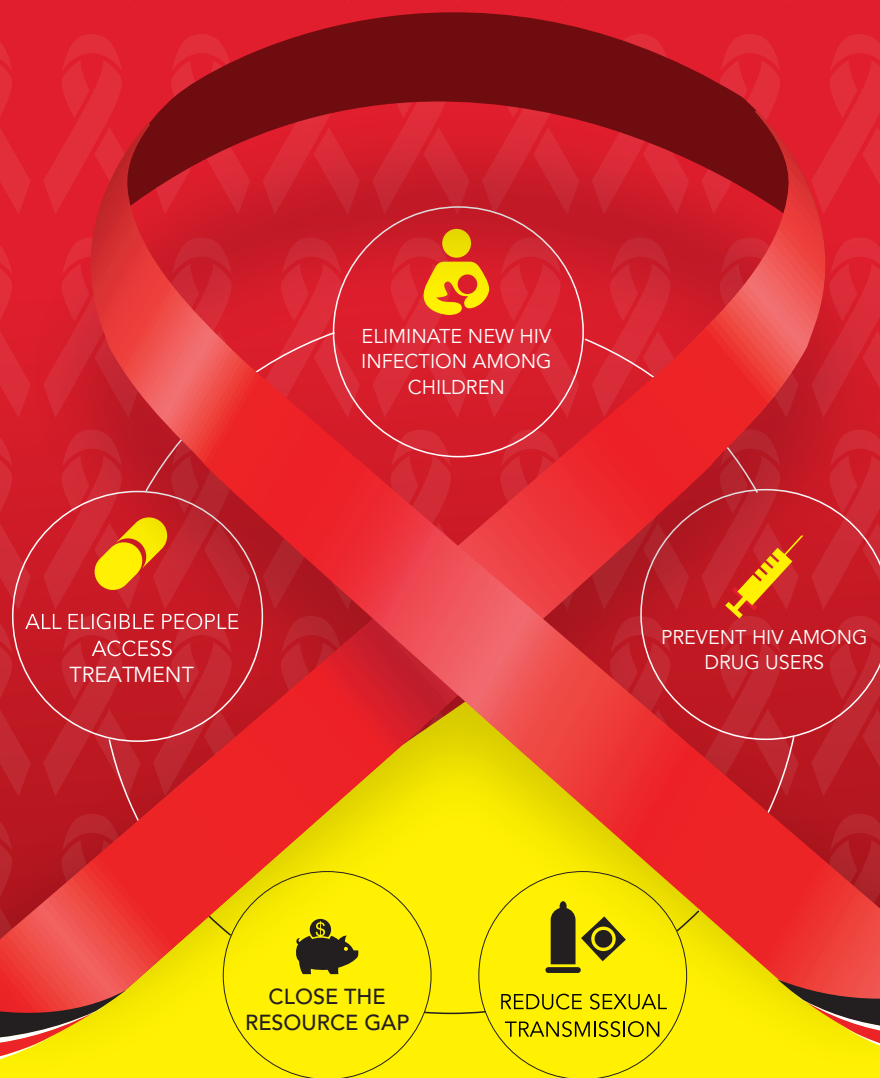




Ministry of Health

# KENYA HIV COUNTY PROFILES



**maisha!**  
National AIDS Control Council

[www.nacc.or.ke](http://www.nacc.or.ke)

2014

National AIDS and STI  
Control Programme

[www.nascop.or.ke](http://www.nascop.or.ke)



**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*

Photo © IRIN News

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# ACKNOWLEDGMENTS

The National AIDS Control Council wishes to acknowledge the contribution of partners who provided technical and financial support to compile this County HIV profile book.

Special thanks to UNAIDS secretariat and other members of the UN joint programme on HIV (WHO, UNICEF and UNFPA) for the technical and financial support in the development and printing of the County HIV profiles and the Country Book.

The contribution and great effort of the taskforce members representing various implementing partners, development partners and government

institutions who participated in this process are highly appreciated. Specific gratitude to Dr. Nduku Kilonzo, Dr Patrick Muriithi, Regina Ombam, Joshua Gitonga (NACC), Dr Martin Sirengo, Dr Joyce Wamicwe, Dr Jacob Odhiambo, Dr Shobha Vakil (NASCO), Gurumurthy Rangaiyan, Ruth Masha and Mercy Mwongeli (UNAIDS), Urlike Gilbert (UNICEF), Dr. Davis Kimanga (EGPAF), Brian Pazvakavambwa (WHO), James Muttunga (KEMRI), Tom Oluoch, Andrea Kim (CDC) and Parinita Bhattacharjee (UoN/TSU).

# 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 and facilitate their planning, implementation and monitoring of the response, the NACC has profiled the status of the HIV epidemic in each county.

We take this opportunity to launch the second edition of the HIV County Profiles. This document contains data based on 2014 HIV estimates. This data allows each county to develop tailored strategies, target their interventions to their needs and cost their HIV response in order to allocate required resources.

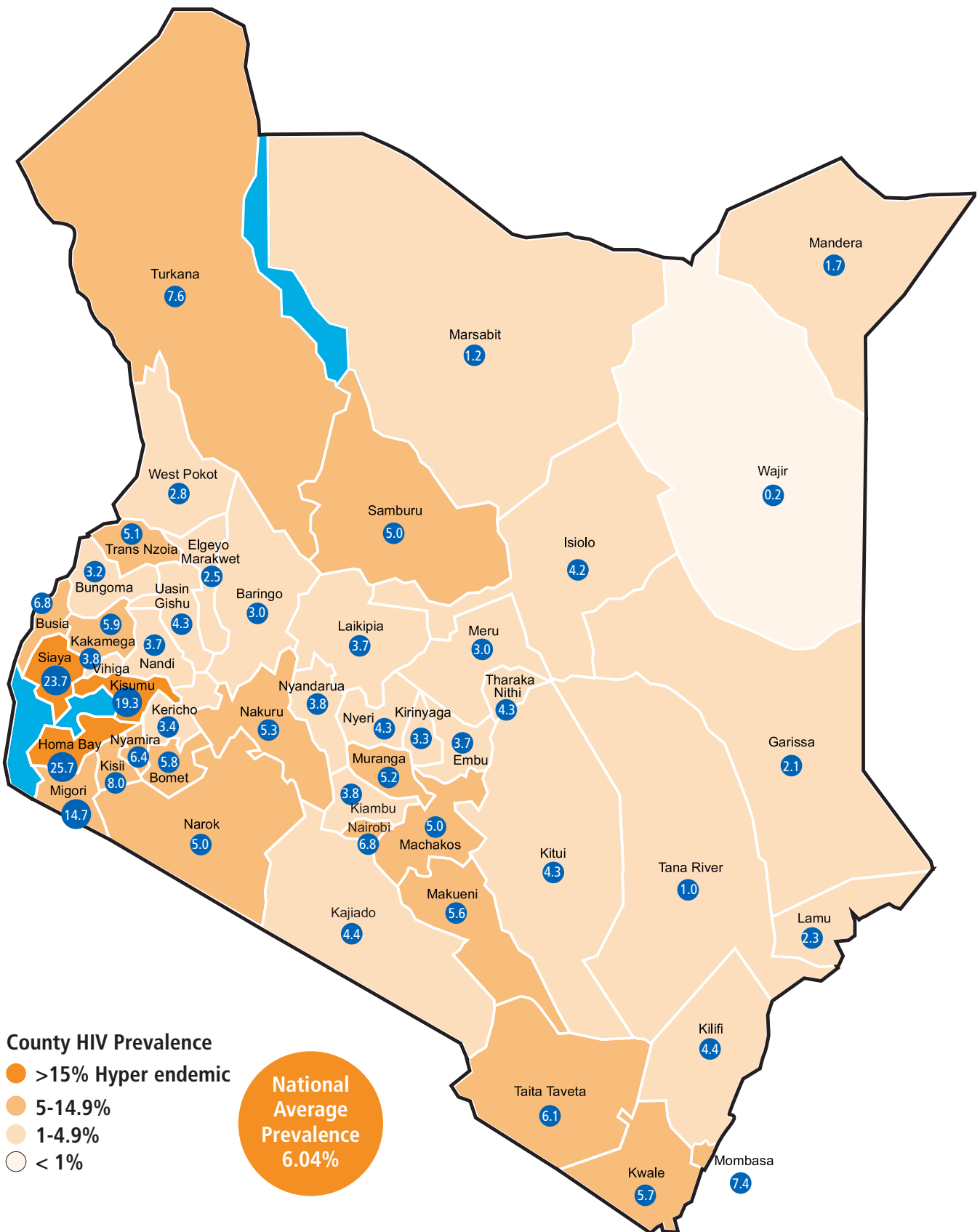
I would like to thank UNAIDS for technical and financial support to prepare the county profiles, development and implementing partners who have supported this process.

A handwritten signature in black ink, appearing to read 'Nduku Kilonzo', with a long horizontal line extending from the end of the signature.

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



# ESTIMATED ADULT (15+) HIV PREVALENCE BY COUNTY

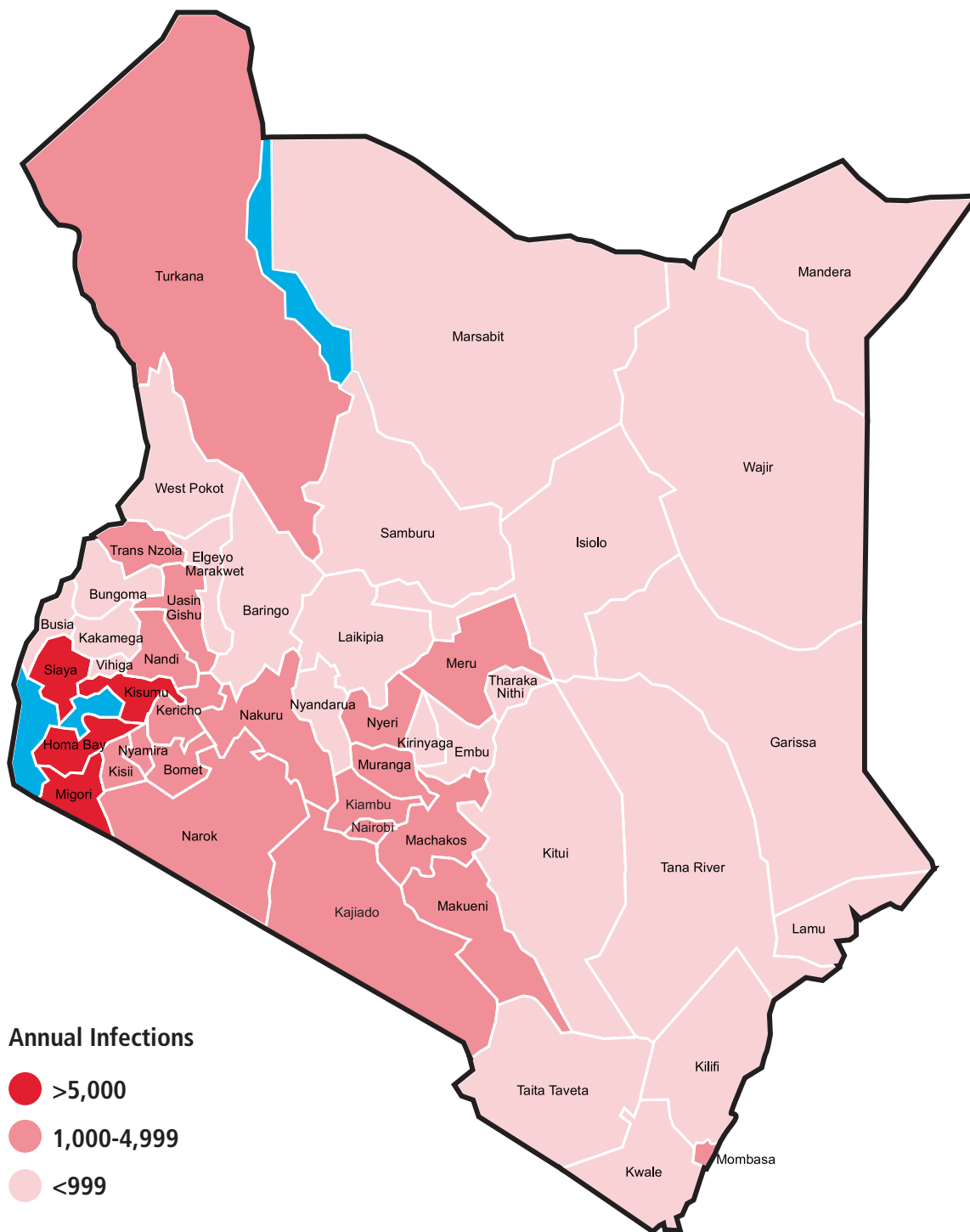


- County HIV Prevalence**
- >15% Hyper endemic
  - 5-14.9%
  - 1-4.9%
  - < 1%

**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
● Homa Bay	12,279
● Kisumu	10,349
● Siaya	9,869
● Migori	6,786
● Kisii	4,891
● Nakuru	4,127
● Nairobi	3,098
● Turkana	2,997
● Kiambu	2,931
● Nyamira	2,052

Counties	New HIV Infections
● Muranga	1,984
● Uasin Gishu	1,921
● Bomet	1,875
● Trans Nzoia	1,867
● Narok	1,806
● Mombasa	1,609
● Kajiado	1,545
● Machakos	1,463
● Nyeri	1,307
● Nandi	1,253

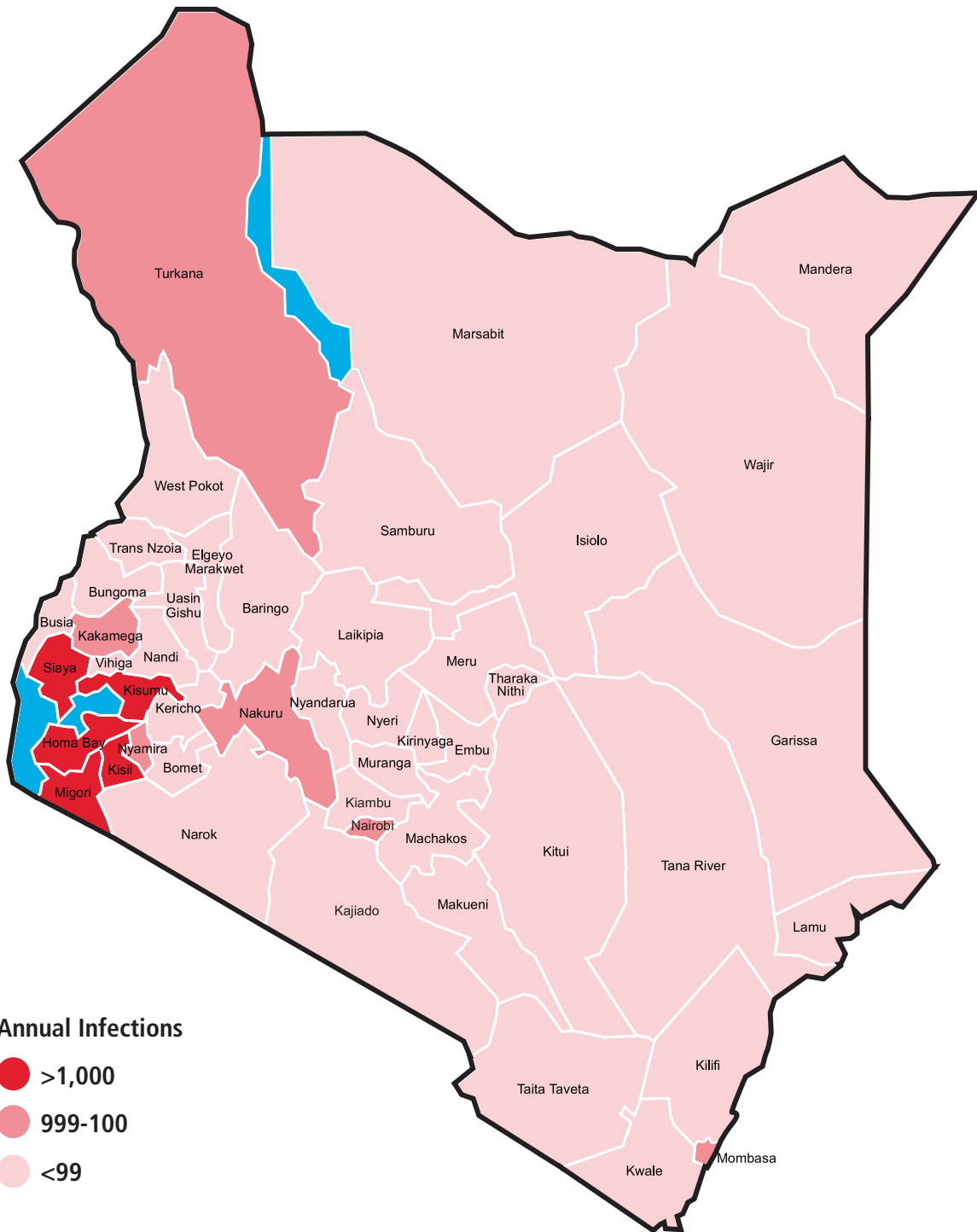
Counties	New HIV Infections
● Kericho	1,214
● Makeni	1,193
● Meru	1,090
● Kitui	988
● Nyandarua	899
● Kilifi	821
● Kirinyaga	795
● Baringo	707
● Laikipia	692
● Kwale	623

Counties	New HIV Infections
● West Pokot	576
● Embu	518
● Samburu	461
● Tharaka	410
● Elgeyo Marakwet	400
● Taita Taveta	330
● Kakamega	154
● Isiolo	151
● Mandera	137
● Garissa	116

Counties	New HIV Infections
● Bungoma	83
● Marsabit	81
● Busia	51
● Lamu	44
● Tana River	40
● Vihiga	31
● Wajir	18
<b>Kenya</b>	<b>88,622</b>



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



## Annual Infections

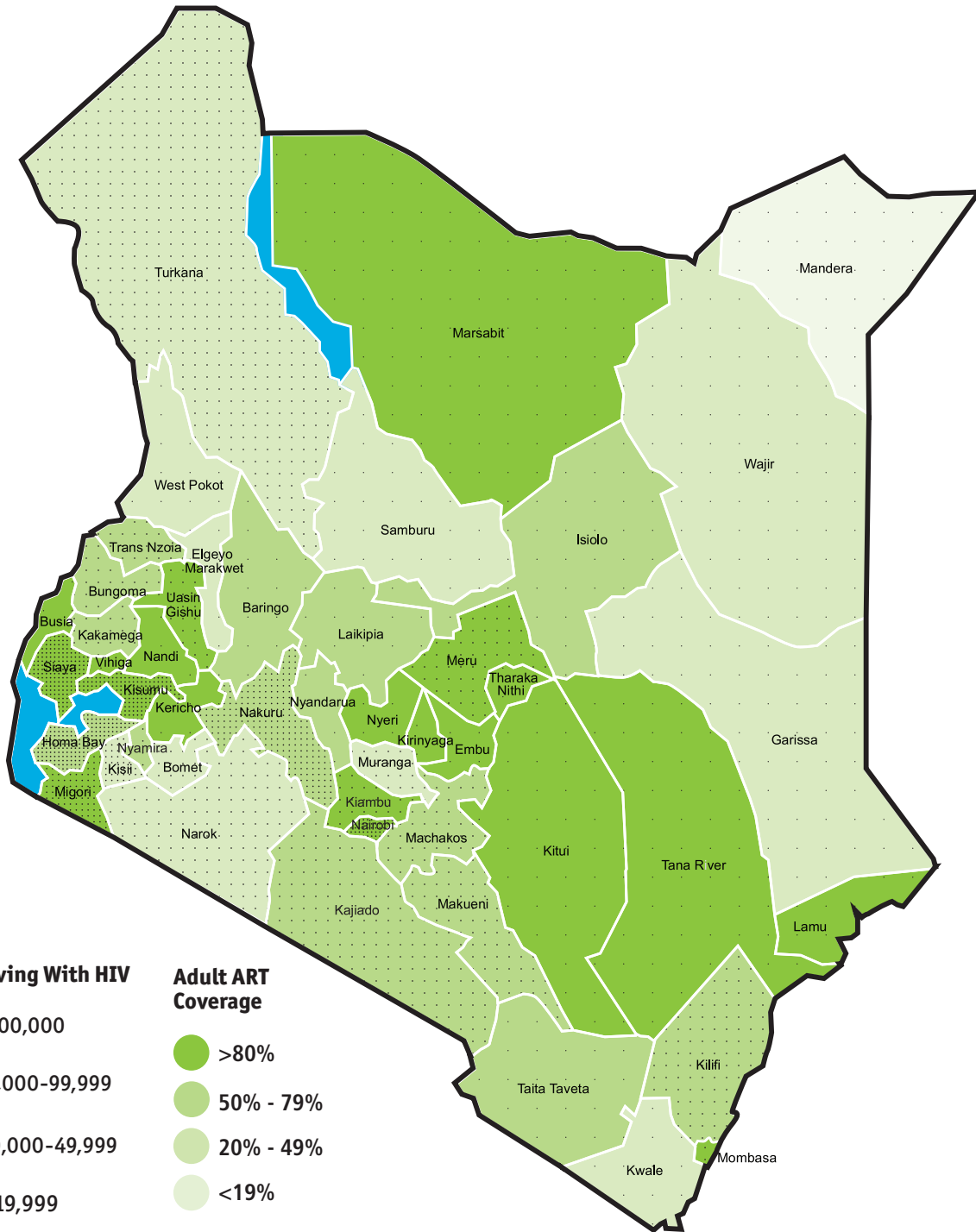
- >1,000
- 999-100
- <99

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	● Makueni	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	<b>Kenya</b>	<b>12,826</b>
● Kakamega	172	● Machakos	79	● Nyeri	42	● Tharaka	22		
● Mombasa	169	● Kajiado	74	● Vihiga	35	● Elgeyo Marakwet	19		

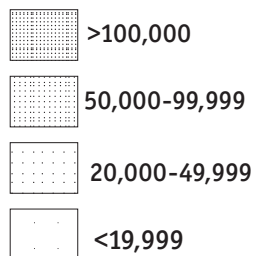




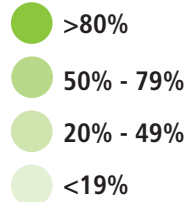
## TOTAL # ADULTS LIVING WITH HIV BY COUNTY AND % ART COVERAGE FOR THOSE IN NEED (CD4 350)



### Adults Living With HIV



### Adult ART Coverage

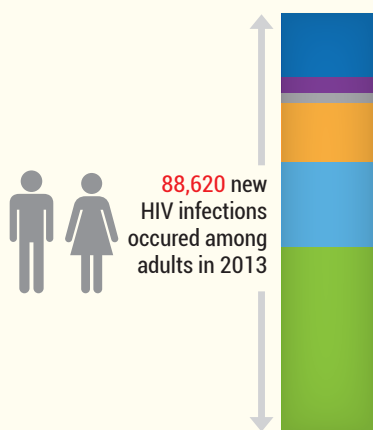
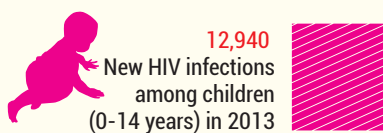


County	ART Coverage	HIV+ Adults	County	ART Coverage	HIV+ Adults	County	ART Coverage	HIV+ Adults	County	ART Coverage	HIV+ Adults	County	ART Coverage	HIV+ Adults	County	ART Coverage	HIV+ Adults
Mandera**	4%	3,928	Garissa*	48%	3,262	Bungoma	64%	26,093	Marsabit	86%	1,480	Mombasa	98%	47,751			
Turkana**	20%	39,043	Kisii	48%	55,970	Kakamega	66%	48,533	Kitui	88%	18,328	Nyeri	99%	18,923			
Samburu	24%	6,001	Taita Taveta	52%	9,781	Homa Bay	70%	140,629	Migori	89%	77,650	Kiambu	102%	42,425			
Wajir*	26%	307	Baringo	53%	9,194	Kilifi	71%	24,413	Kirinyaga	91%	11,458	Kisumu	104%	118,538			
West Pokot	29%	7,515	Kajiado	53%	20,080	Machakos	74%	27,063	Nairobi	92%	102,828	Kericho	120%	15,846			
Kwale	31%	18,459	Laikipia	54%	8,963	Makueni	76%	22,110	Embu	93%	9,641	Uasin Gishu	144%	25,021			
Bomet	38%	24,389	Trans Nzoia	56%	24,323	Nyandarua	77%	12,950	Lamu	95%	1,263	Busia	183%	16,065			
Elgeyo Marakwet	38%	5,208	Nyamira	58%	23,493	Meru	82%	20,238	Tharaka	95%	7,603	Kenya	66%	1,345,785			
Narok	38%	23,504	Isiolo	60%	2,822	Nandi	82%	16,281	Tana River	97%	1,161						
Muranga	45%	28,721	Nakuru	62%	53,713	Siaya	82%	112,962	Vihiga	97%	9,853						

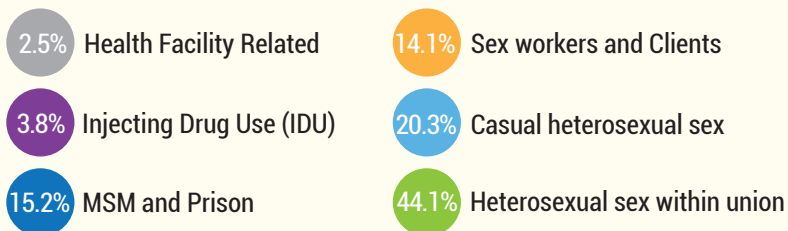
# 1

# 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 men<sup>1</sup>. 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 five<sup>2</sup>. The epidemic has also negatively affected the country's economy by lowering per capita output by 4.1 per cent<sup>3</sup>. 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)<sup>4</sup>.

