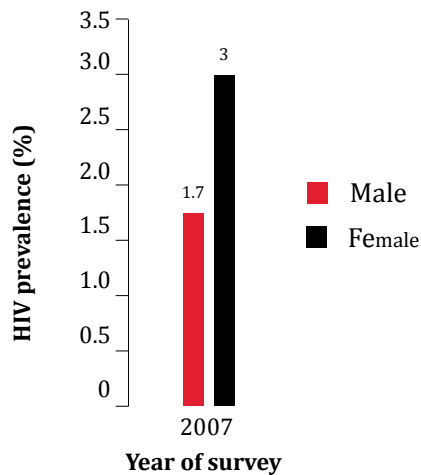
Table 1: HIV burden in West Pokot

		Rank*
Total population (2013)	583,767	15
HIV adult prevalence (overall)	2.8%	8
Number of adults living with HIV	7,500	10
Number of children living with HIV	1,103	9
Total number of people living with HIV	8,603	10

*In this HIV burden and indicator ranking (Table 2), the highest burden county is 47 while the lowest burden county is 1.

The proportion of women living with HIV in West Pokot County is significantly higher than that of men (Figure 2). Over the years, the women living in the county have been more vulnerable to HIV infection than the men.

Figure 2: Prevalence of HIV by gender in West Pokot County



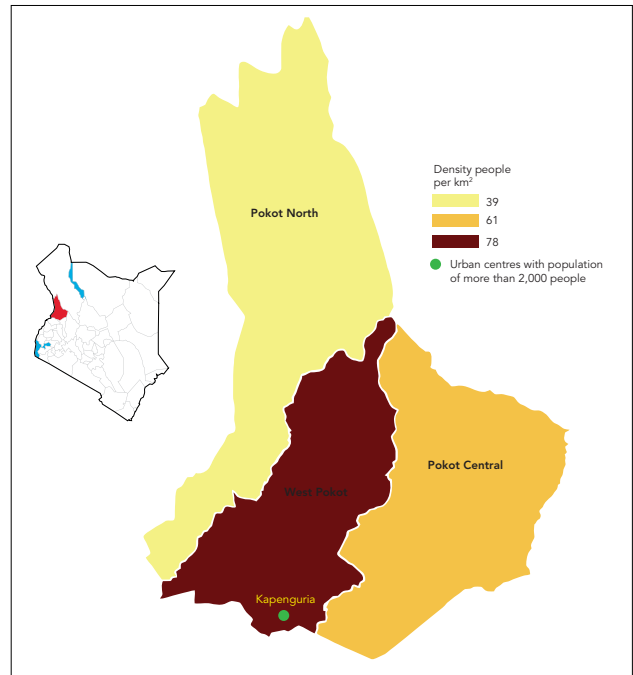
Source: KALS

Section 2: Reducing Sexual Transmission of HIV

Table 2: West Pokot County HIV indicators

	Annual	County ranking	National estimates
New adult HIV infections annually	576	17	88,620

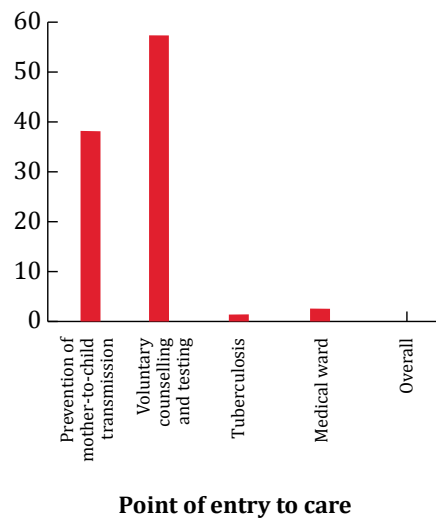
Source: Kenya HIV Estimates Report, 2014



HIV counseling and testing and linkage to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 73 per cent of people in West Pokot County had never tested for HIV by 2009.

There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative, and to link those who test positive to care and treatment programmes.

Figure 3: Percentage of adults enrolling for HIV care by entry point in West Pokot County



Source: District Health Information System

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In West Pokot County, low condom use may pose a significant risk of HIV infection to the population.