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 cent<sup>5</sup> 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 had a HIV-TB coinfection of **38%** in 2012*

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



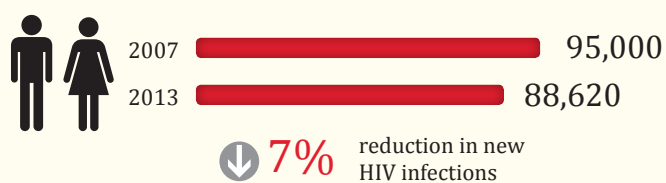
### 10 Counties with the Largest Number of People Living with Hiv

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

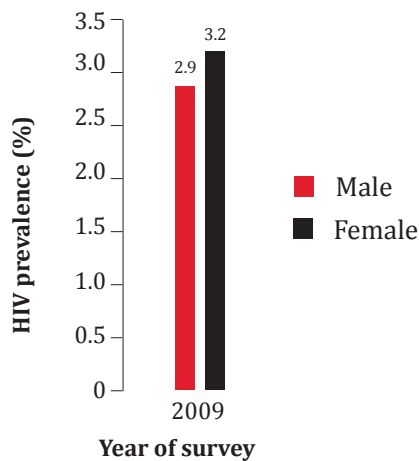
**Table 1: HIV burden in Baringo**

		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**



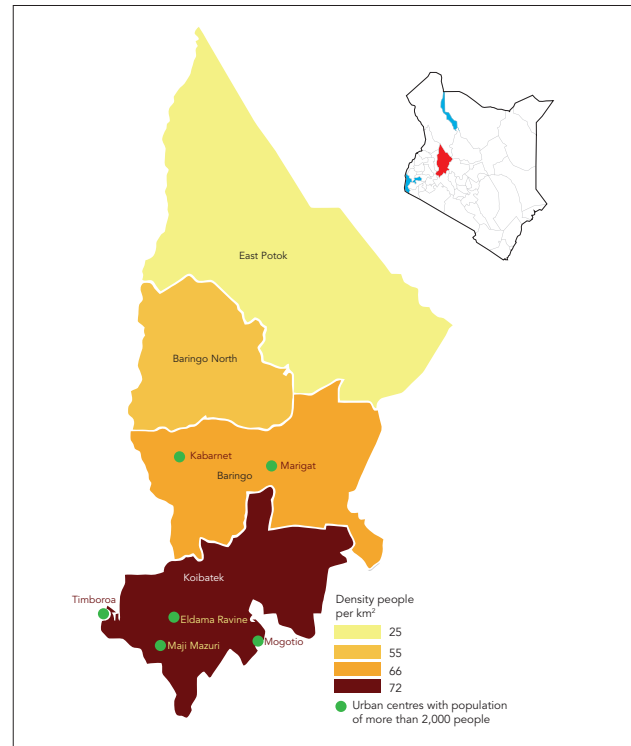
Source: Kenya Demographic and Health Survey

## 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

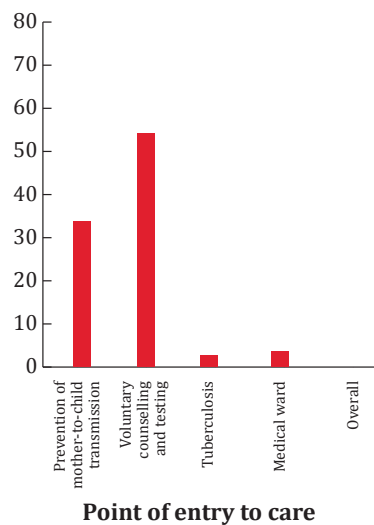
Source: Kenya HIV Estimates Report, 2014



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.

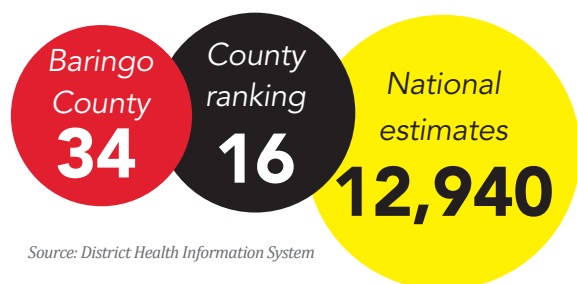
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Baringo County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

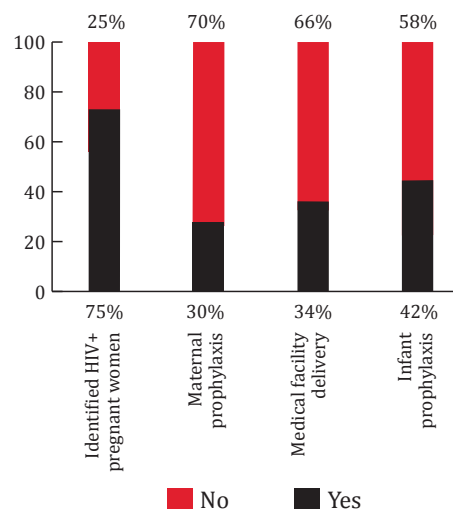
### Section 3: Elimination of Mother-to-Child Transmission

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



**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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)



# BOMET COUNTY

## Section 1: HIV Burden in Bomet County

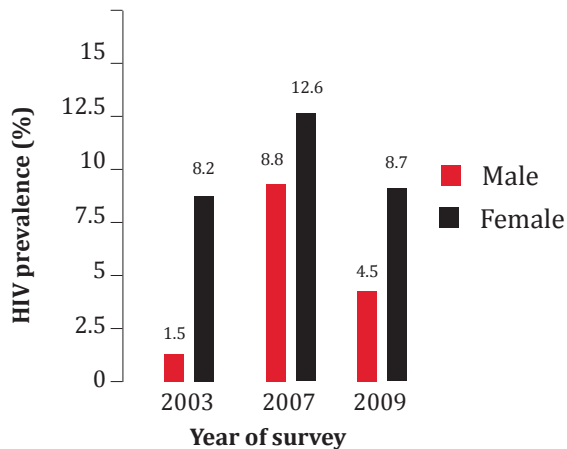
**Table 1: HIV burden in Bomet**

		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

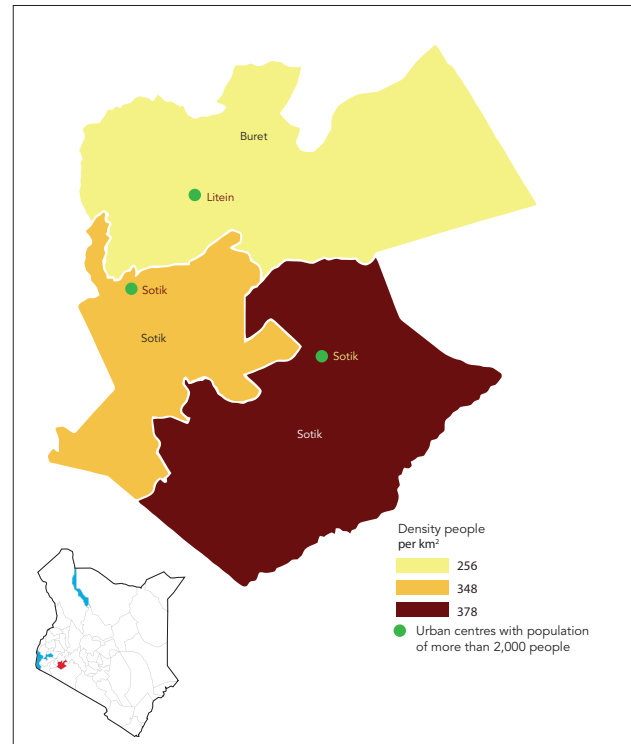
\*In this HIV burden and indicator ranking (Table 1), the highest burden county is 47 while the lowest burden county is 1.

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**



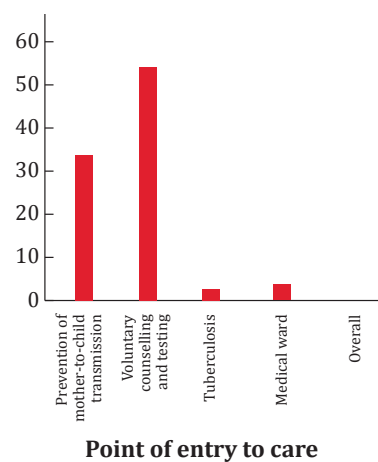
Source: Kenya Demographic and Health Survey and KAIS



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

## 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

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.

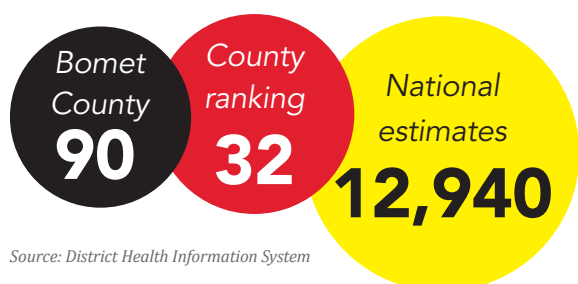
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Bomet County traditionally circumcise men, with over 95 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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

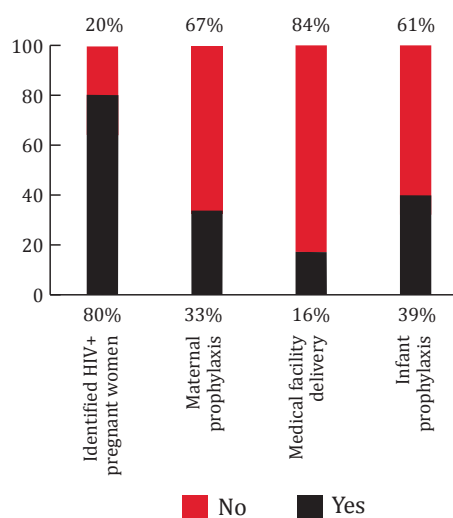
There were about 1,141 pregnant women living with HIV in Bomet County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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



Source: District Health Information System

**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	Value
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	Value
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# BUNGOMA COUNTY

## Section 1: HIV Burden in Bungoma County

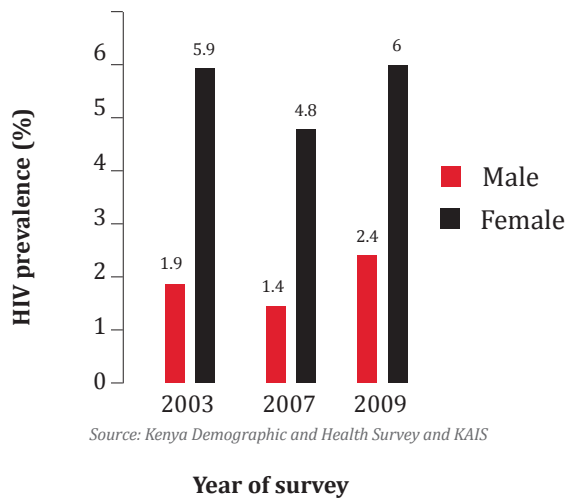
**Table 1: HIV burden in Bungoma**

		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**



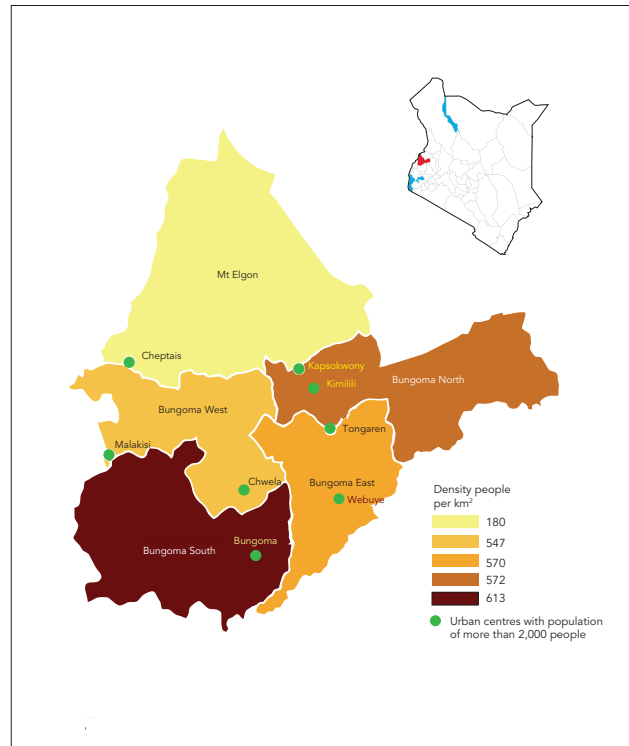
Source: Kenya Demographic and Health Survey and KAIS

## 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

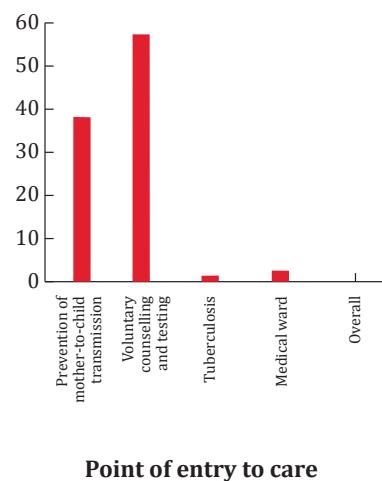
Source: Kenya HIV Estimates Report, 2014



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**



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.

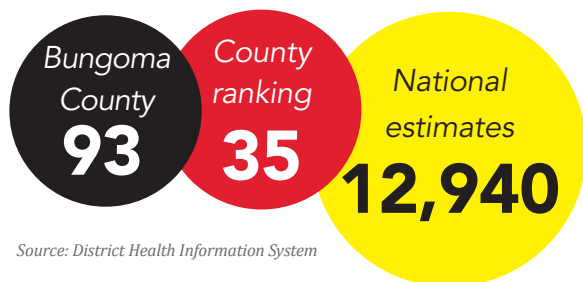
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Bungoma County traditionally circumcise men, with over 99 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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

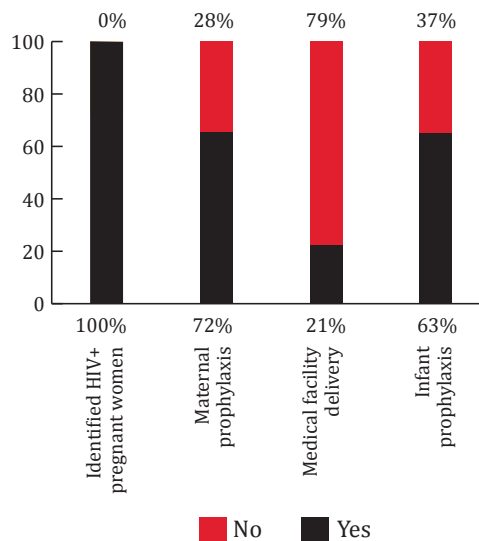
There were about 1,689 pregnant women living with HIV in Bungoma County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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	Value
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	Value
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# BUSIA COUNTY

## Section 1: HIV Burden in Busia County

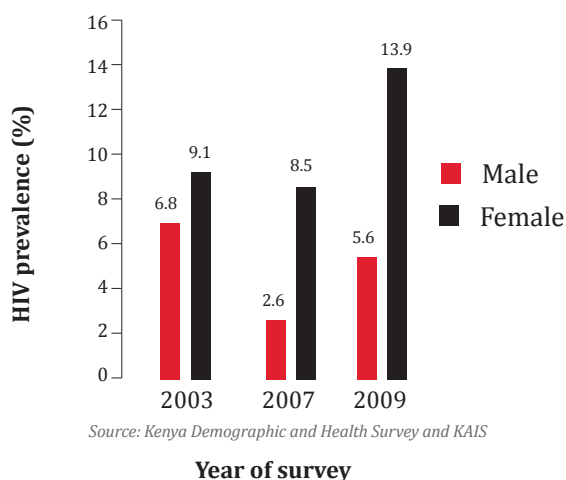
**Table 1: HIV burden in Busia**

		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**



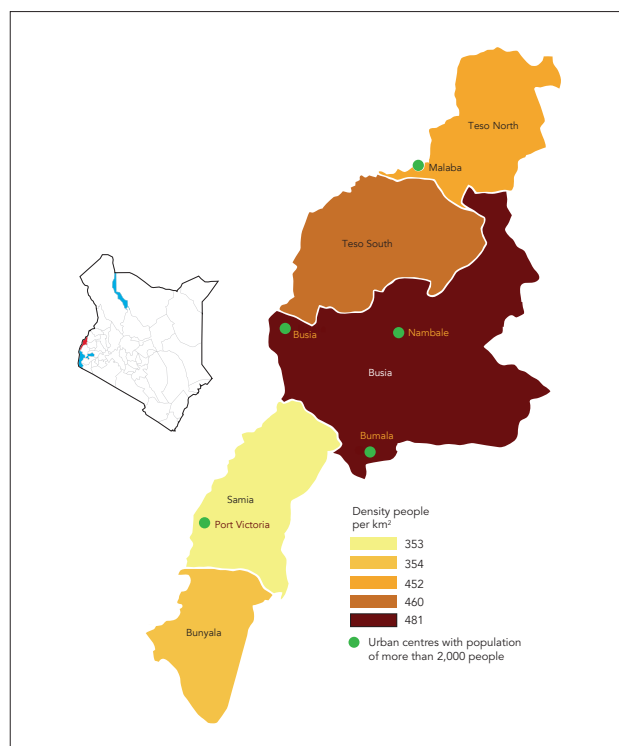
Source: Kenya Demographic and Health Survey and KAIS

## 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

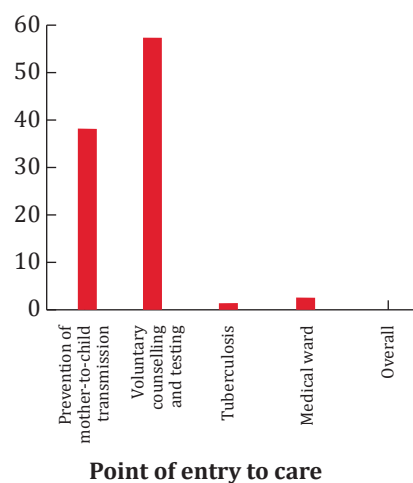
Source: Kenya HIV Estimates Report, 2014



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.

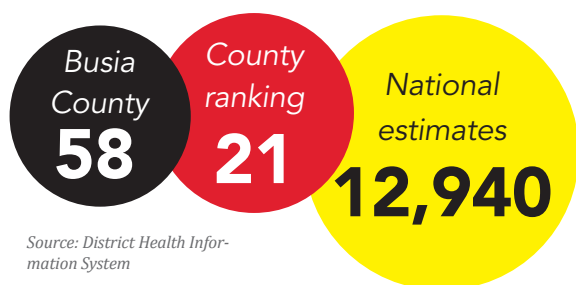
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Some communities in Busia County traditionally circumcise men, with about 50 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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

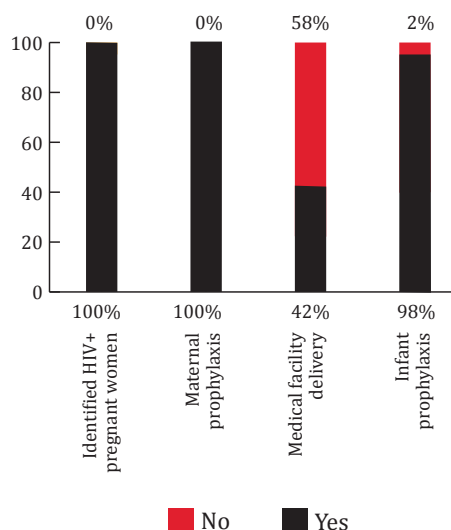
There were about 1,441 pregnant women living with HIV in Busia County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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



Source: District Health Information System

**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 (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 **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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# ELGEYO MARAKWET COUNTY

## Section 1: HIV Burden in Elgeyo Marakwet County

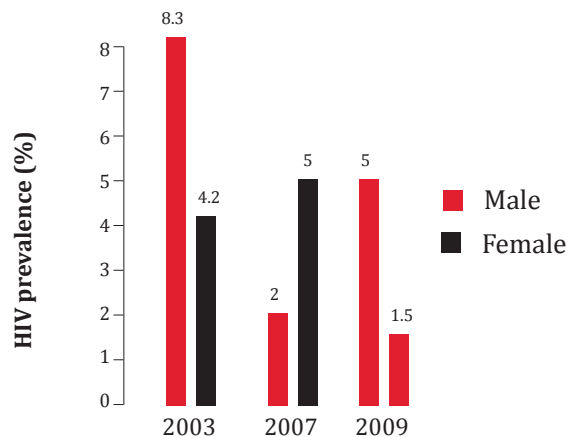
**Table 1: HIV burden in Elgeyo Marakwet**

		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 KAIS

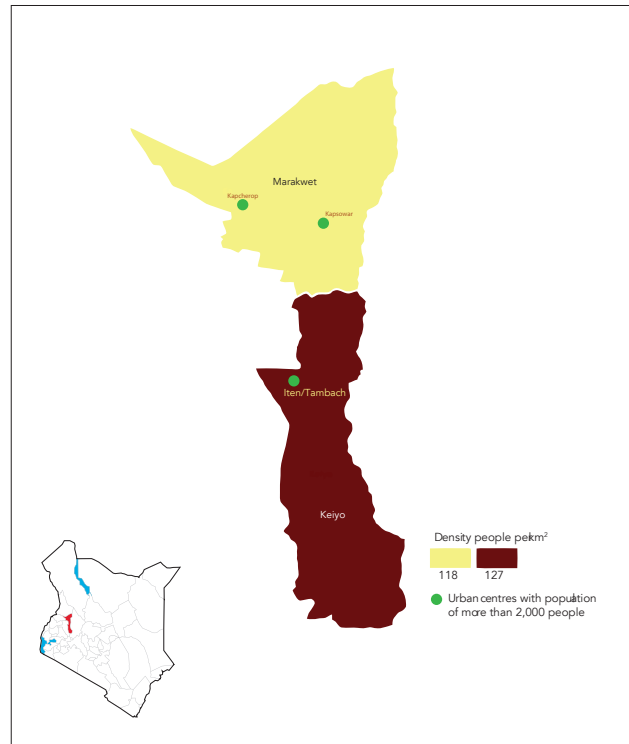
Year of survey

## 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

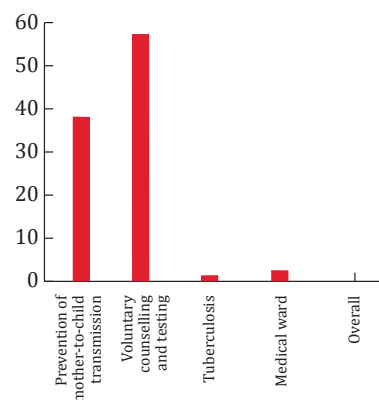
Source: Kenya HIV Estimates Report, 2014



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.

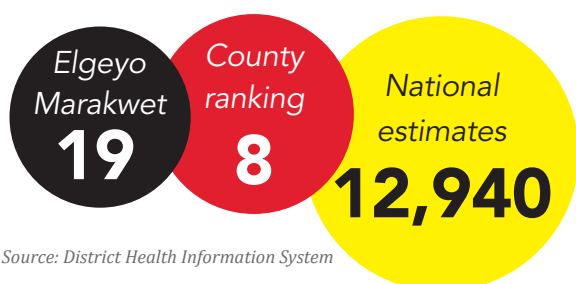
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Elgeyo Marakwet County traditionally circumcise men, with over 78 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. 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

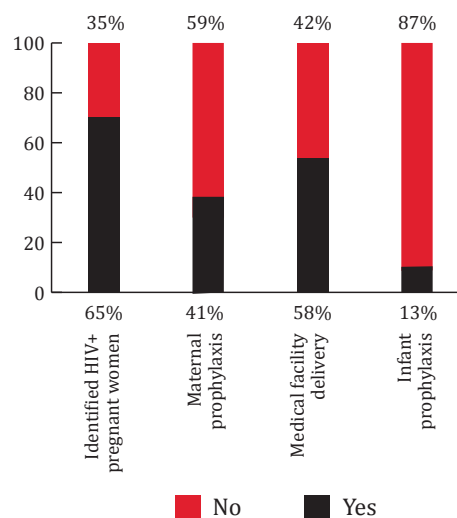
There were about 200 pregnant women living with HIV in Elgeyo Marakwet County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# EMBU COUNTY

## Section 1: HIV Burden in Embu County

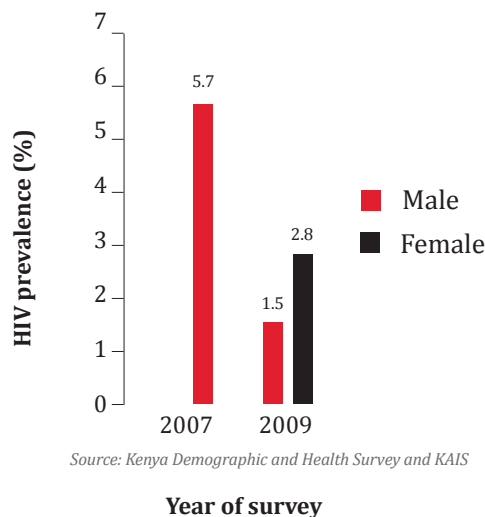
**Table 1: HIV burden in Embu**

		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**



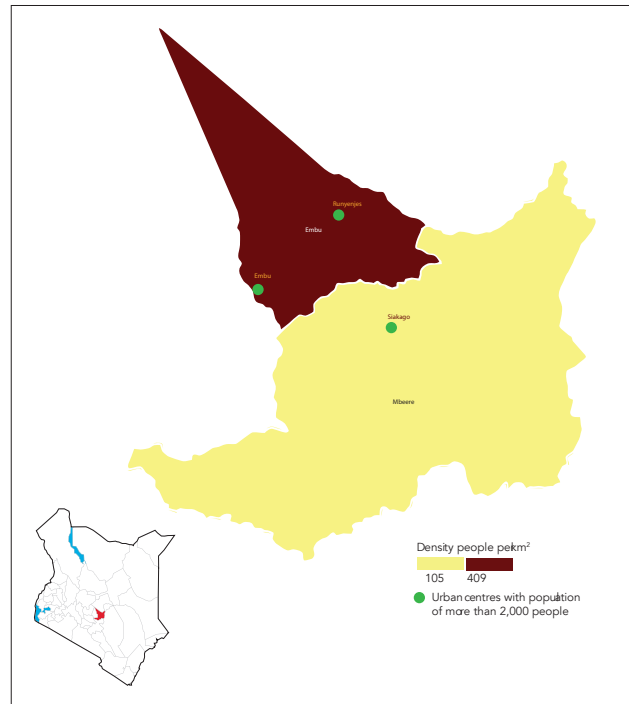
Source: Kenya Demographic and Health Survey and KASIS

## 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

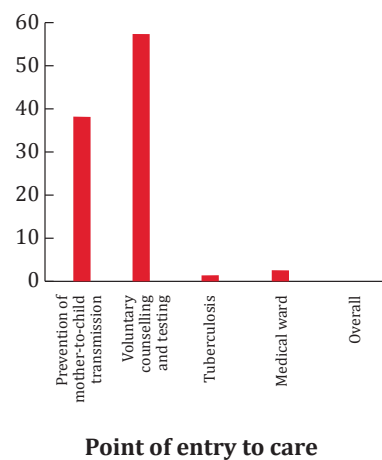
Source: Kenya HIV Estimates Report, 2014



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.

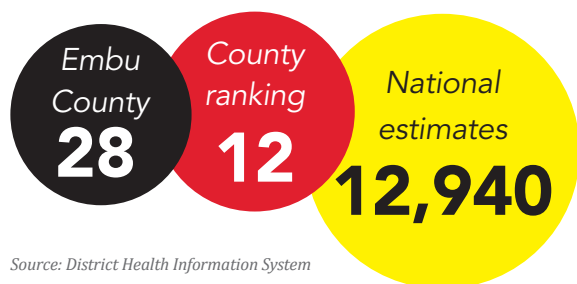
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Embu County traditionally circumcise men, with almost 100 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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

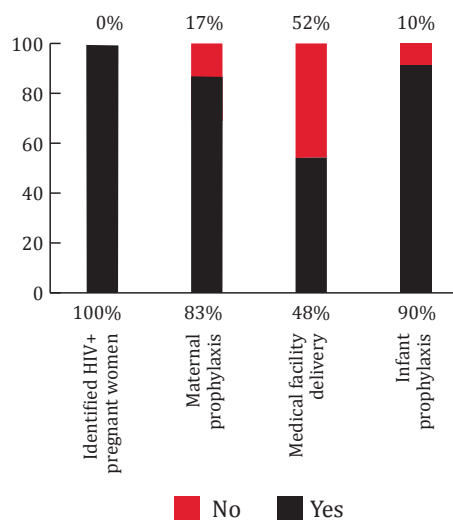
There were about 581 pregnant women living with HIV in Embu County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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	Value
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	Value
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.

### 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 **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.

### 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# GARISSA COUNTY

## Section 1: HIV Burden in Garissa County

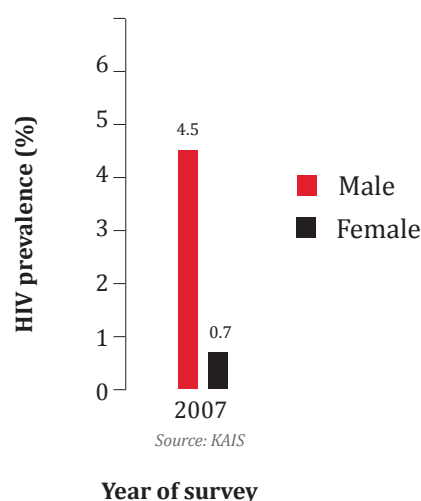
**Table 1: HIV burden in Garissa**

		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**

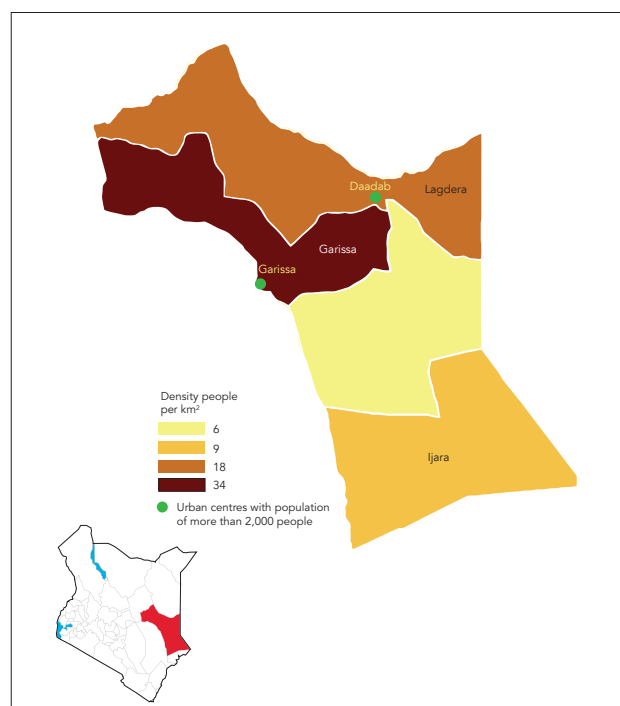


## Section 2: Reducing Sexual Transmission of HIV

**Table 2: Garissa County HIV indicators**

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

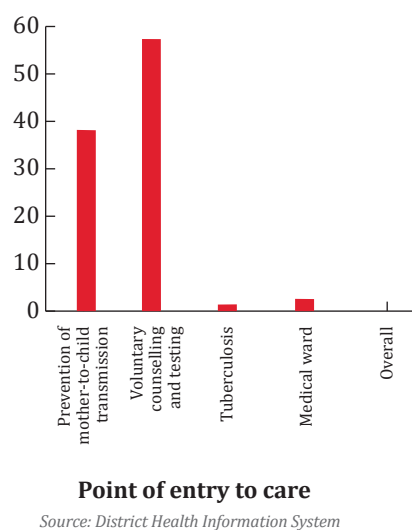
Source: Kenya HIV Estimates Report, 2014



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.

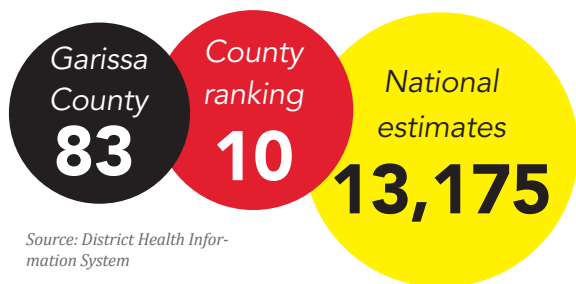
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Garissa County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

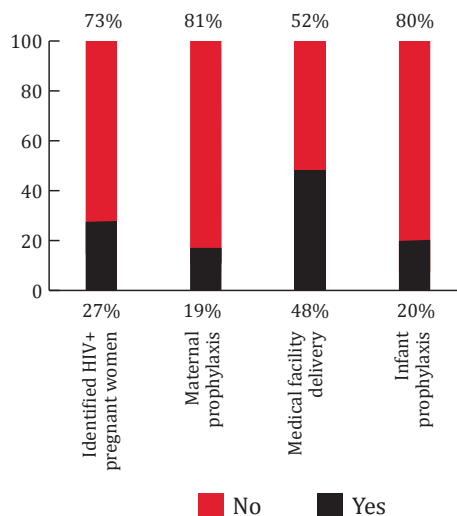
### Section 3: Elimination of Mother-to-Child Transmission

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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# HOMA BAY COUNTY

## Section 1: HIV Burden in Homa Bay County

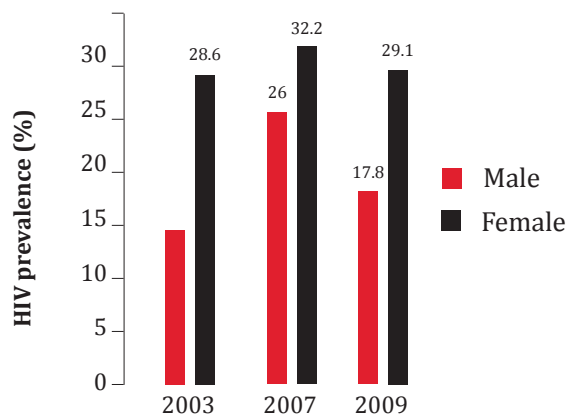
**Table 1: HIV burden in Homa Bay**

		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	19370	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**



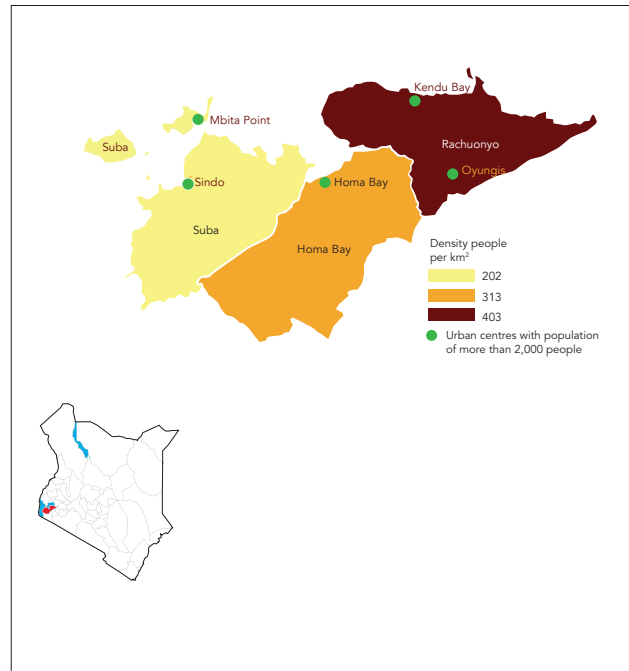
Source: Kenya Demographic and Health Survey and KAIS

## 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

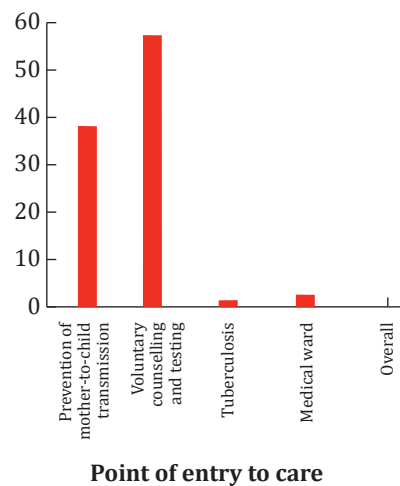
Source: Kenya HIV Estimates Report, 2014



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.

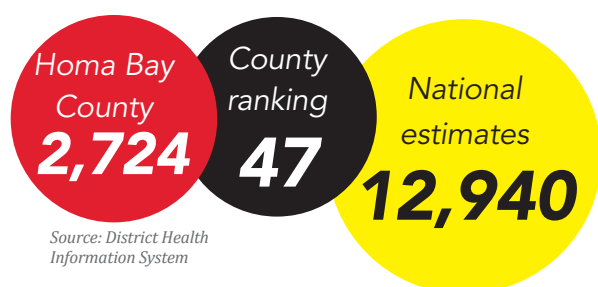
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Few communities in Homa Bay County circumcise men, and only 13 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally 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.

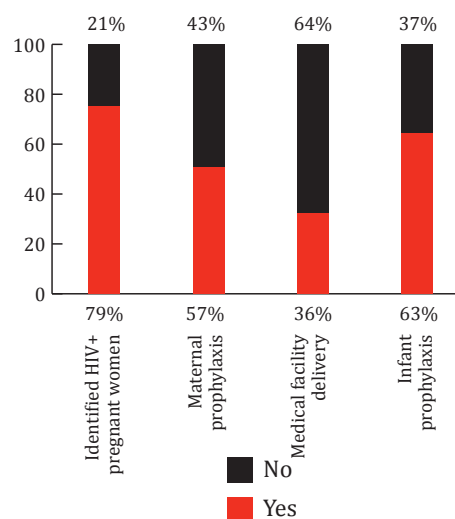
### Section 3: Elimination of Mother-to-Child Transmission

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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# ISIOLO COUNTY

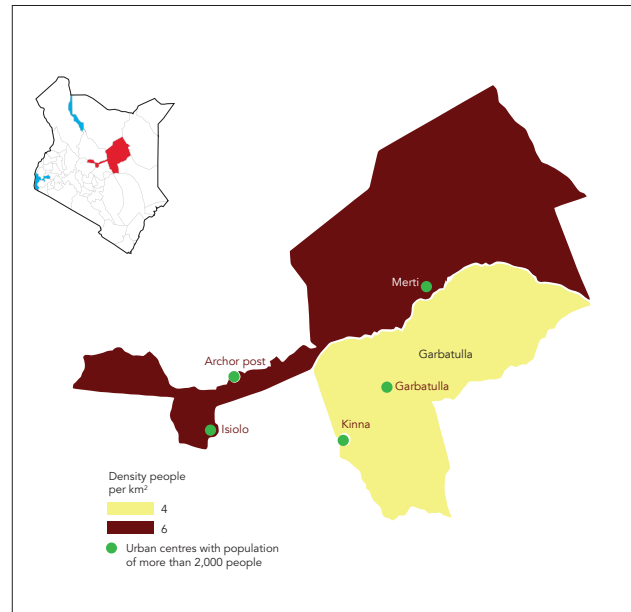
## Section 1: HIV Burden in Isiolo County

**Table 1: HIV burden in Isiolo**

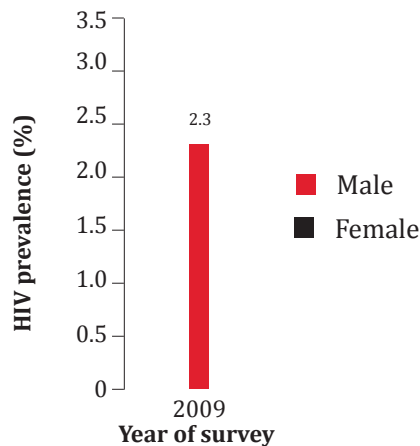
		Rank*
Total population (2013)	150,817	2
HIV adult prevalence (overall)	4.2%	20
Number of adults living with HIV	2,800	5
Number of children living with HIV	427	5
Total number of people living with HIV	3,227	5

\*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.

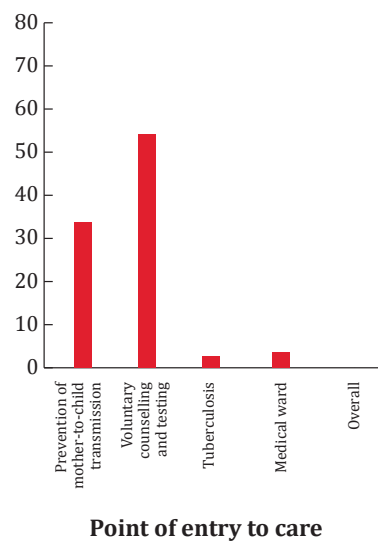
## Section 2: Reducing Sexual Transmission of HIV

**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

**Figure 3: Percentage of adults enrolling for HIV care by entry point in Isiolo 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 Isiolo County, low condom use may pose a significant risk of HIV infection to the population.

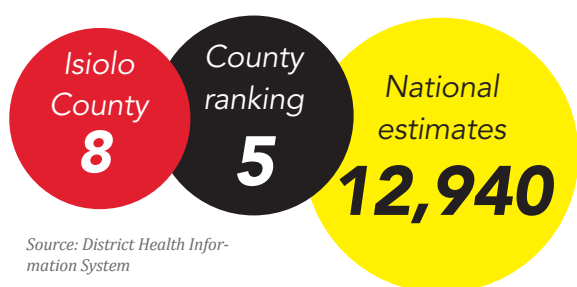
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Isiolo County circumcise men, with a majority of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally circumcising 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.

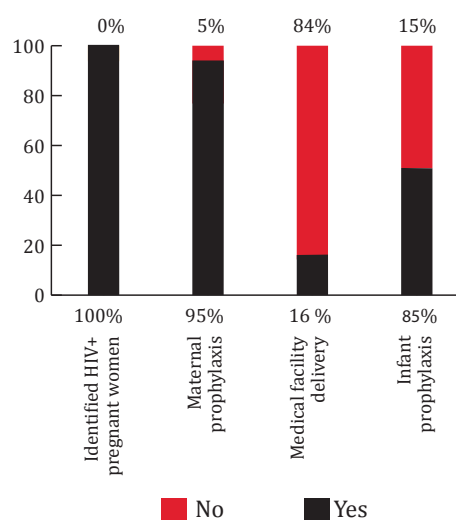
### Section 3: Elimination of Mother-to-Child Transmission

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	
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	
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)



# KAJIADO COUNTY

## Section 1: HIV Burden in Kajiado County

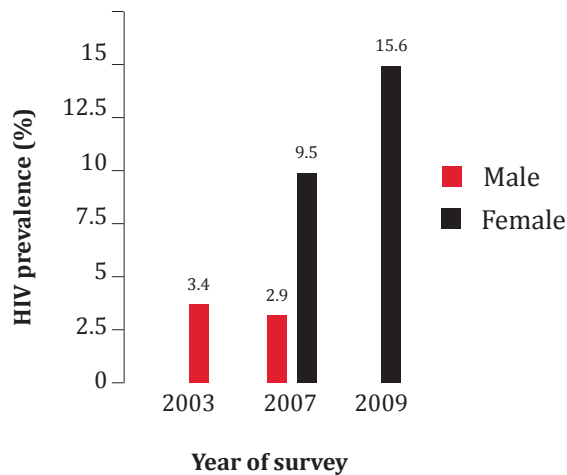
**Table 1: HIV burden in Kajiado**

		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**



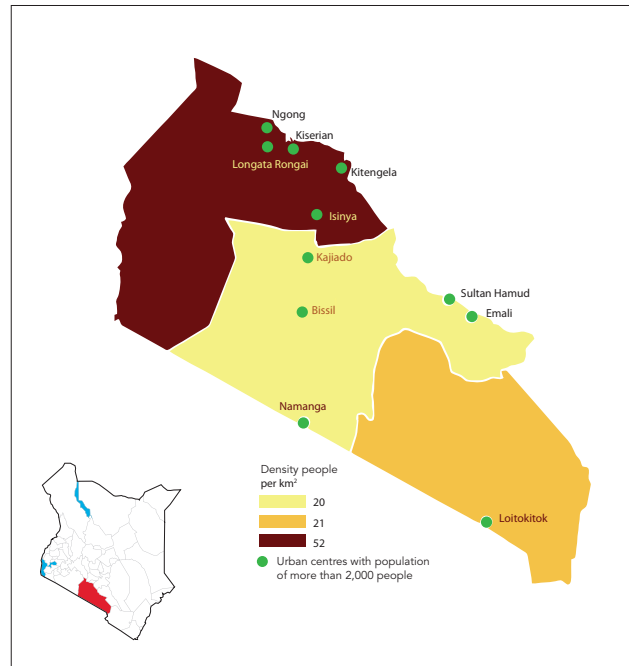
Source: Kenya Demographic and Health Survey and KAIS

## 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

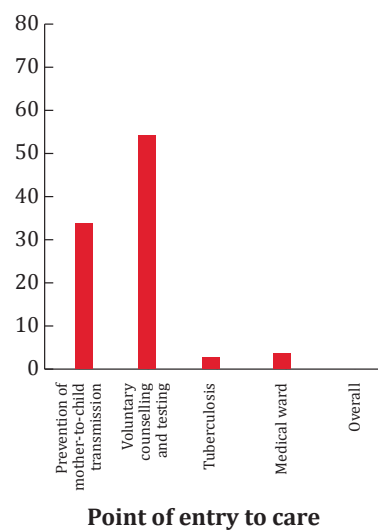
Source: Kenya HIV Estimates Report, 2014



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.

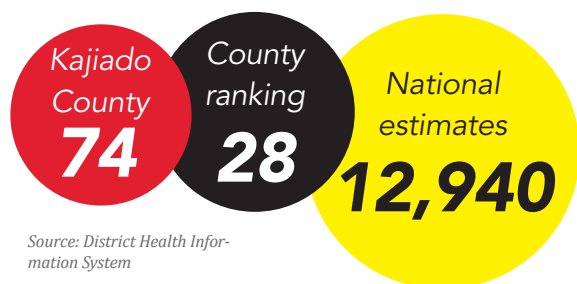
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kajiado County circumcise men, with over 87 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally 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.

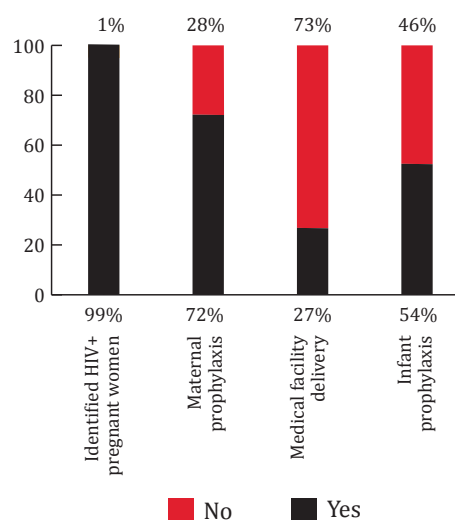
### Section 3: Elimination of Mother-to-Child Transmission

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	
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	
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.

### 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 **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.

### 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# KAKAMEGA COUNTY

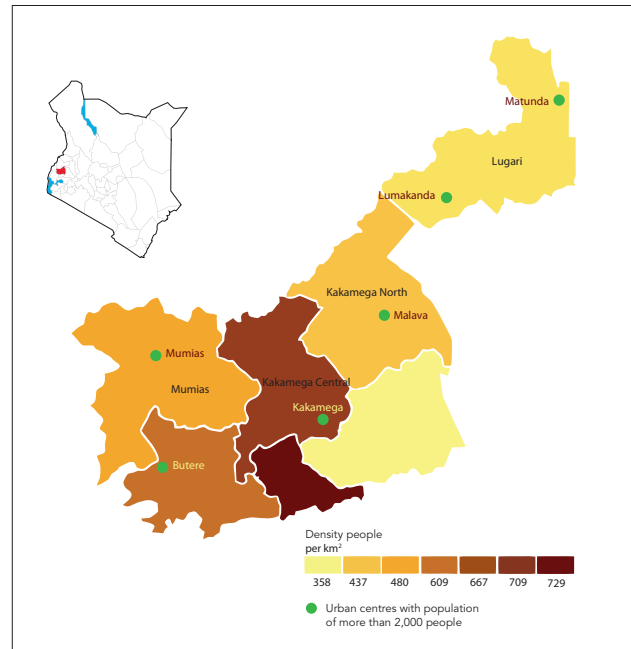
## Section 1: HIV Burden in Kakamega County

**Table 1: HIV burden in Kakamega**

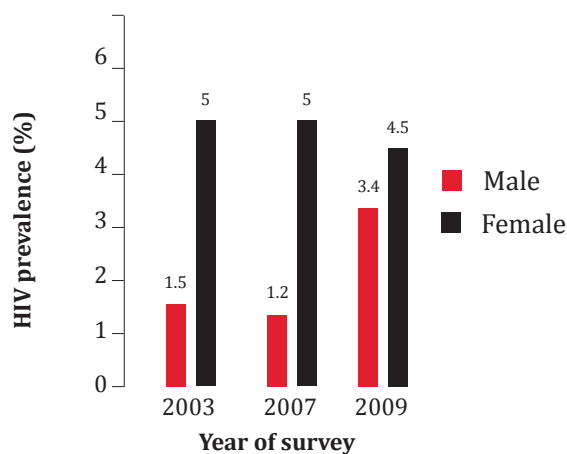
		Rank*
Total population (2013)	1,782,152	45
HIV adult prevalence (overall)	5.9%	36
Number of adults living with HIV	48,500	40
Number of children living with HIV	9,452	16
Total number of people living with HIV	57,952	40

\*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**

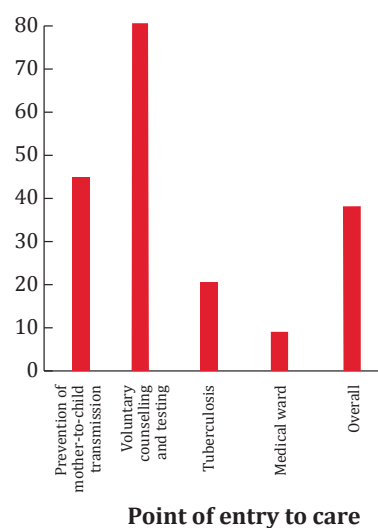
	Annual	County ranking	National estimates
New adult HIV infections annually	154	11	88,620

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.

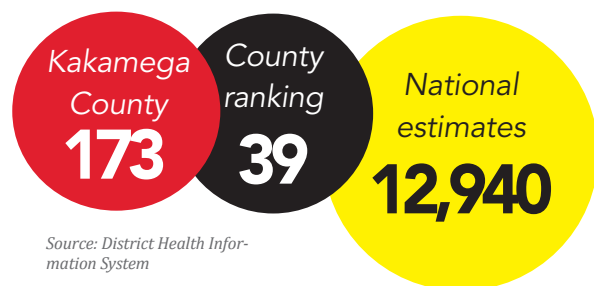
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kakamega County circumcise men, with over 87 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally 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.