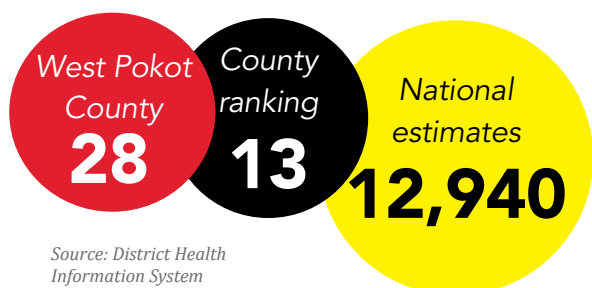
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in West Pokot County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

In West Pokot County, approximately 55 per cent of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut.

Section 3: Elimination of Mother-to-Child Transmission

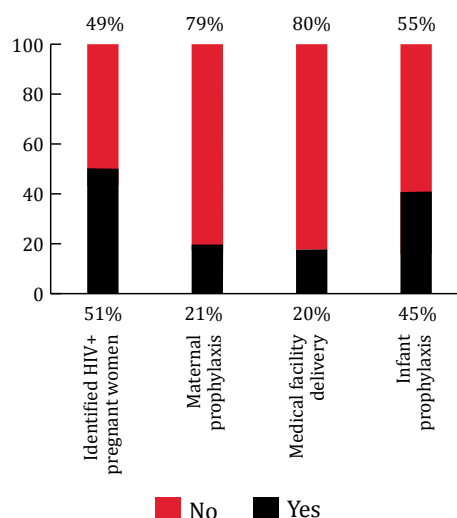
There were about 224 pregnant women living with HIV in West Pokot County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is critical to significantly reducing mother-to-child transmission rates. Kenya has committed to eliminating new HIV infections among children by 2015, while keeping their mothers alive.

New HIV infections annually among children



Source: District Health Information System

Figure 4: Prevention of mother-to-child transmission uptake



- 80 per cent of HIV-positive pregnant women in West Pokot do not deliver in a health facility
- Only 41 per cent of pregnant women attend the recommended four antenatal visits in West Pokot County

Section 4: Expanding Access to Treatment

Table 3: West Pokot County HIV treatment access annually

Indicator	
Adults in need of ART	3,667
Adults receiving ART	1,062
County ART adult coverage	29%
National ART adult coverage	79%
County ranking of ART coverage among adults*	43

Indicator	
Children in need of ART	776
Children receiving ART	121
County ART children coverage	16%
National ART children coverage	42%
County ranking of ART coverage among children	42

*In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package

Section 5: Orphans and Social Welfare

Table 4: West Pokot orphans and social welfare indicators

Orphans and vulnerable children beneficiaries	Estimates
Households with an orphan*	8,684
Poor households with an orphan**	4,255
Cash transfer beneficiary households***	1,344

Source: UNICEF, 2012; National Census, 2009*

Assuming 49% of population living below poverty line (absolute poor)**

CT-OVC Households at July 2012 taken from CT***

- Only 32 per cent of poor households with orphans are beneficiaries of a cash transfer programme.
- Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy, and marriage among beneficiaries aged between 15 and 25.

Approximately **428** adults and **60** children died of AIDS-related conditions in 2013 in West Pokot County. Antiretroviral drugs can substantially reduce AIDS-related deaths. If used properly, antiretroviral therapy (ART) can also lower a person's viral load and prevent onward transmission of HIV.

Messages

- Improve access to and uptake of sexual and reproductive health services for girls and women
- Improve education among young people to reduce sexual risks by delaying sexual intercourse
- Keep girls in school to help delay sexual debut, pregnancy, and marriage
- Promote and scale up universal access to voluntary medical male circumcision for HIV-negative men and boys
- Mobilize the community and peer support to create demand for and increase women's access to and uptake of antenatal care, as well as delivery in health facilities
- Mobilize the community and partners to scale up access to pediatric antiretroviral therapy

Priority areas

- Strong county political and community leadership for a multisectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among both adults and children
- Increasing social welfare services to HIV-positive persons and others affected by HIV

Resources and Methodology

This brief is a county-specific HIV and AIDS profile. A secondary analysis of data from four national HIV surveys and the District Health Information System available by the end of 2013, as well as outputs from the Estimation and Projection Package modelling tool, were used to derive the county specific information.

NATIONAL AIDS CONTROL COUNCIL

Landmark Plaza, 9th Floor, Argwings Kodhek Road | P.O. Box 61307 - 00200 Nairobi, Kenya
Tel: 254 (020) 2896000, 2711261 Fax: 254 (020) 2711231, 2711072 | E-mail: communication @ nacc.or.ke



www.nacc.or.ke



**National AIDS and STI
Control Programme**

www.nascop.or.ke