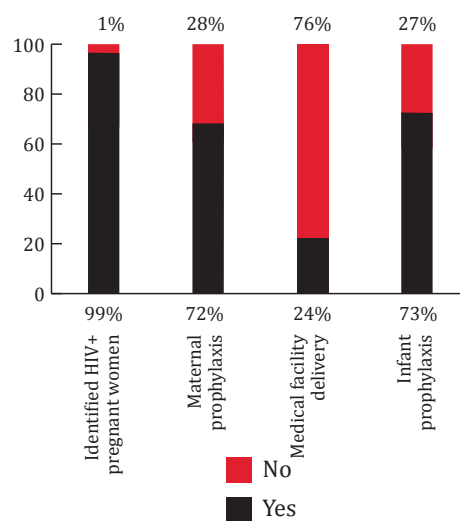
### Section 3: Elimination of Mother-to-Child Transmission

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	Value
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 (absolute 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# KERICHO COUNTY

## Section 1: HIV Burden in Kericho County

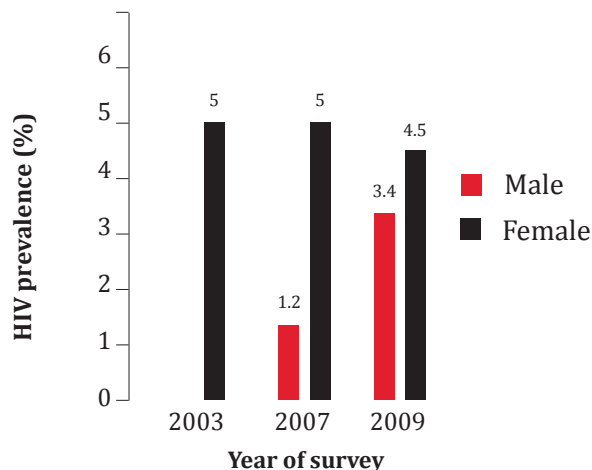
**Table 1: HIV burden in Kericho**

		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



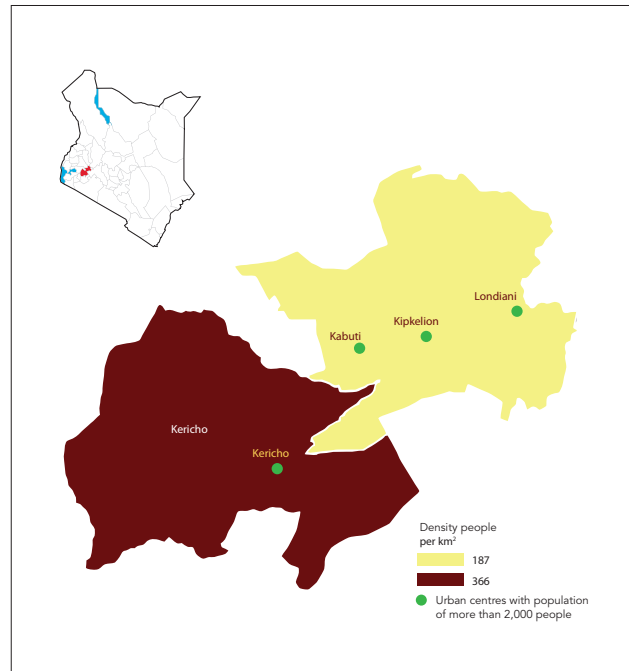
Source: Kenya Demographic and Health Survey and KAIS

## 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

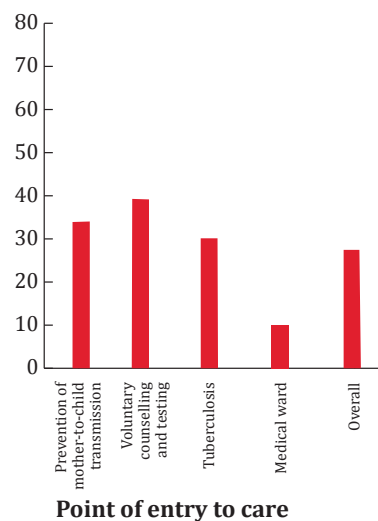
Source: Kenya HIV Estimates Report, 2014



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.

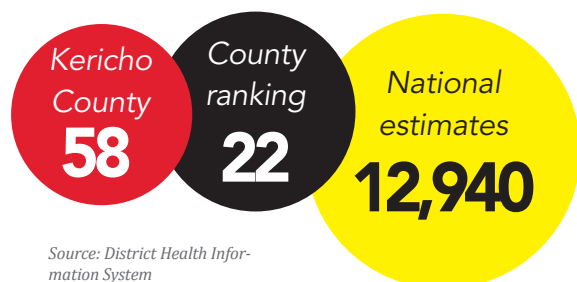
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kericho County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

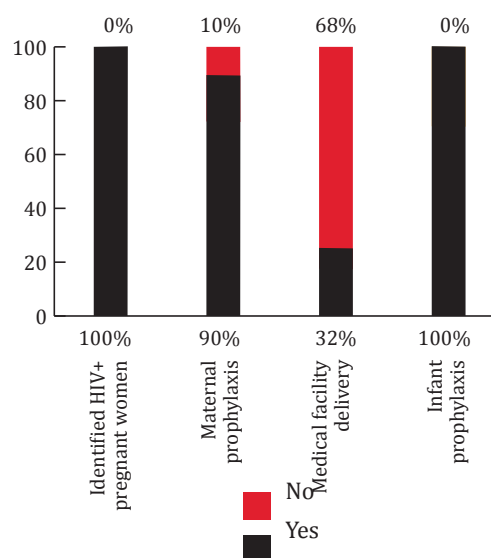
### Section 3: Elimination of Mother-to-Child Transmission

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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# KIAMBU COUNTY

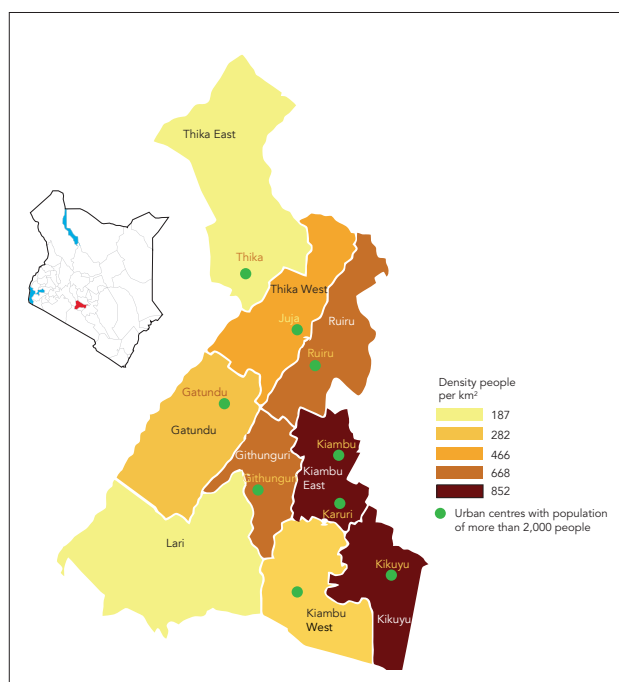
## Section 1: HIV Burden in Kiambu County

**Table 1: HIV burden in Kiambu**

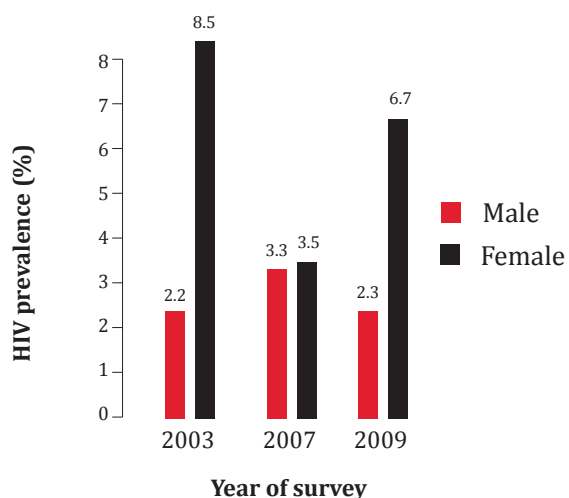
		Rank*
Total population (2013)	1760692	44
HIV adult prevalence (overall)	3.8%	17
Number of adults living with HIV	42,400	38
Number of children living with HIV	4,256	36
Total number of people living with HIV	46,656	38

\*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**

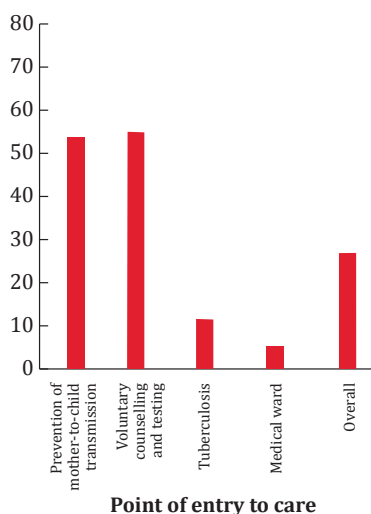
	Annual	County ranking	National estimates
New adult HIV infections annually	2,931	39	88,620

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.

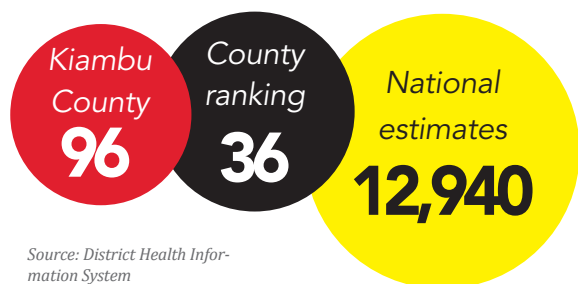
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kiambu County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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

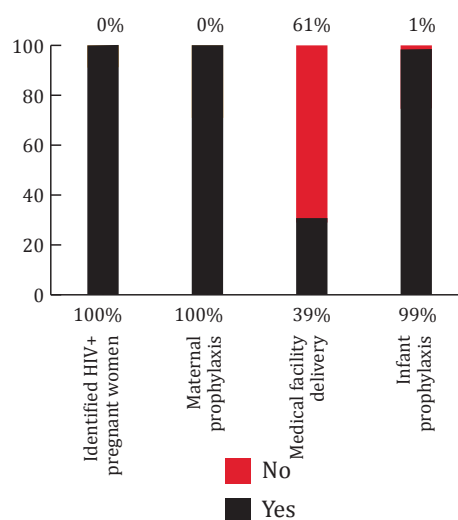
There were about 2,252 pregnant women living with HIV in Kiambu County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# KILIFI COUNTY

## Section 1: HIV Burden in Kilifi County

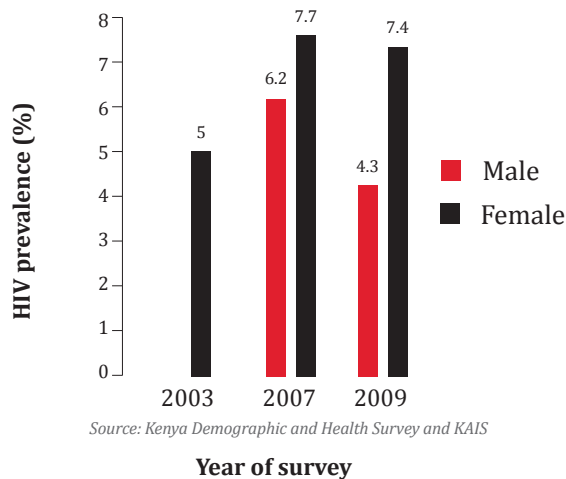
**Table 1: HIV burden in Kilifi**

		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**



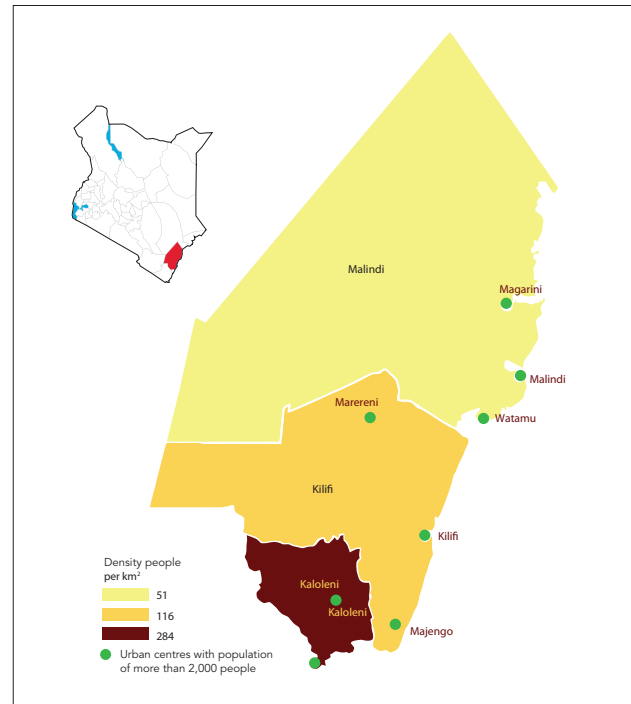
Source: Kenya Demographic and Health Survey and KIPS

## 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

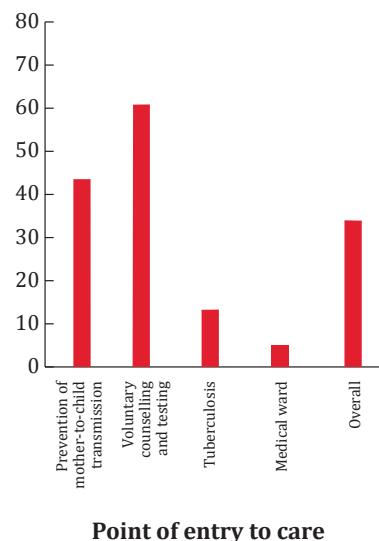
Source: Kenya HIV Estimates Report, 2014



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**



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.

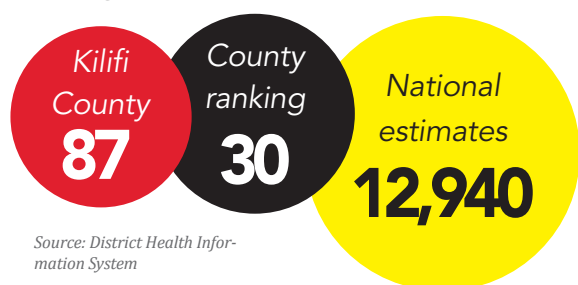
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kilifi County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

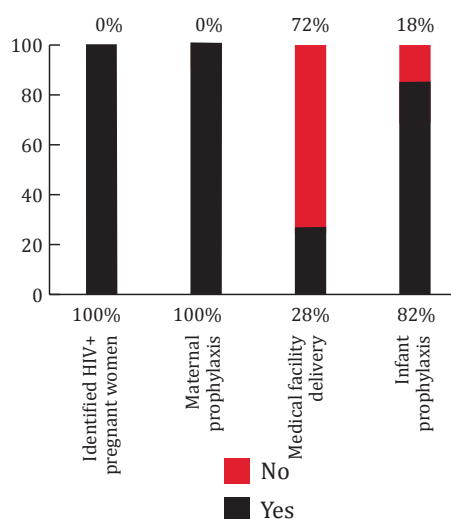
### Section 3: Elimination of Mother-to-Child Transmission

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	Value
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	Value
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 (absolut 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# KIRINYAGA COUNTY

## Section 1: HIV Burden in Kirinyaga County

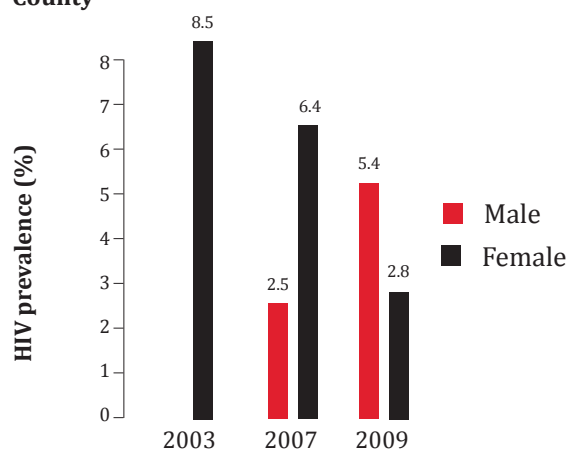
**Table 1: HIV burden in Kirinyaga**

		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**



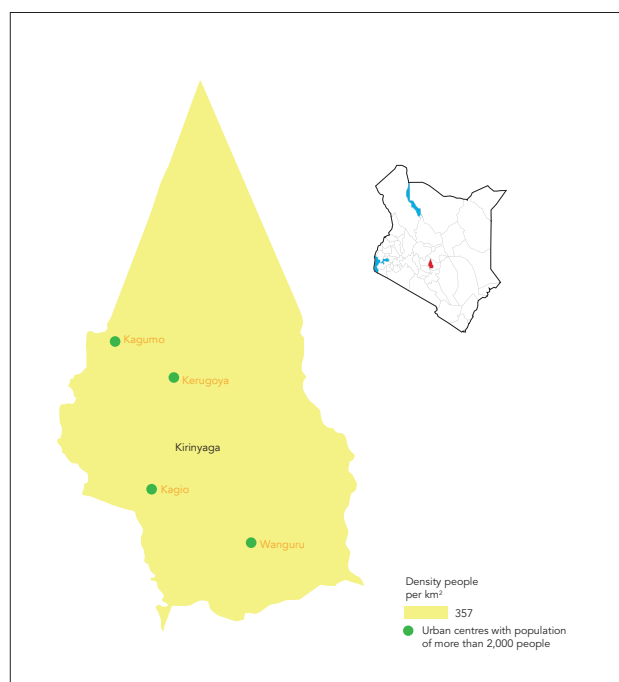
Source: Kenya Demographic and Health Survey and KAIS

## 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

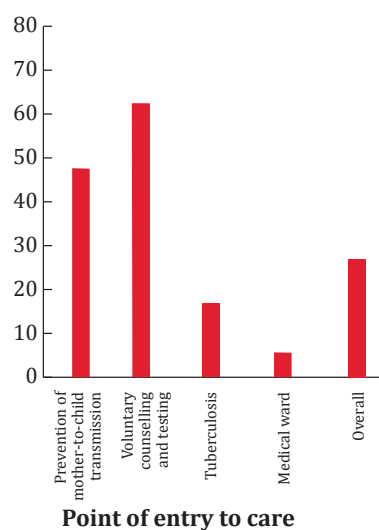
Source: Kenya HIV Estimates Report, 2014



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.

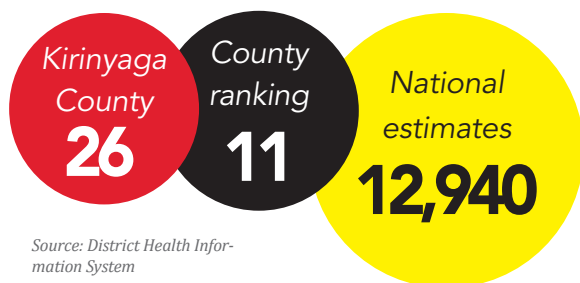
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kirinyaga County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even 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

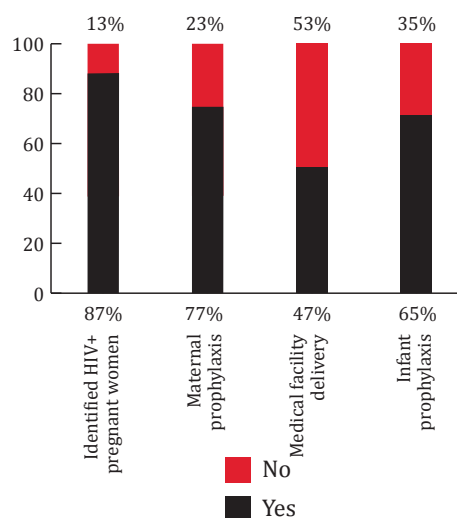
There were about 355 pregnant women living with HIV in Kirinyaga County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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	Value
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	Value
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# KISII COUNTY

## Section 1: HIV Burden in Kisii County

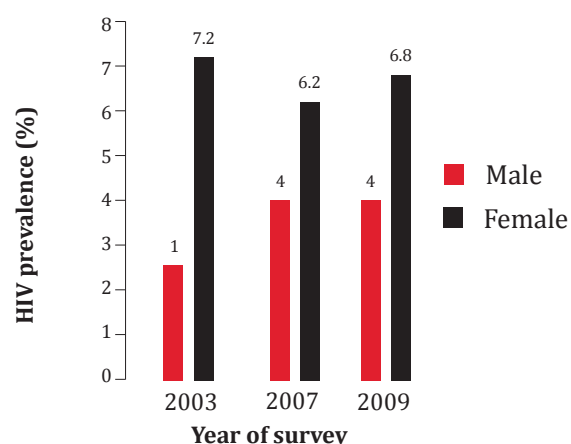
**Table 1: HIV burden in Kisii**

		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**



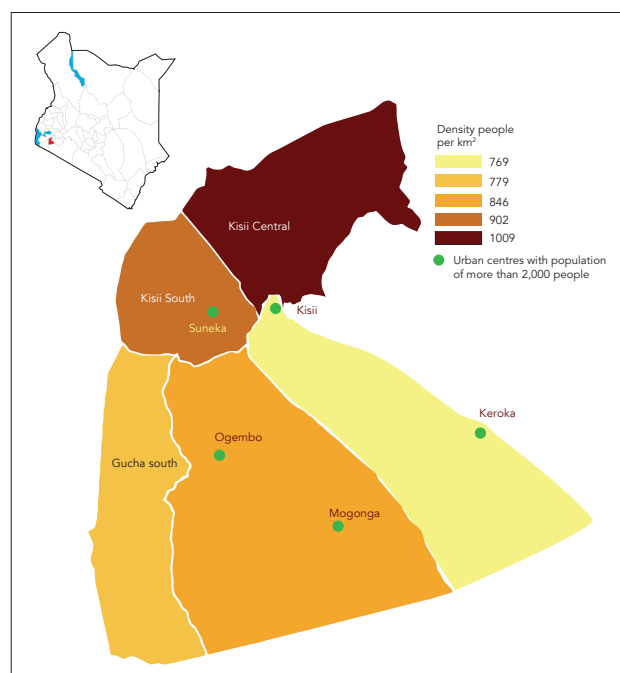
Source: Kenya Demographic and Health Survey and KAIS

## 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

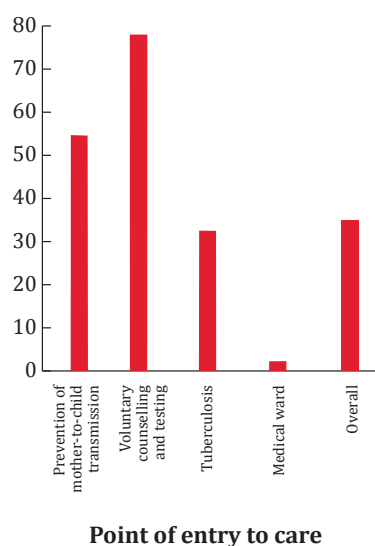
Source: Kenya HIV Estimates Report, 2014



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.

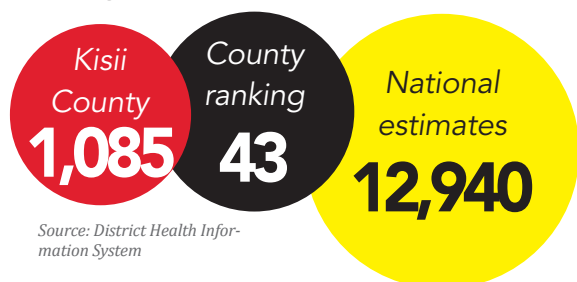
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kisii County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

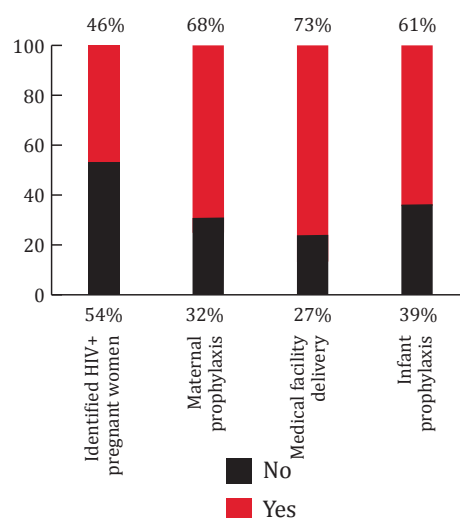
### Section 3: Elimination of Mother-to-Child Transmission

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	
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	
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# KISUMU COUNTY

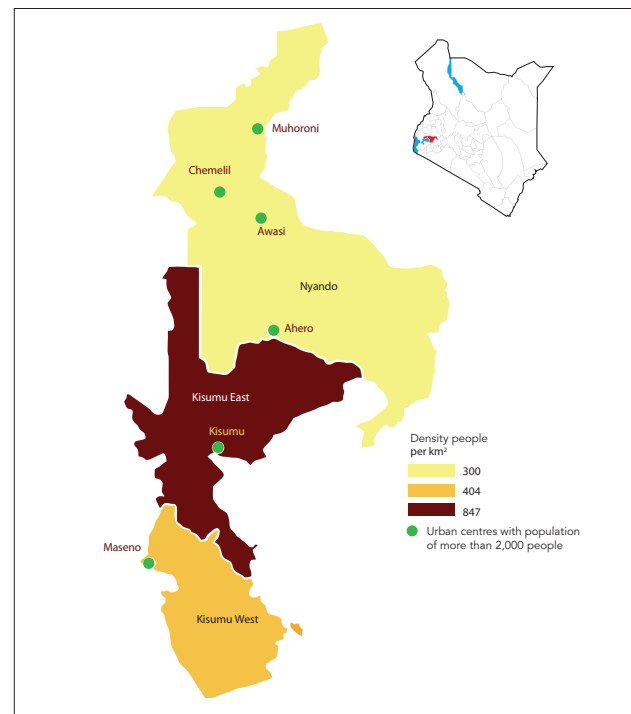
## Section 1: HIV Burden in Kisumu County

**Table 1: HIV burden in Kisumu**

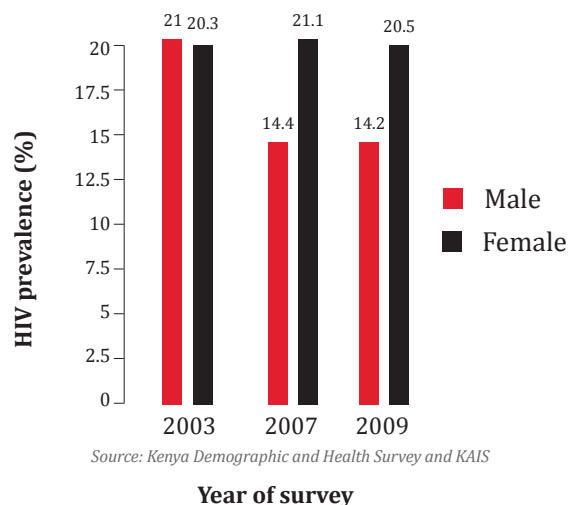
		Rank*
Total population (2013)	1059053	36
HIV adult prevalence (overall)	19.3%	45
Number of adults living with HIV	118,500	45
Number of children living with HIV	16,326	46
Total number of people living with HIV	134,826	45

\*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**

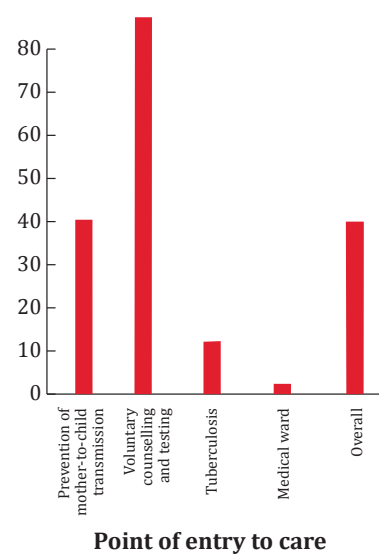


Source: Kenya Demographic and Health Survey and KAIS

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.

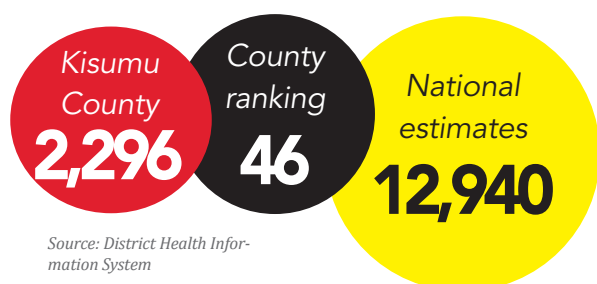
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kisumu County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

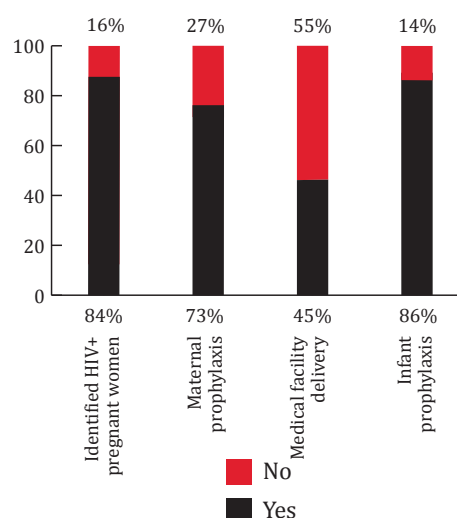
### Section 3: Elimination of Mother-to-Child Transmission

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 (absolute 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)



# KITUI COUNTY

## Section 1: HIV Burden in Kitui County

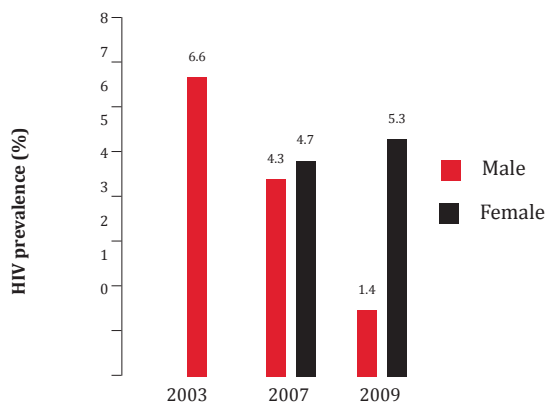
**Table 1: HIV burden in Kitui**

		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 KAIS

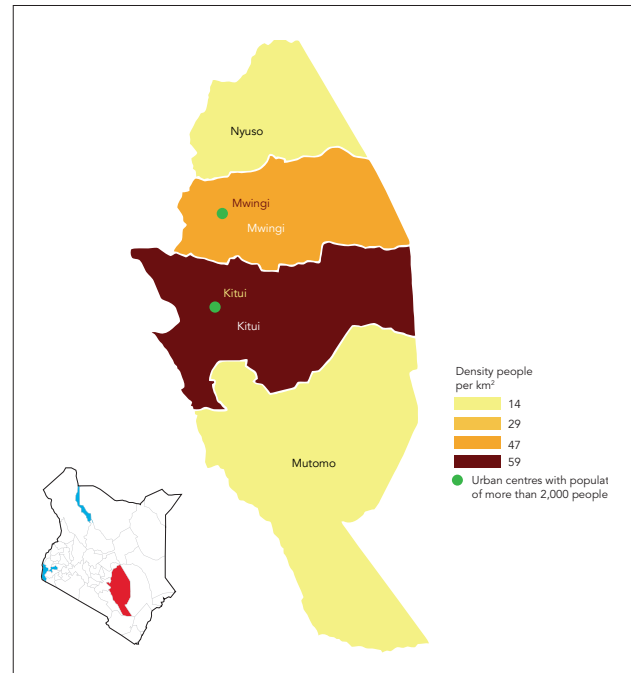
Year of survey

## 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

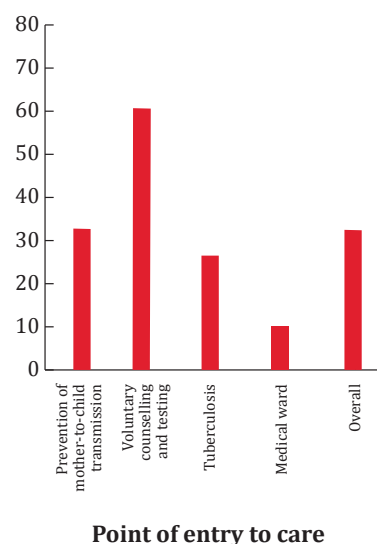
Source: Kenya HIV Estimates Report, 2014



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**



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.

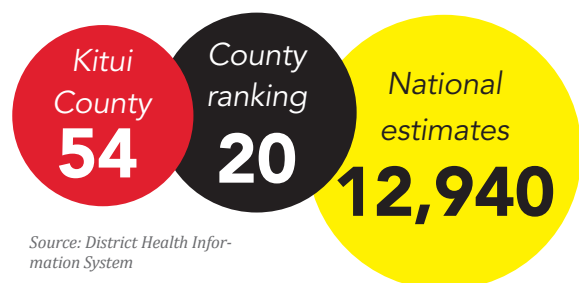
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kitui County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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

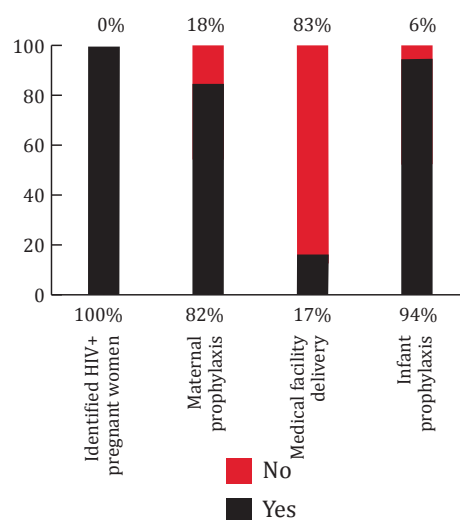
There were about 1,603 pregnant women living with HIV in Kitui County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# KWALE COUNTY

## Section 1: HIV Burden in Kwale County

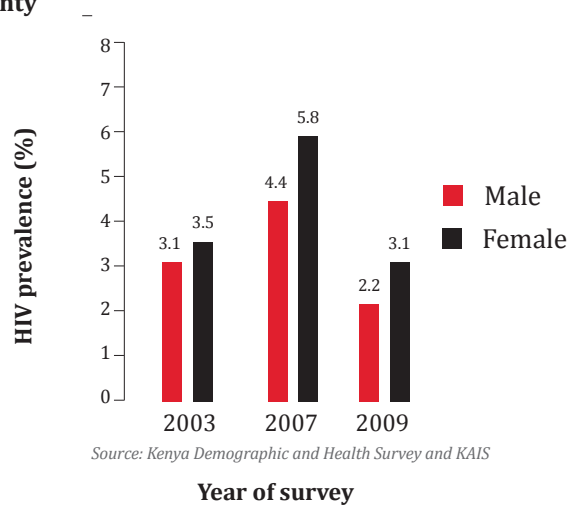
**Table 1: HIV burden in Kwale**

		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**



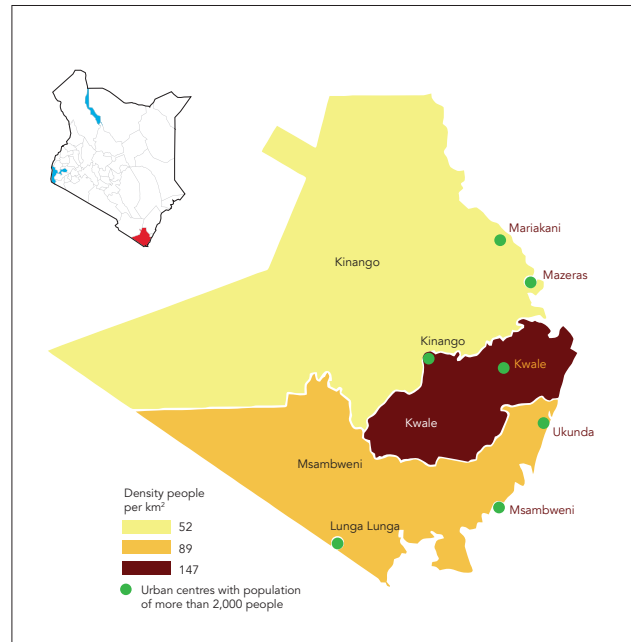
Source: Kenya Demographic and Health Survey and KAIS

## 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

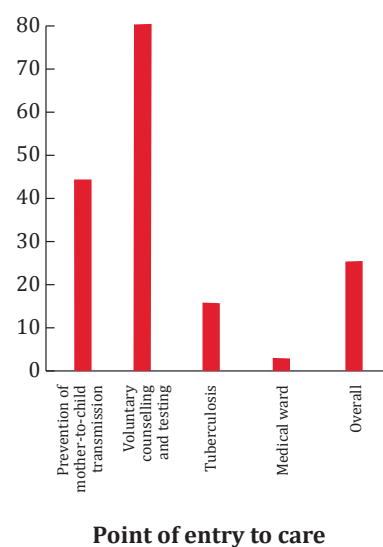
Source: Kenya HIV Estimates Report, 2014



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.

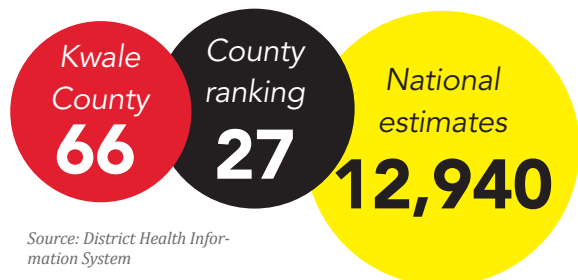
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Kwale County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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

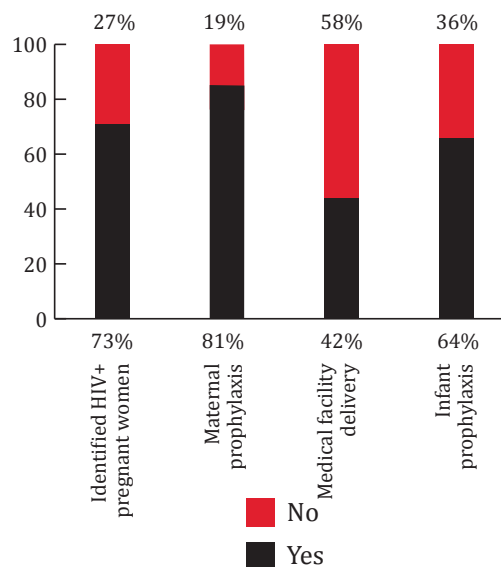
There were about 1,300 HIV-positive pregnant women in Kwale County in 2011. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# LAIKIPIA COUNTY

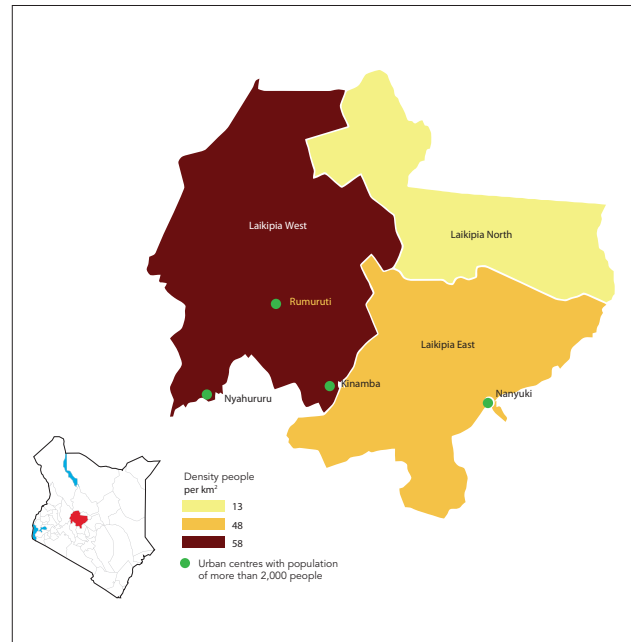
## Section 1: HIV Burden in Laikipia County

**Table 1: HIV burden in Laikipia**

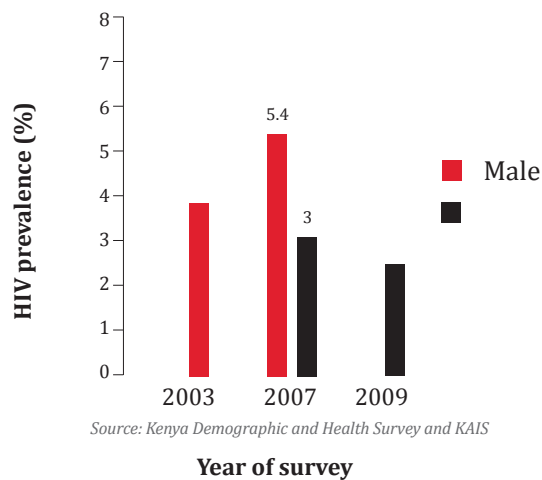
		Rank*
Total population (2013)	454,412	11
HIV adult prevalence (overall)	3.7%	15
Number of adults living with HIV	9,000	12
Number of children living with HIV	1,324	14
Total number of people living with HIV	10,324	12

\*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**



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 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.

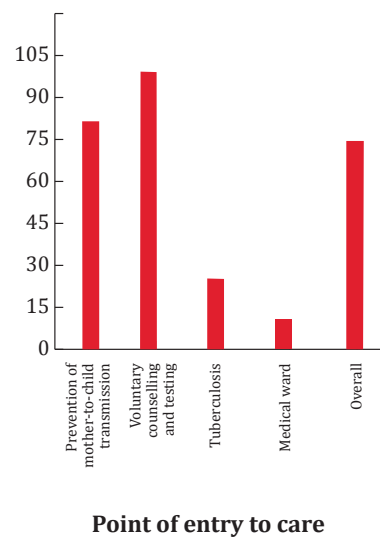
## Section 2: Reducing Sexual Transmission of HIV

**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

**Figure 3: Percentage of adults enrolling for HIV care by entry point in Laikipia 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 Laikipia County, low condom use may pose a significant risk of HIV infection to the population.

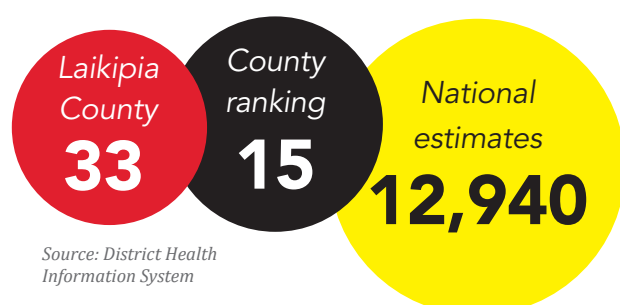
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Laikipia County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even 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.

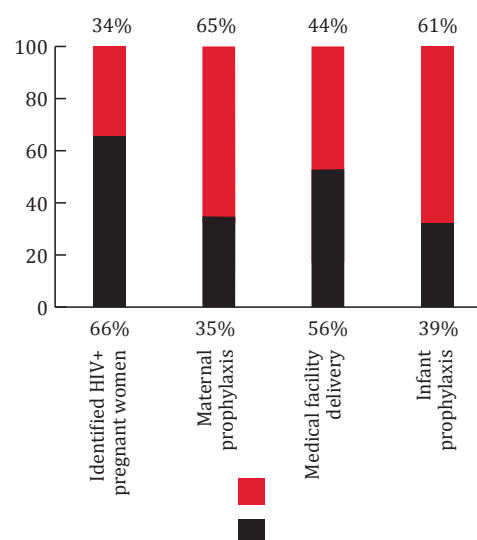
### Section 3: Elimination of Mother-to-Child Transmission

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	Value
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	Value
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# LAMU COUNTY

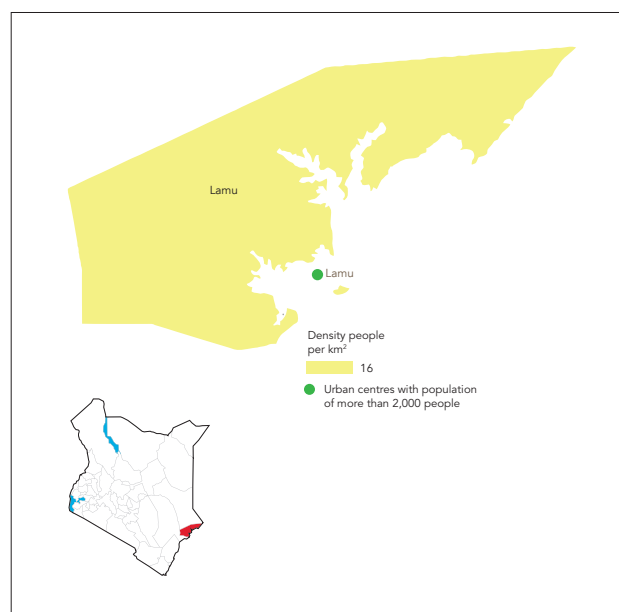
## Section 1: HIV Burden in Lamu County

**Table 1: HIV burden in Lamu**

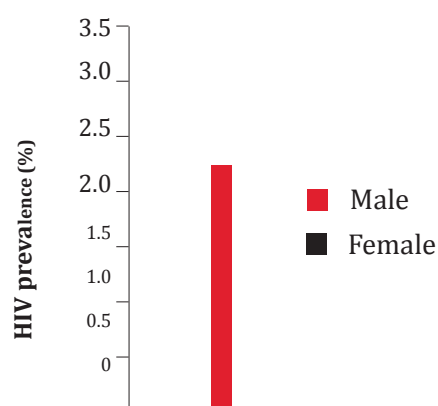
		Rank*
Total population (2013)	115,520	1
HIV adult prevalence (overall)	2.3%	6
Number of adults living with HIV	1,300	3
Number of children living with HIV	187	3
Total number of people living with HIV	1,487	3

\*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

## Section 2: Reducing Sexual Transmission of HIV

**Table 2: Lamu County HIV indicators**

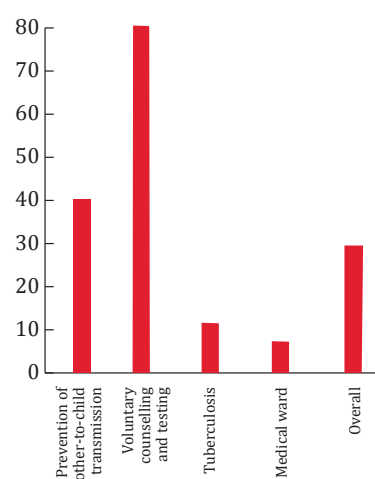
	Annual	County ranking	National estimates
New adult HIV infections annually	44	4	88,620

Source: Kenya HIV Estimates Report, 2014

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.

**Figure 3: Percentage of adults enrolling for HIV care by entry point in Lamu 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 Lamu County, low condom use may pose a significant risk of HIV infection to the population.

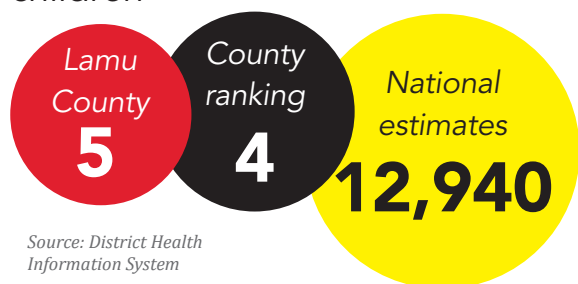
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Lamu County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally 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.

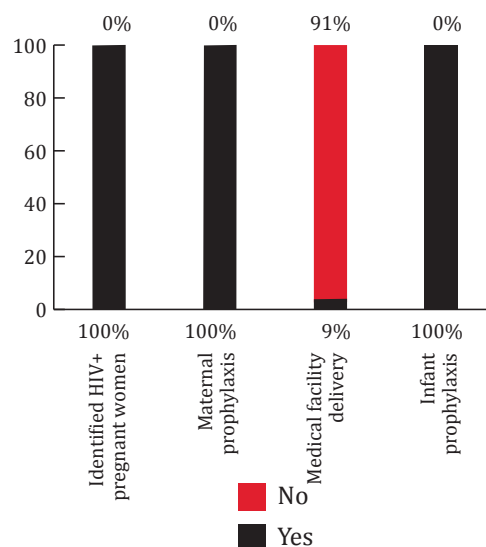
### Section 3: Elimination of Mother-to-Child Transmission

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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# MACHAKOS COUNTY

## Section 1: HIV Burden in Machakos County

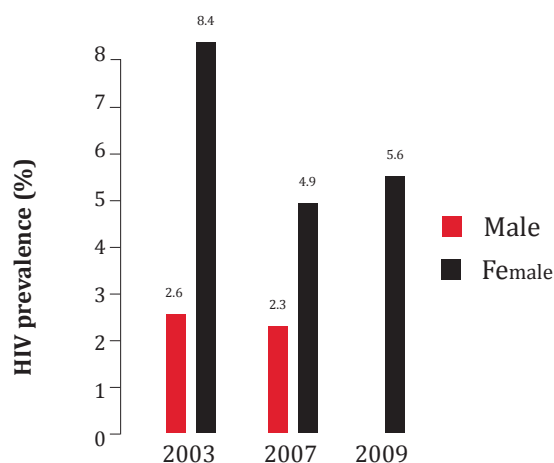
**Table 1: HIV burden in Machakos**

		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

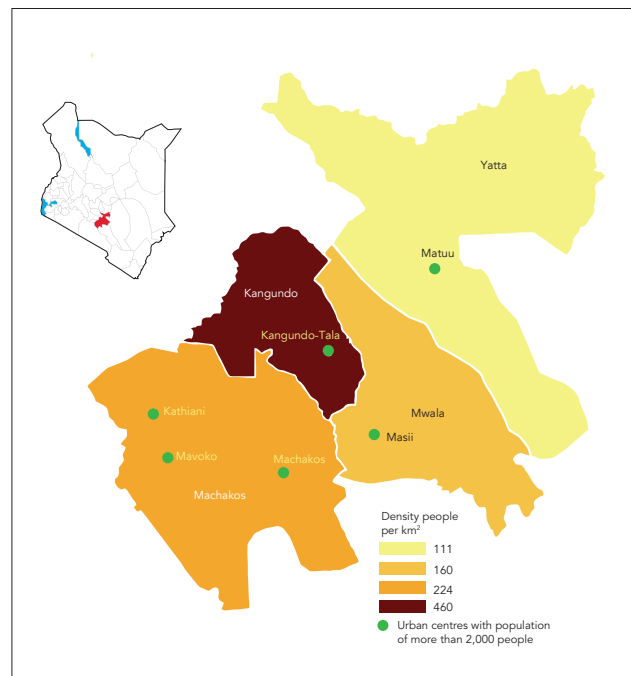
Year of survey

## 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

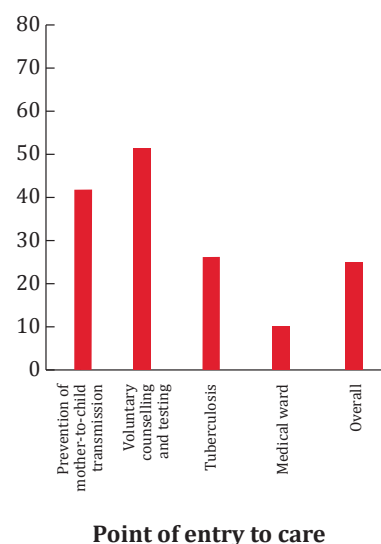
Source: Kenya HIV Estimates Report, 2014



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.

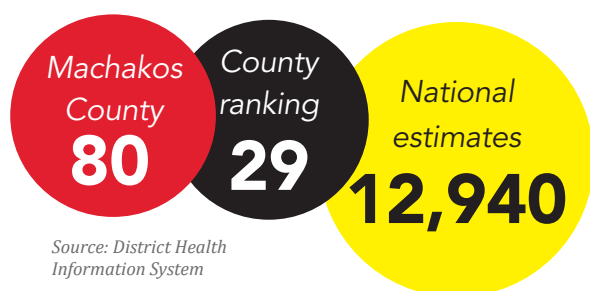
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Machakos County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even 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

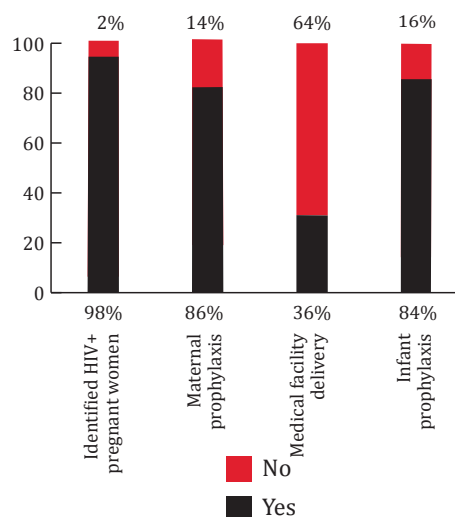
There were about 1,757 HIV-positive pregnant women in Machakos County in 2011. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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.

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.

### 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# MAKUENI COUNTY

## Section 1: HIV Burden in Makueni County

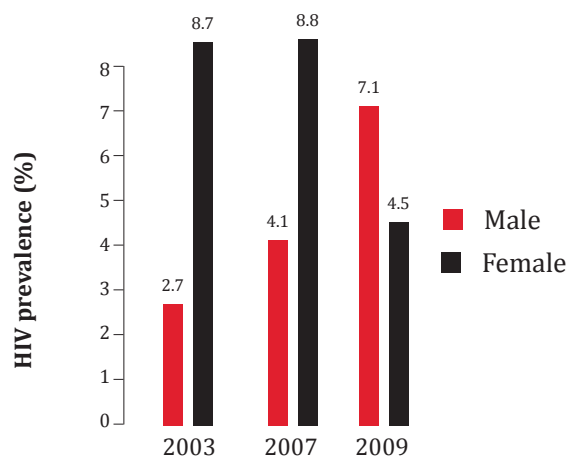
**Table 1: HIV burden in Makueni**

		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**



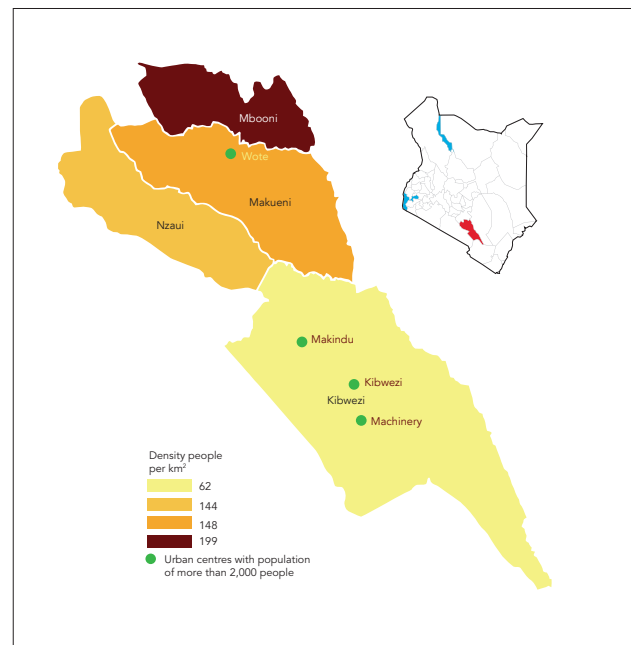
Source: Kenya Demographic and Health Survey and KAIS

## 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

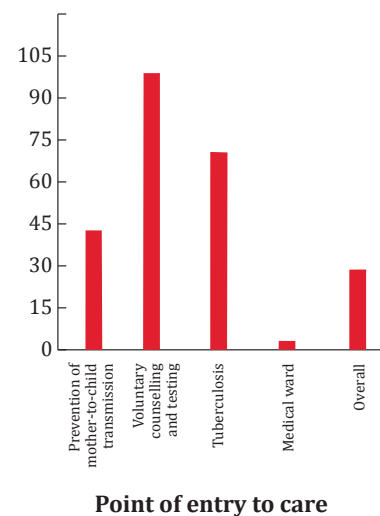
Source: Kenya HIV Estimates Report, 2014



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**



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 Makueni County, low condom use may pose a significant risk of HIV infection to the population.

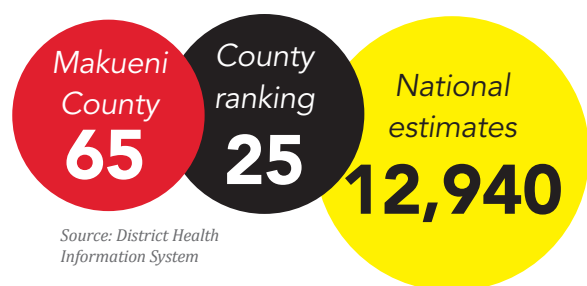
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Makueni County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

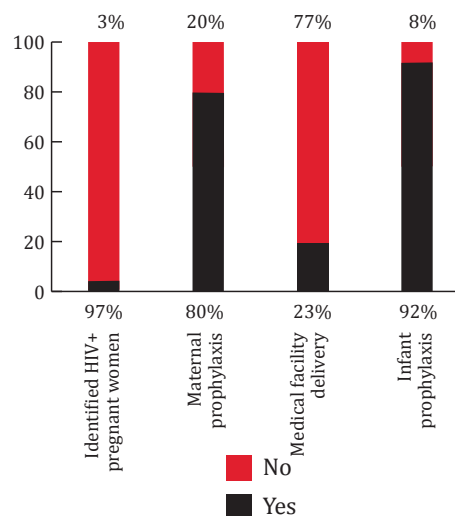
### Section 3: Elimination of Mother-to-Child Transmission

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	
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	
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 safe, hygienic 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

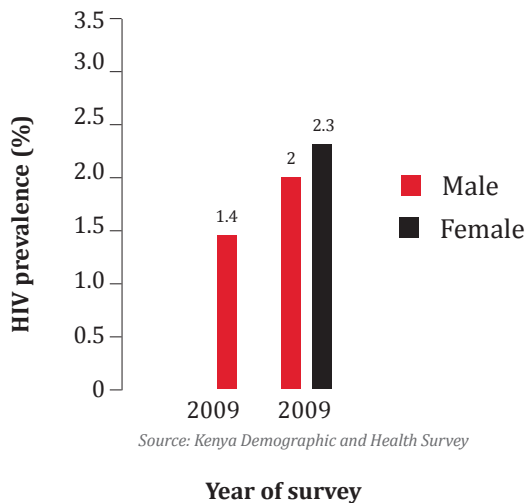
**Table 1: HIV burden in Mandera**

		Rank*
Total population (2009)	1,025,756	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**

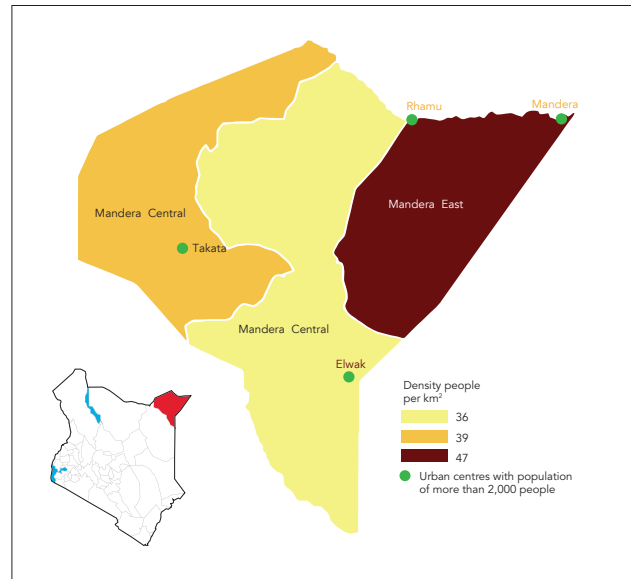


## Section 2: Reducing Sexual Transmission of HIV

**Table 2: Mandera County HIV indicators**

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

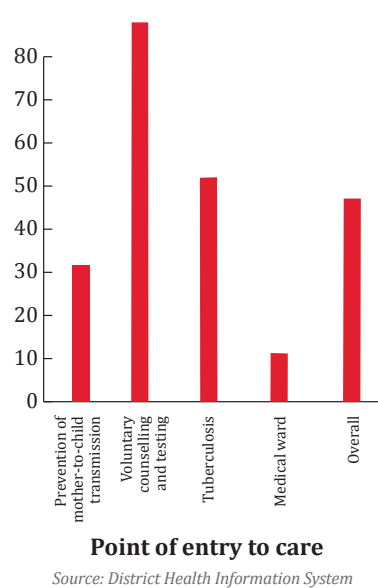
Source: Kenya HIV Estimates Report, 2014



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**



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.

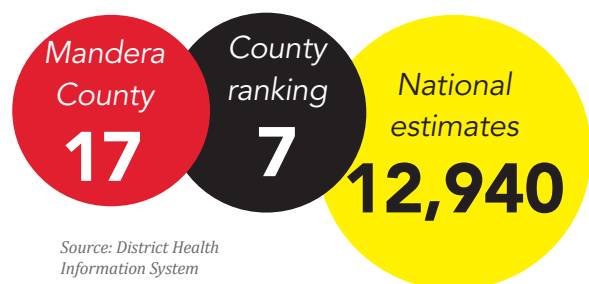
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Mandera County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

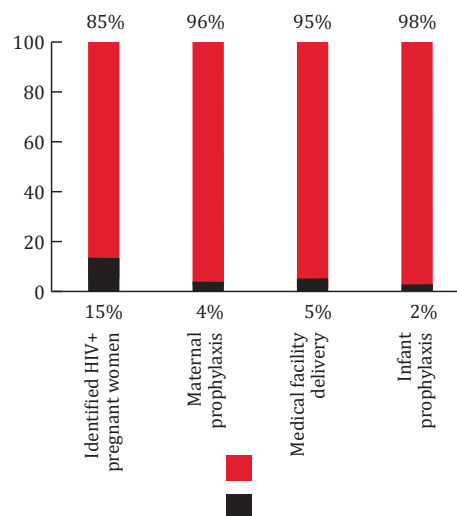
### Section 3: Elimination of Mother-to-Child Transmission

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	
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	
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.
- 

### 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 **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.

### 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# MARSABIT COUNTY

## Section 1: HIV Burden in Marsabit County

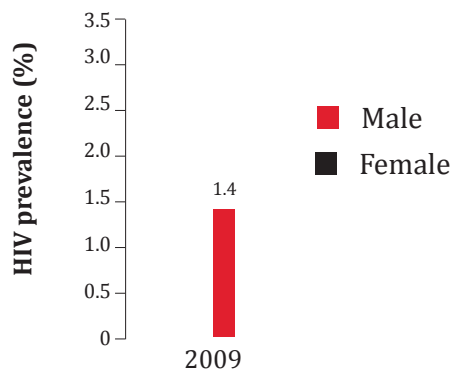
**Table 1: HIV burden in Marsabit**

		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

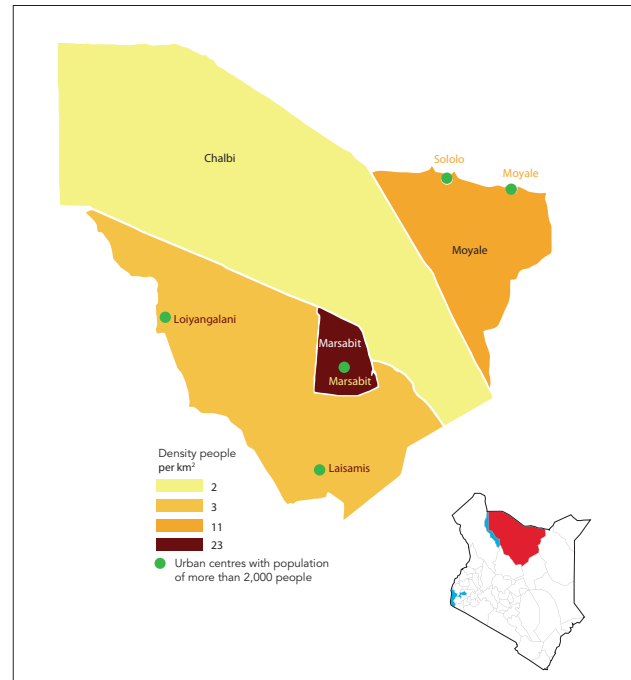
Year of survey

## 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

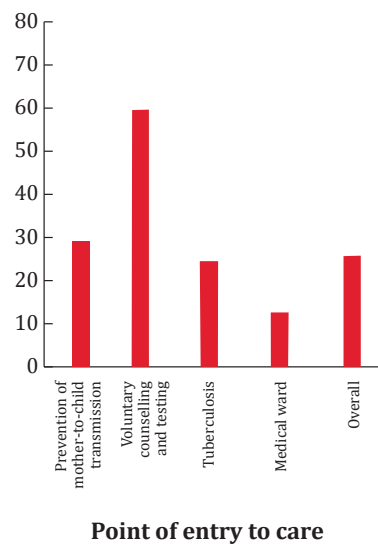
Source: Kenya HIV Estimates Report, 2014



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.

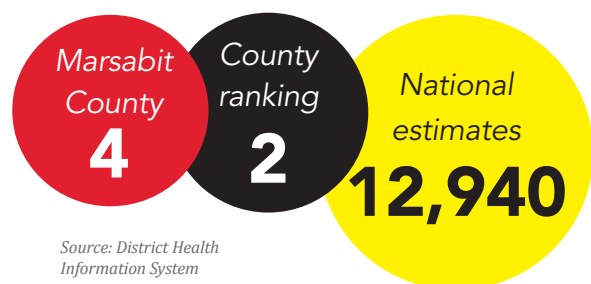
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Marsabit County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even 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.

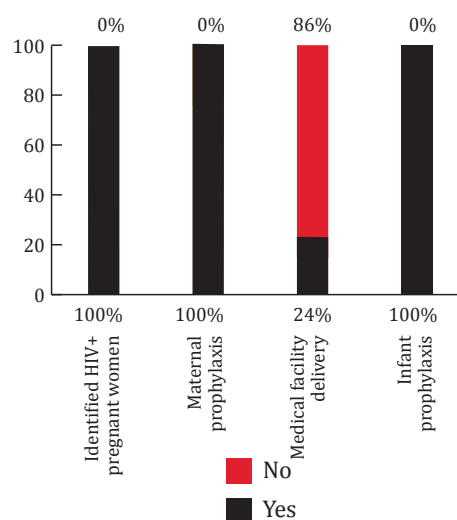
### Section 3: Elimination of Mother-to-Child Transmission

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



**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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)



# MERU COUNTY

## Section 1: HIV Burden in Meru County

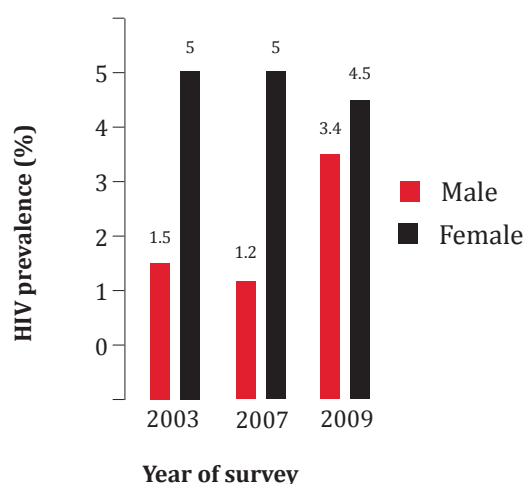
**Table 1: HIV burden in Meru**

		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**



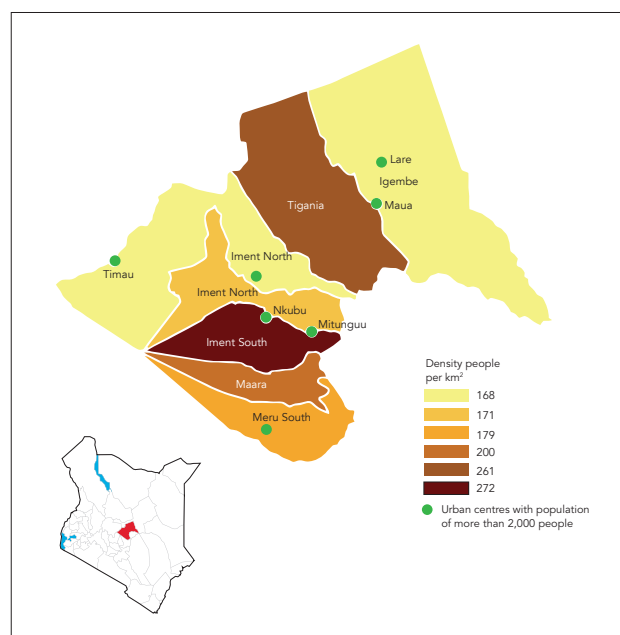
Source: Kenya Demographic and Health Survey and KAIS

## 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

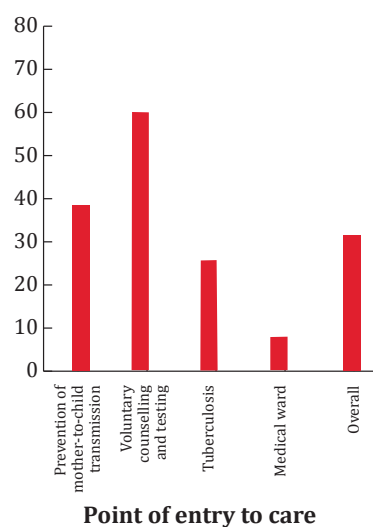
Source: Kenya HIV Estimates Report, 2014



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**



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.

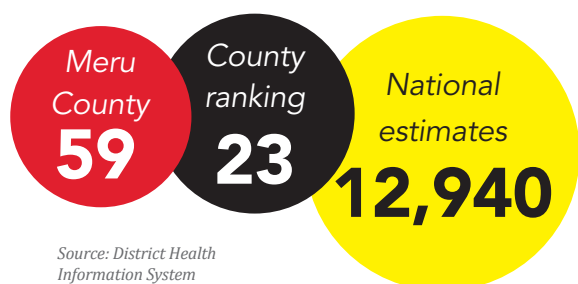
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Meru County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in traditionally 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.

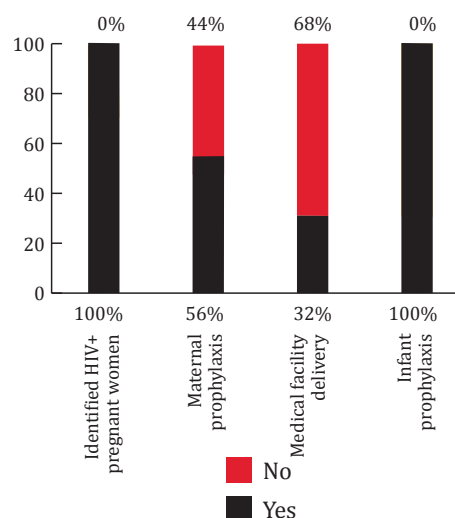
### Section 3: Elimination of Mother-to-Child Transmission

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



**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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# MIGORI COUNTY

## Section 1: HIV Burden in Migori County

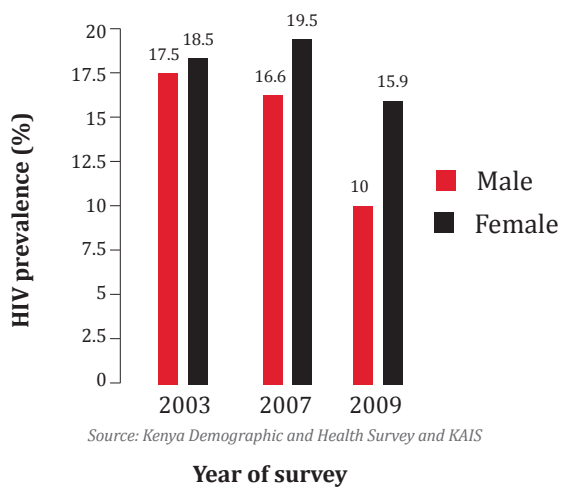
**Table 1: HIV burden in Migori**

		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**

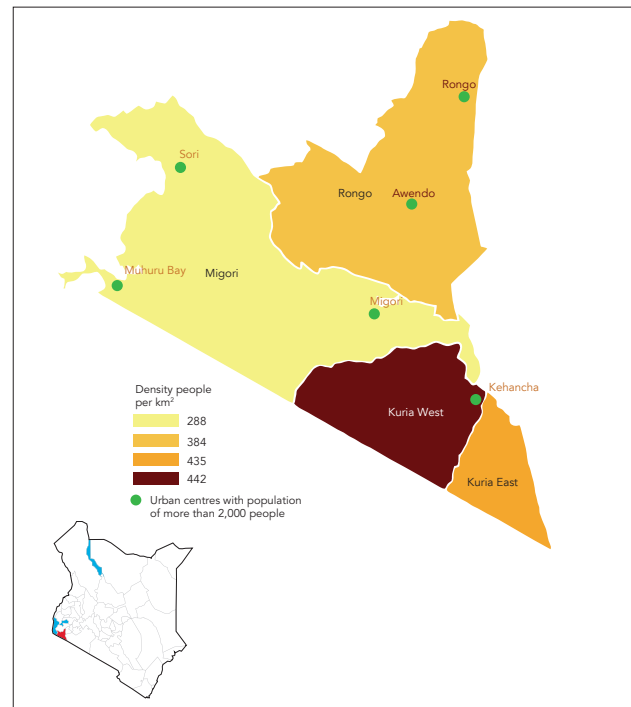


## Section 2: Reducing Sexual Transmission of HIV

**Table 2: Migori County HIV indicators**

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

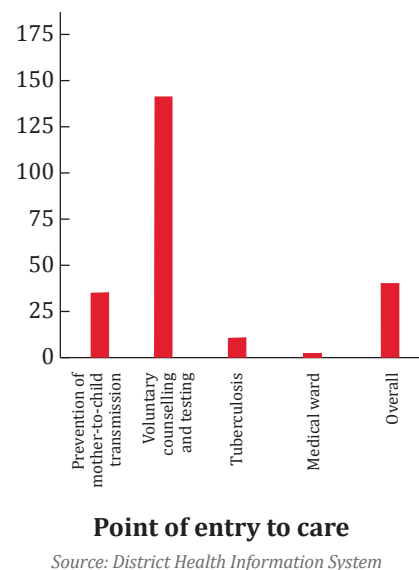
Source: Kenya HIV Estimates Report, 2014



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**



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.

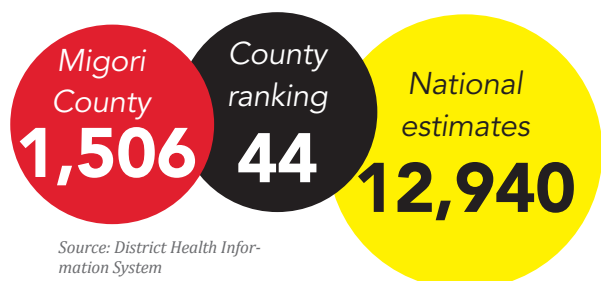
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Migori County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

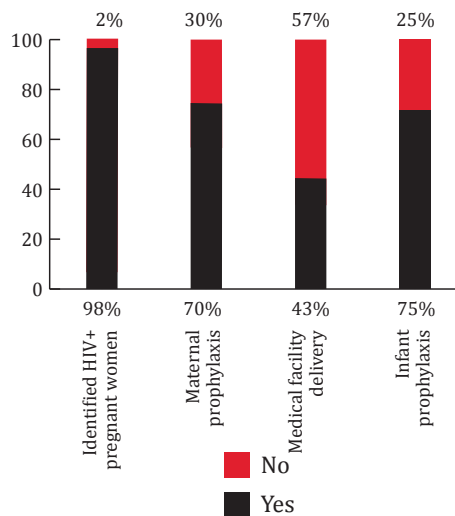
### Section 3: Elimination of Mother-to-Child Transmission

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	
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	
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# MOMBASA COUNTY

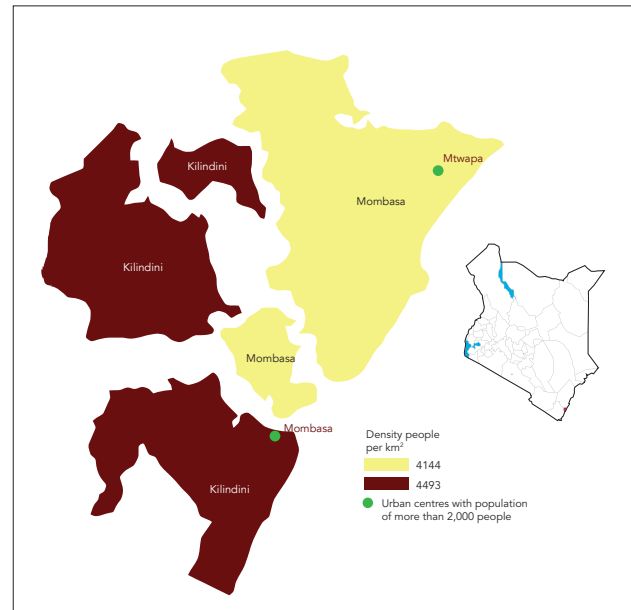
## Section 1: HIV Burden in Mombasa County

**Table 1: HIV burden in Mombasa**

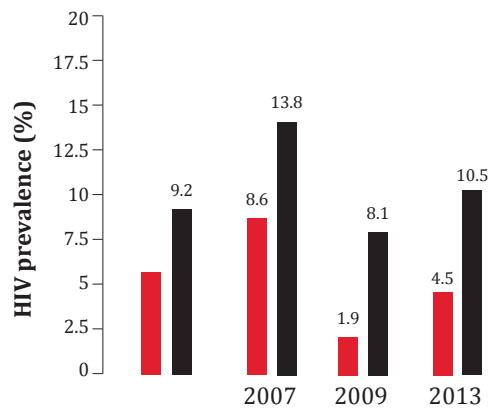
		Rank*
Total population (2013)	1,068,307	38
HIV adult prevalence (overall)	7.4%	40
Number of adults living with HIV	47,800	39
Number of children living with HIV	6,870	39
Total number of people living with HIV	54,670	39

\*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**

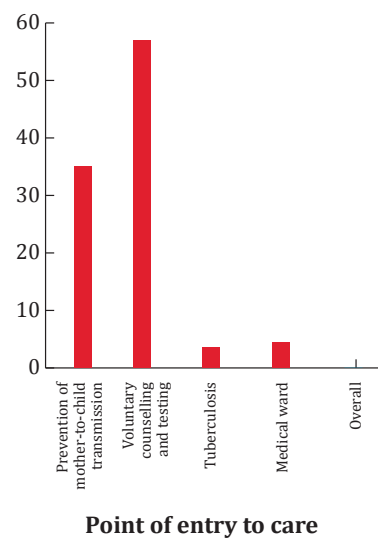
	Annual	County ranking	National estimates
New adult HIV infections annually	1,609	32	88,620

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.

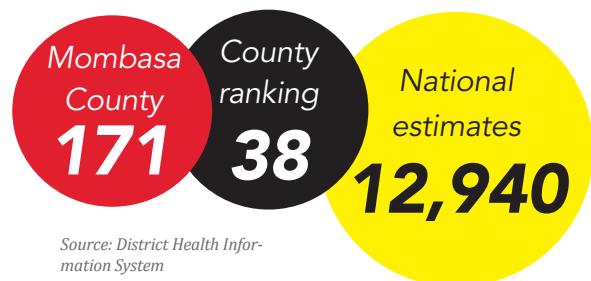
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Mombasa County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

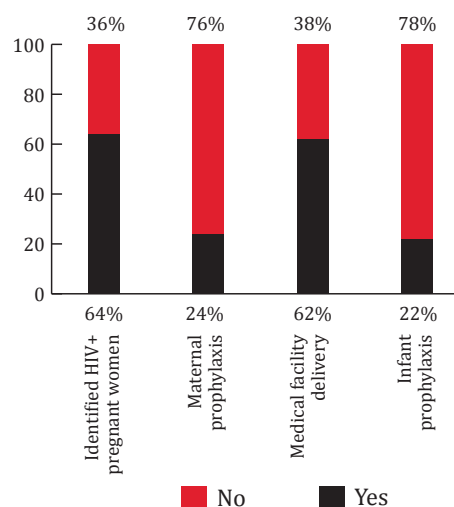
### Section 3: Elimination of Mother-to-Child Transmission

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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# MURANG'A COUNTY

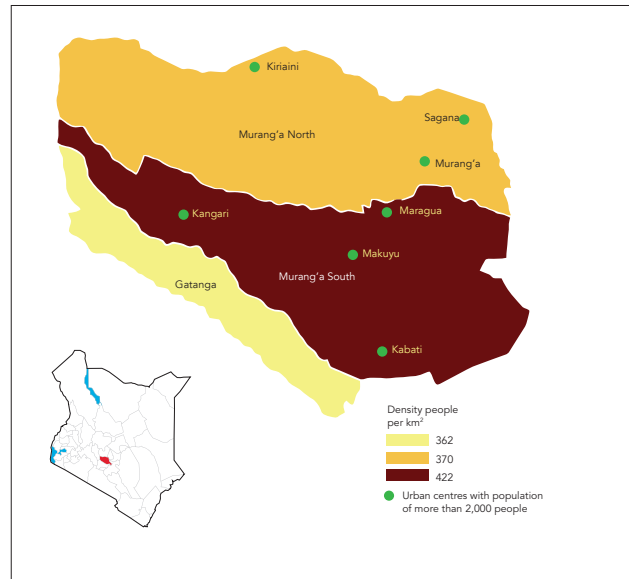
## Section 1: HIV Burden in Murang'a County

**Table 1: HIV burden in Murang'a**

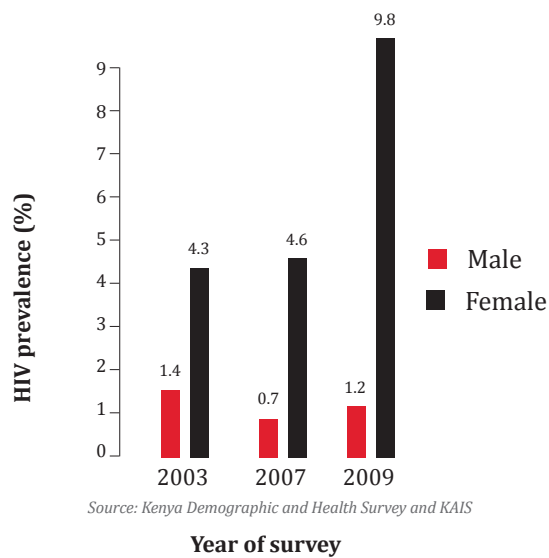
		Rank*
Total population (2013)	1022427	34
HIV adult prevalence (overall)	5.2%	31
Number of adults living with HIV	28,700	36
Number of children living with HIV	2,881	24
Total number of people living with HIV	31,581	36

\*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.



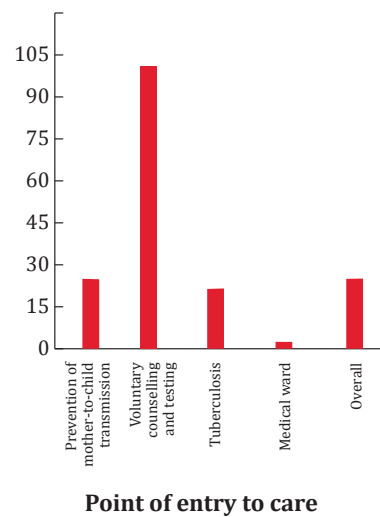
**Figure 1: Prevalence of HIV by gender in Murang'a County**



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.

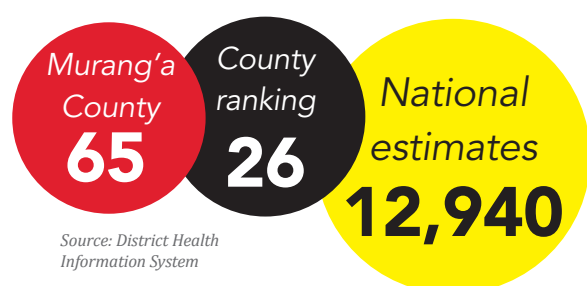
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Murang'a County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even 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.

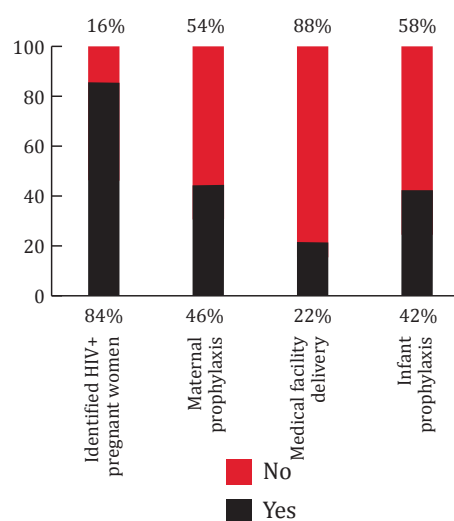
### Section 3: Elimination of Mother-to-Child Transmission

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.

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.

### 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# NAIROBI COUNTY

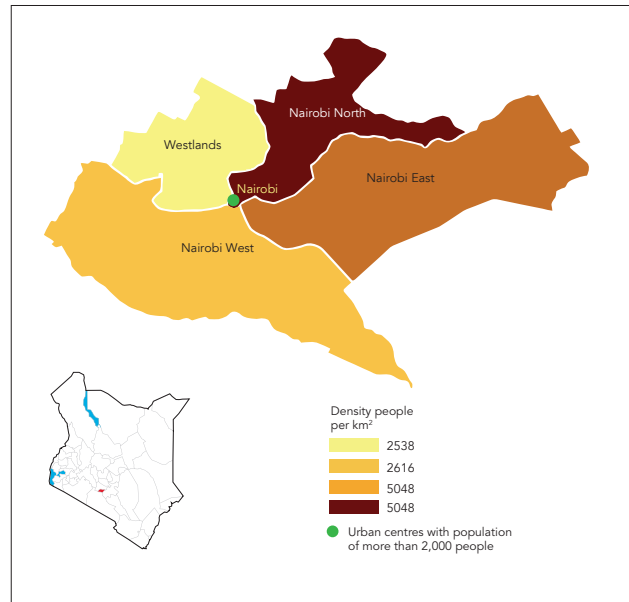
## Section 1: HIV Burden in Nairobi County

**Table 1: HIV burden in Nairobi**

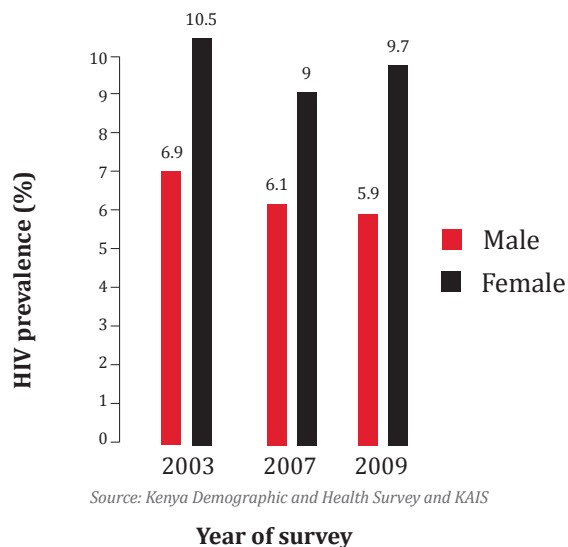
		Rank*
Total population (2013)	3781394	47
HIV adult prevalence (overall)	8%	43
Number of adults living with HIV	164,658	47
Number of children living with HIV	12,894	44
Total number of people living with HIV	177,552	47

\*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.



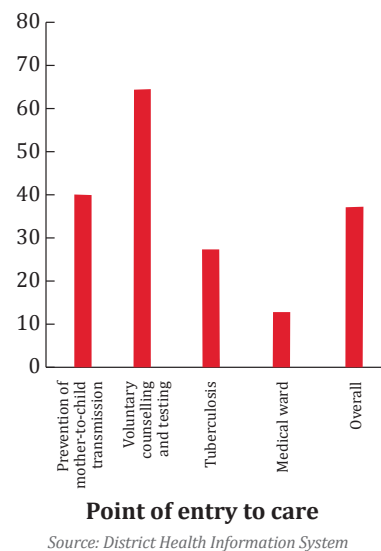
**Figure 1: Prevalence of HIV by gender in Nairobi County**



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**



## 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

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.

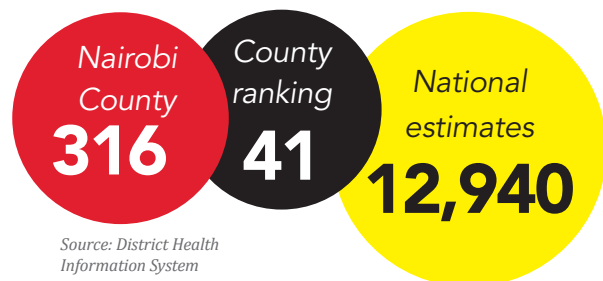
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Nairobi County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

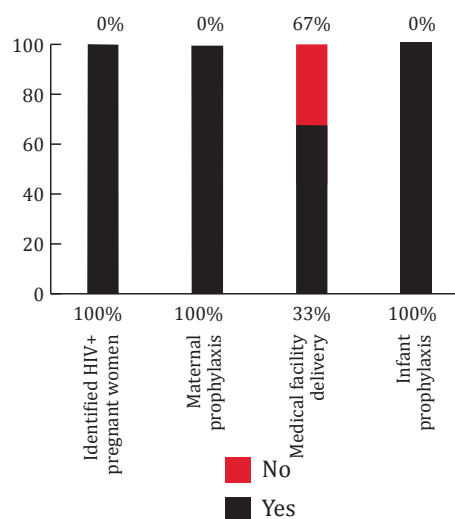
### Section 3: Elimination of Mother-to-Child Transmission

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	Value
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	Value
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# NAKURU COUNTY

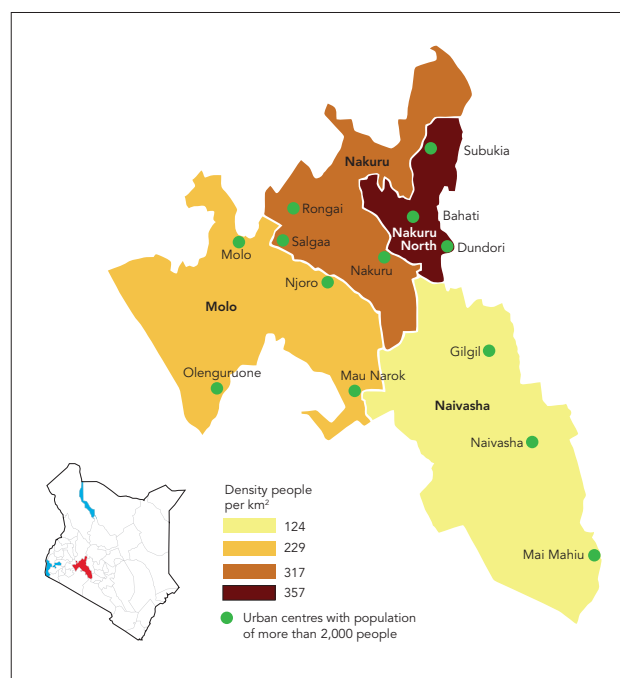
## Section 1: HIV Burden in Nakuru County

**Table 1: HIV burden in Nakuru**

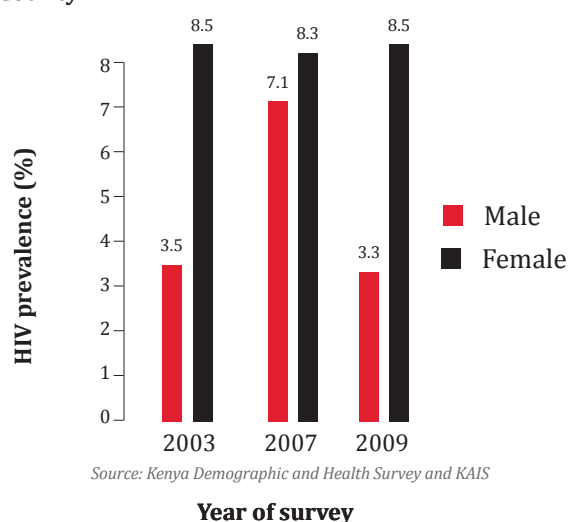
		Rank*
Total population (2013)	1825229	46
HIV adult prevalence (overall)	5.3%	32
Number of adults living with HIV	53,700	41
Number of children living with HIV	7,898	41
Total number of people living with HIV	61,598	41

\*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**

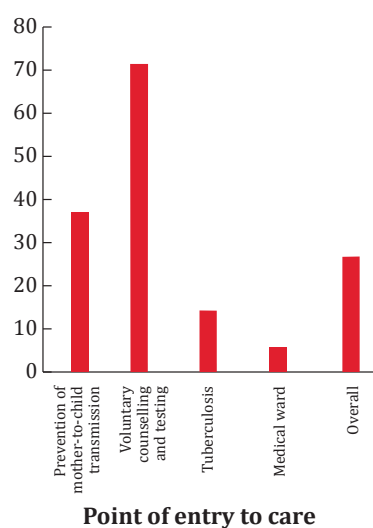
	Annual	County ranking	National estimates
New adult HIV infections annually	4,127	42	88,620

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.

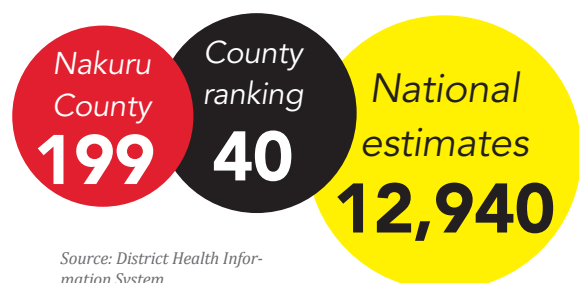
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Nakuru County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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

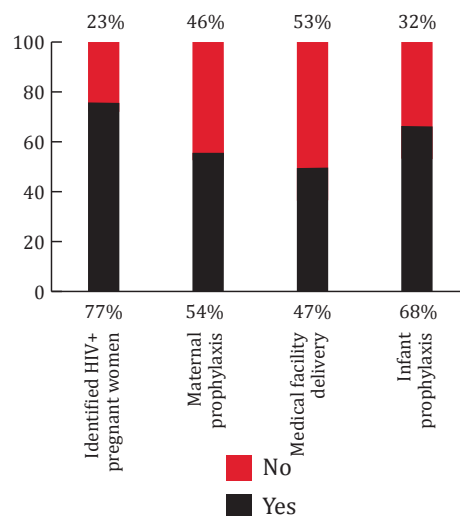
There were about 2,438 pregnant women living with HIV in Nakuru County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# NANDI COUNTY

## Section 1: HIV Burden in Nandi County

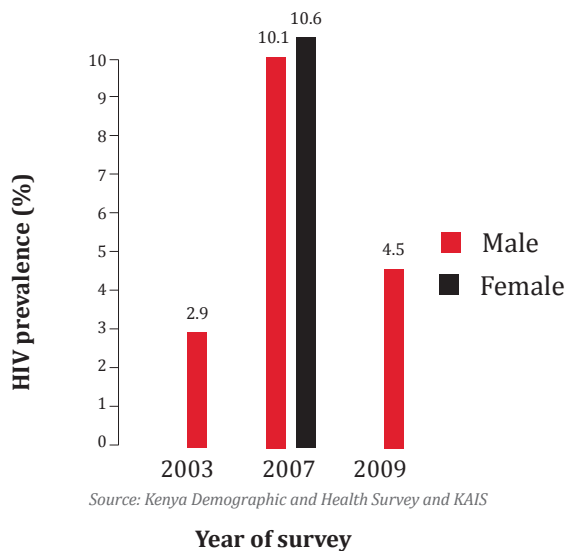
**Table 1: HIV burden in Nandi**

		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**



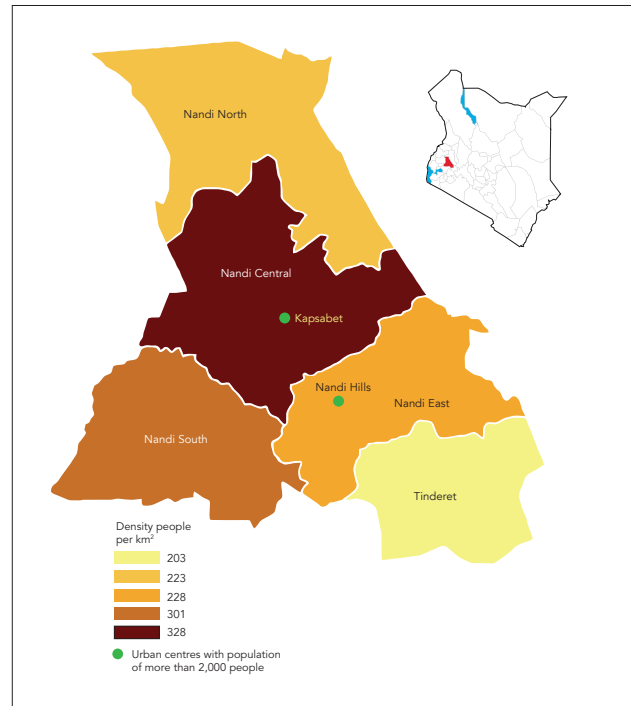
Source: Kenya Demographic and Health Survey and KAIS

## 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

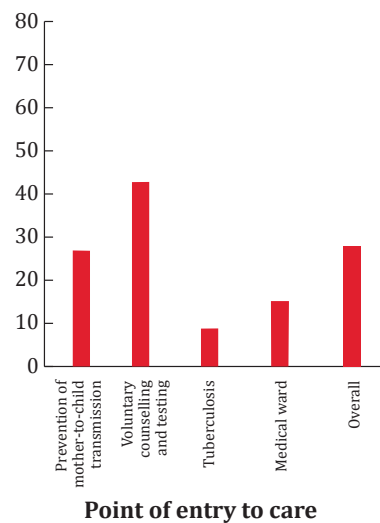
Source: Kenya HIV Estimates Report, 2014



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.

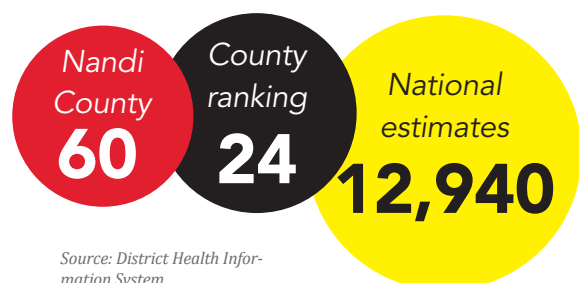
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Nandi County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

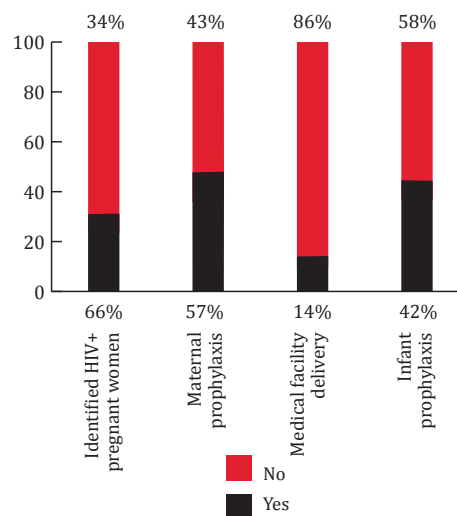
### Section 3: Elimination of Mother-to-Child Transmission

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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# NAROK COUNTY

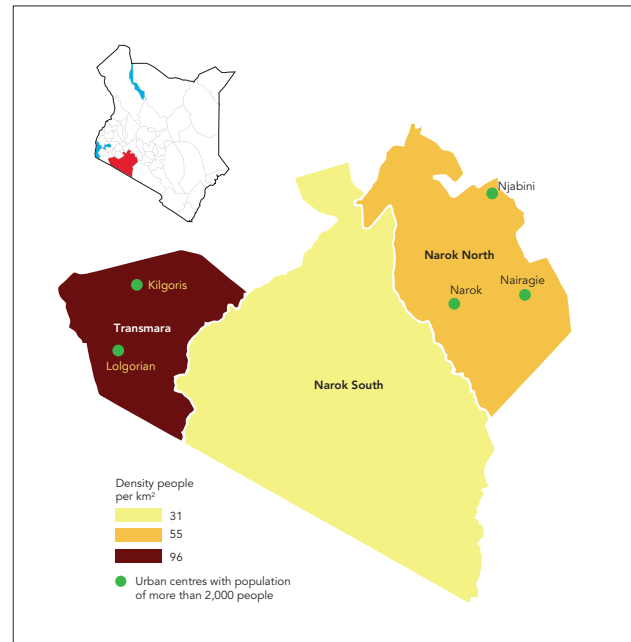
## Section 1: HIV Burden in Narok County

**Table 1: HIV burden in Narok**

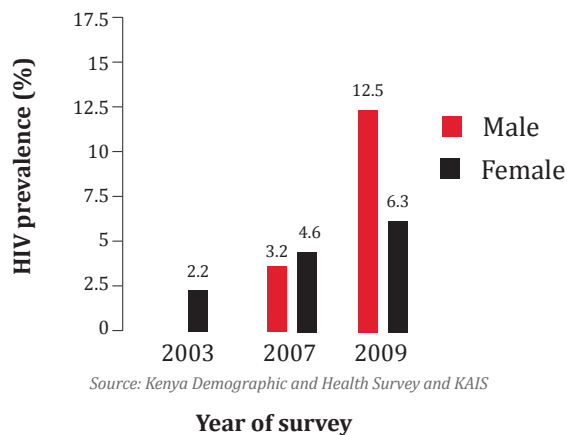
		Rank*
Total population (2013)	968,390	30
HIV adult prevalence (overall)	5%	28
Number of adults living with HIV	23,500	28
Number of children living with HIV	3,456	30
Total number of people living with HIV	26,956	29

\*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

## Section 2: Reducing Sexual Transmission of HIV

**Table 2: Narok County HIV indicators**

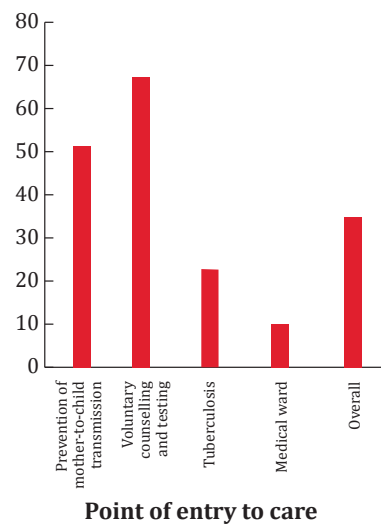
	Annual	County ranking	National estimates
New adult HIV infections annually	1,806	33	88,620

Source: Kenya HIV Estimates Report, 2014

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

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.

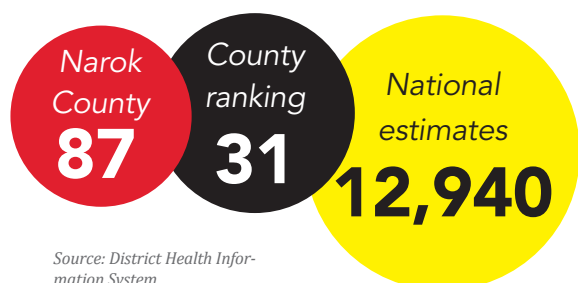
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Narok County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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

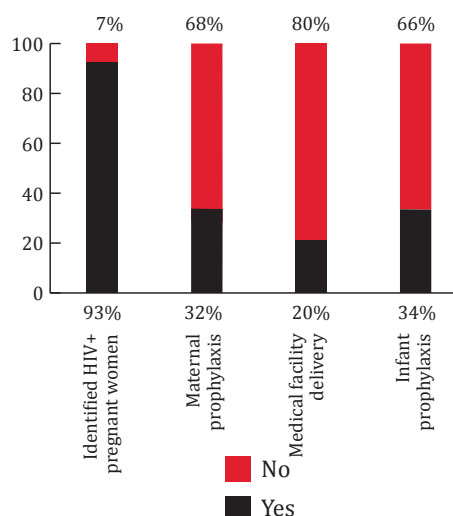
There were about 1279 pregnant women living with HIV in Narok County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)



# NYAMIRA COUNTY

## Section 1: HIV Burden in Nyamira County

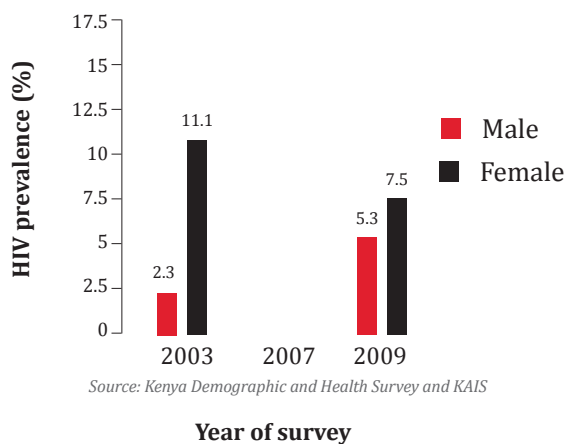
**Table 1: HIV burden in Nyamira**

		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**

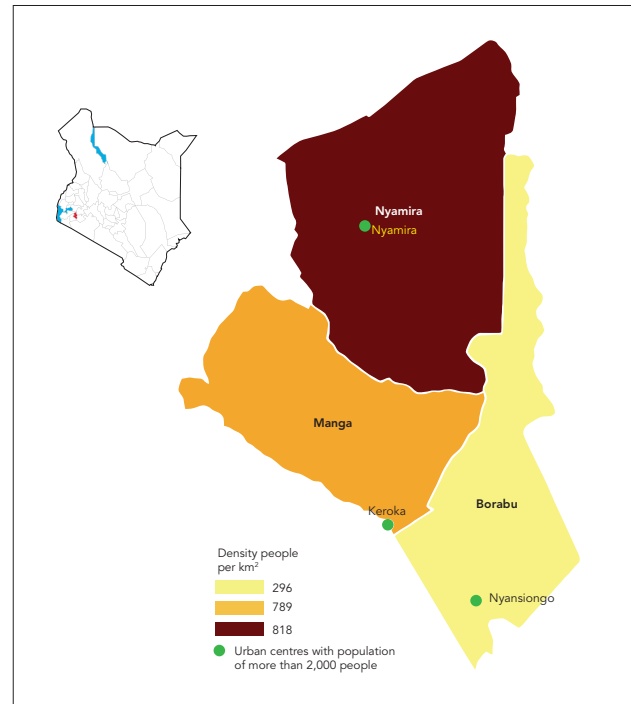


## Section 2: Reducing Sexual Transmission of HIV

**Table 2: Nyamira County HIV indicators**

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

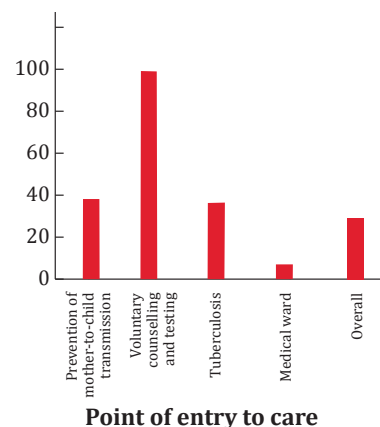
Source: Kenya HIV Estimates Report, 2014



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**



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.

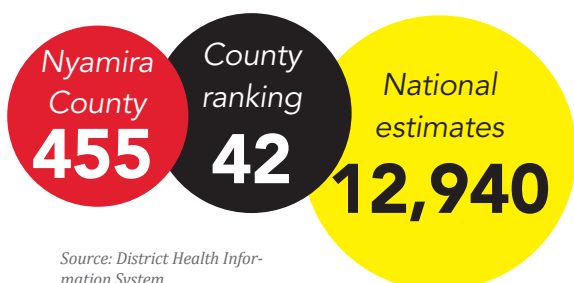
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Nyamira County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

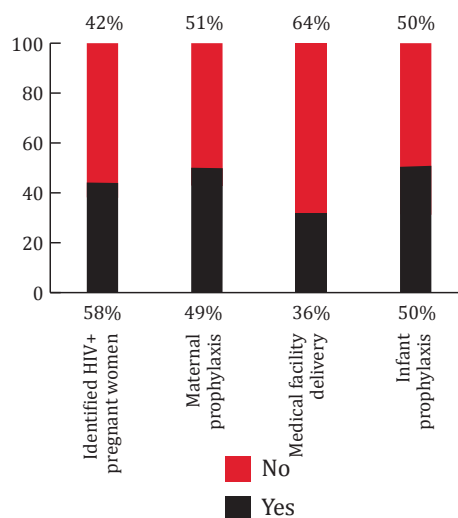
### Section 3: Elimination of Mother-to-Child Transmission

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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# NYANDARUA COUNTY

## Section 1: HIV Burden in Nyandarua County

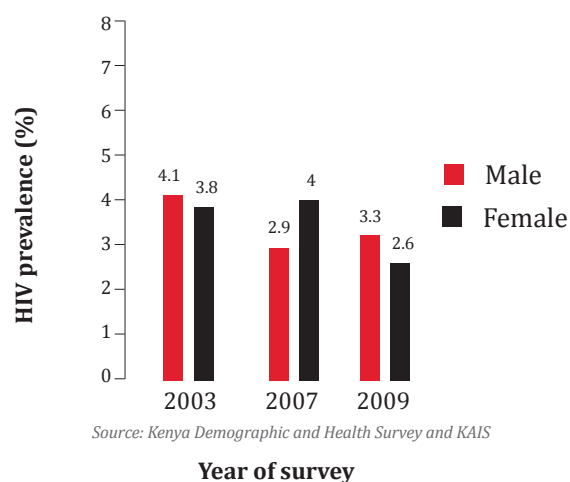
**Table 1: HIV burden in Nyandarua**

		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**



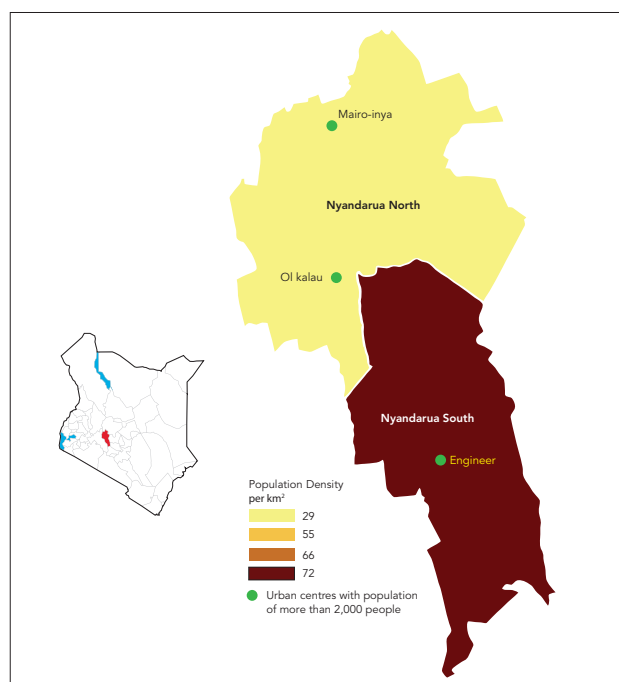
Source: Kenya Demographic and Health Survey and KAIS

## 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

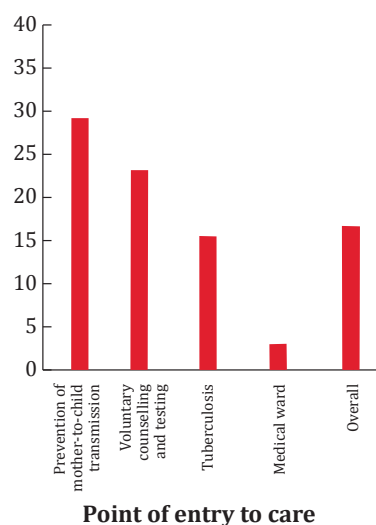
Source: Kenya HIV Estimates Report, 2014



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.

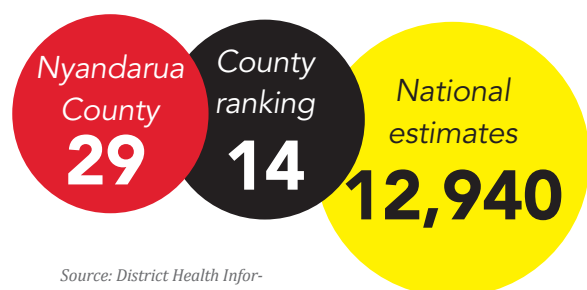
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Nyandarua County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even 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

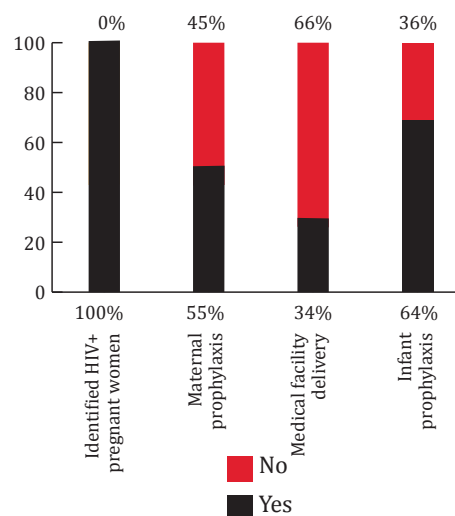
There were about 478 pregnant women living with HIV in Nyandarua County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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	Value
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	Value
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# NYERI COUNTY

## Section 1: HIV Burden in Nyeri County

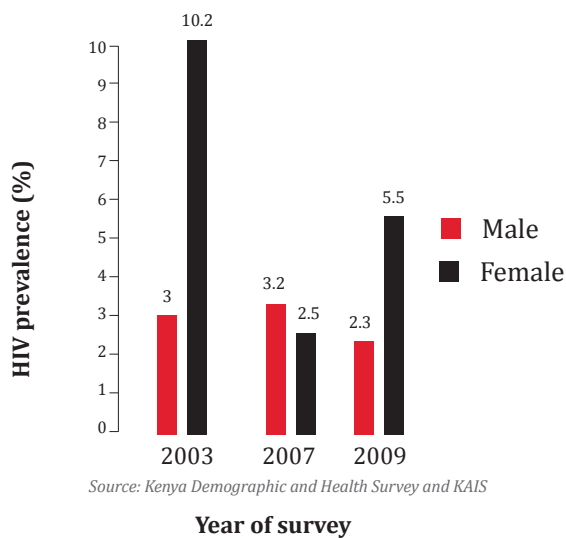
**Table 1: HIV burden in Nyeri**

		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**



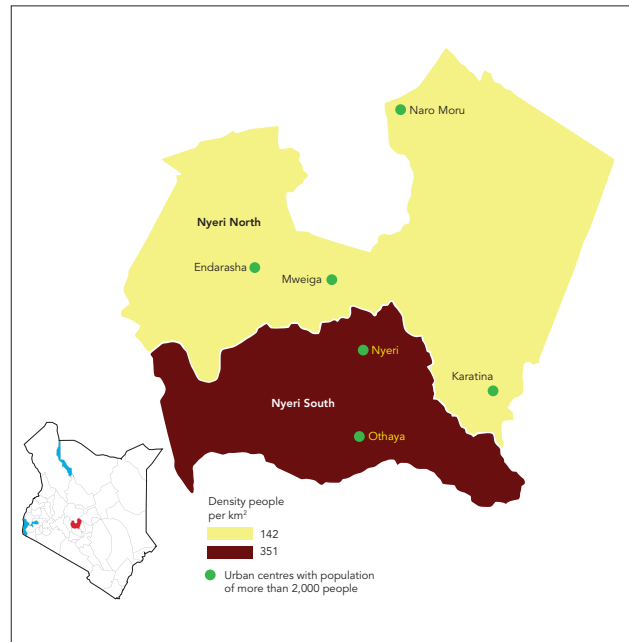
Source: Kenya Demographic and Health Survey and KAIS

## 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

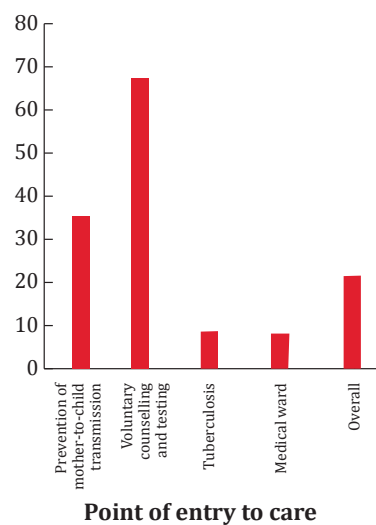
Source: Kenya HIV Estimates Report, 2014



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.

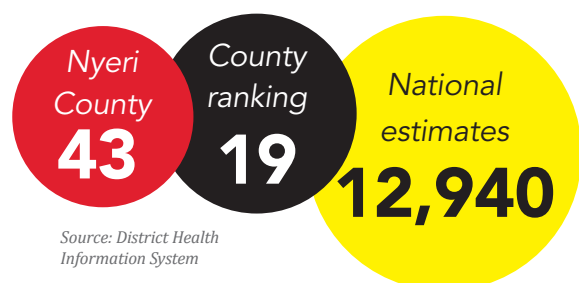
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Nyeri County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

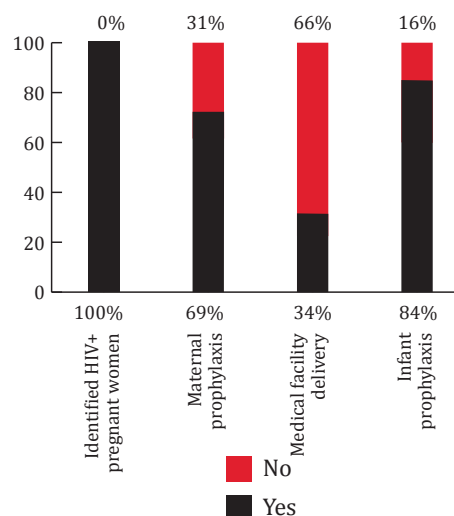
### Section 3: Elimination of Mother-to-Child Transmission

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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# SAMBURU COUNTY

## Section 1: HIV Burden in Samburu County

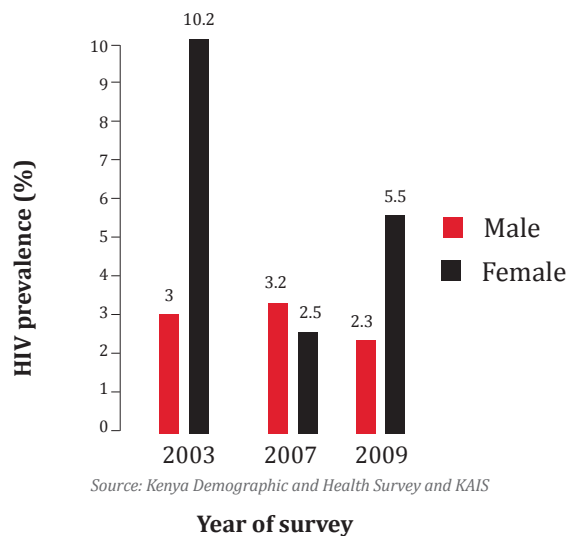
**Table 1: HIV burden in Samburu**

		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**



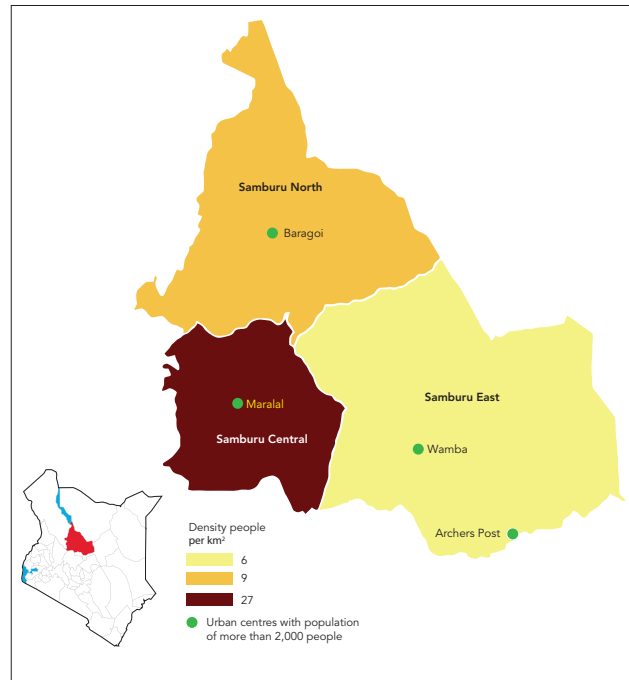
Source: Kenya Demographic and Health Survey and KAIS

## 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

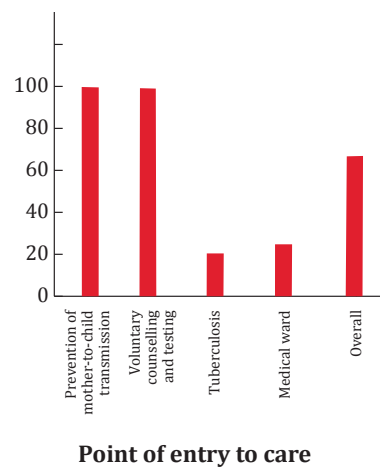
Source: Kenya HIV Estimates Report, 2014



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

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.

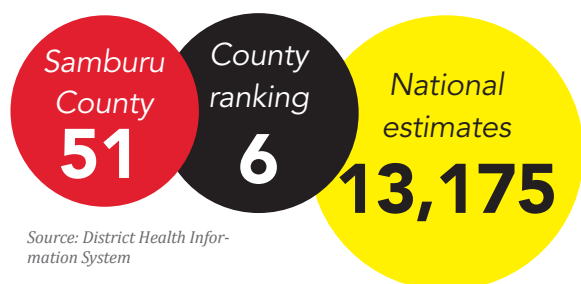
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Samburu County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

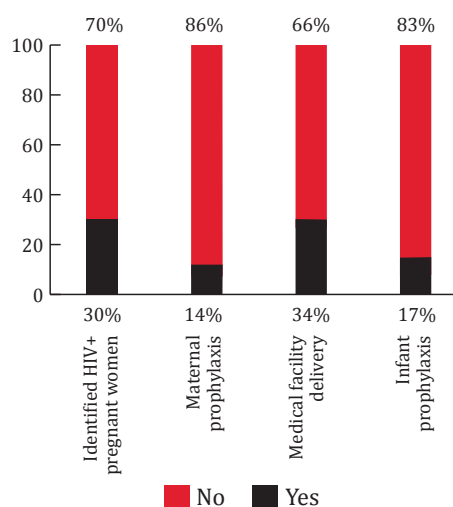
### Section 3: Elimination of Mother-to-Child Transmission

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	Value
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	Value
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# SIAYA COUNTY

## Section 1: HIV Burden in Siaya County

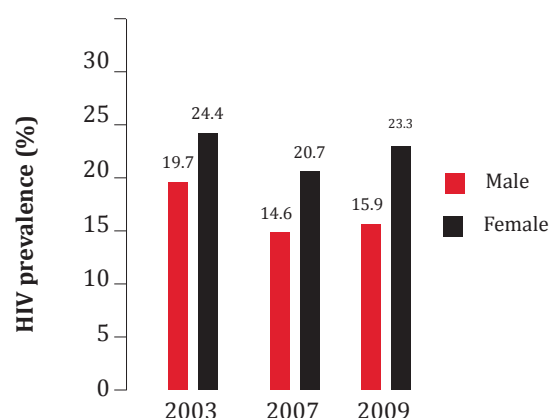
**Table 1: HIV burden in Siaya**

		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

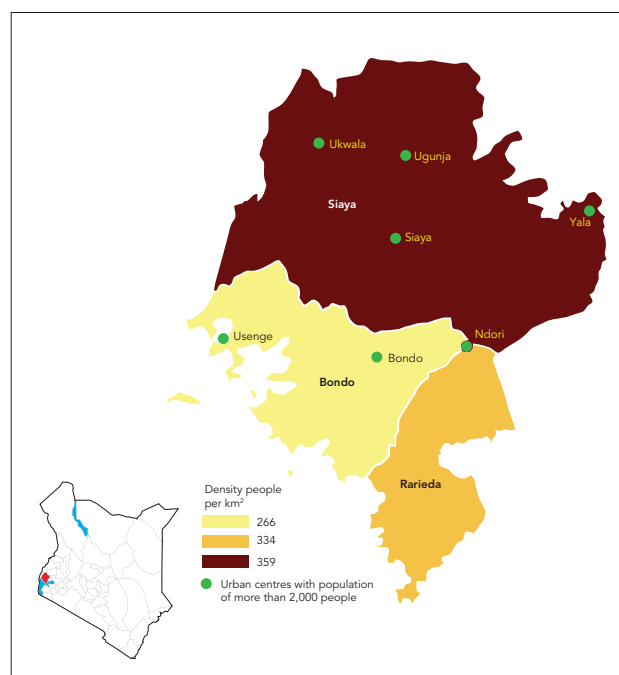
Year of survey

## 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

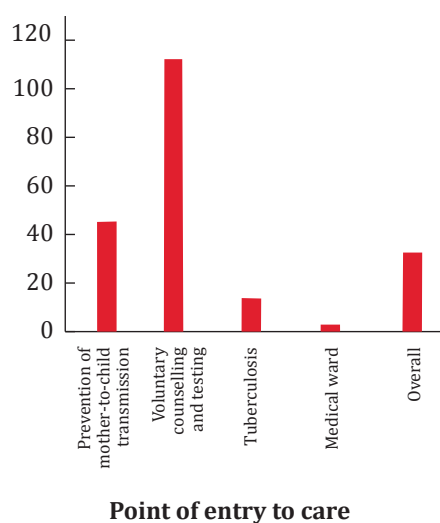
Source: Kenya HIV Estimates Report, 2014



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**



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.

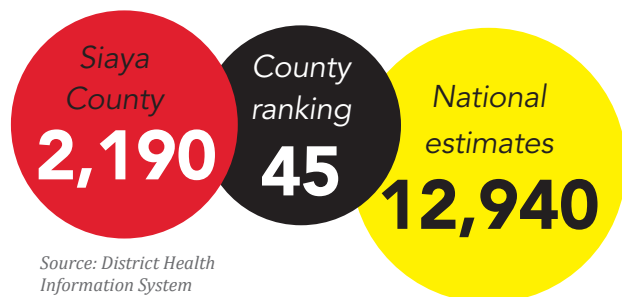
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Siaya County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

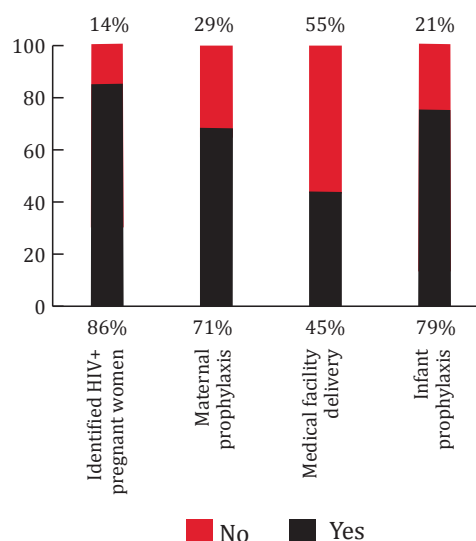
### Section 3: Elimination of Mother-to-Child Transmission

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	
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	
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# TAITA TAVETA COUNTY

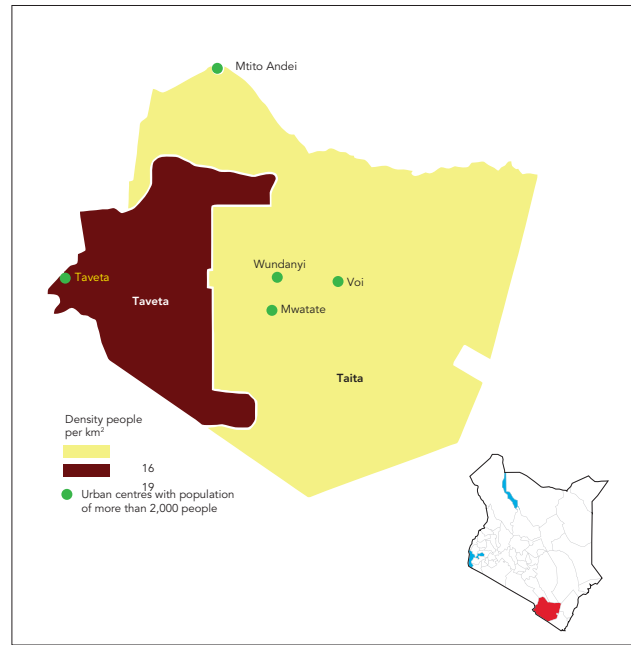
## Section 1: HIV Burden in Taita Taveta County

**Table 1: HIV burden in Taita Taveta**

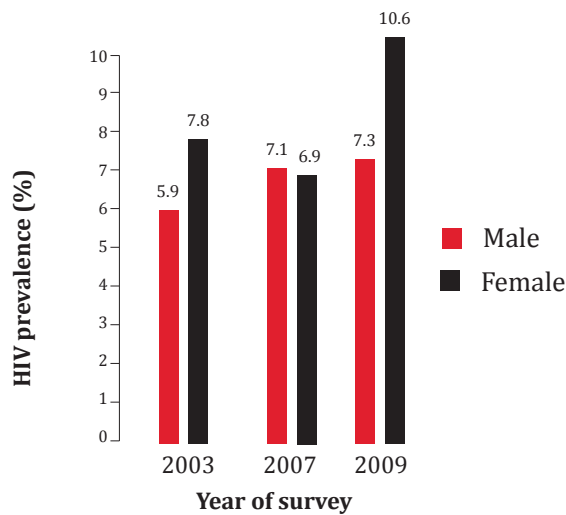
		Rank*
Total population (2013)	323,867	6
HIV adult prevalence (overall)	6.1%	37
Number of adults living with HIV	9,800	15
Number of children living with HIV	1,409	16
Total number of people living with HIV	11,209	15

\*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**

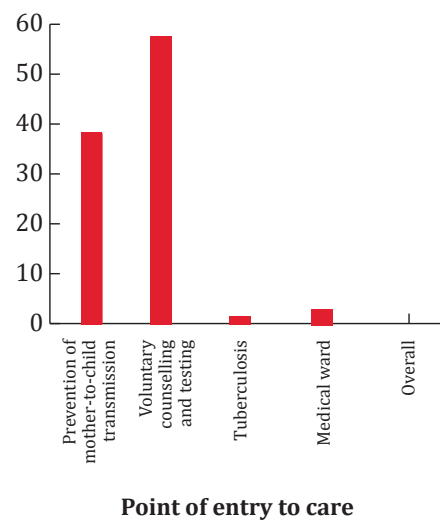
	Annual	County ranking	National estimates
New adult HIV infections annually	330	12	88,620

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**



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.

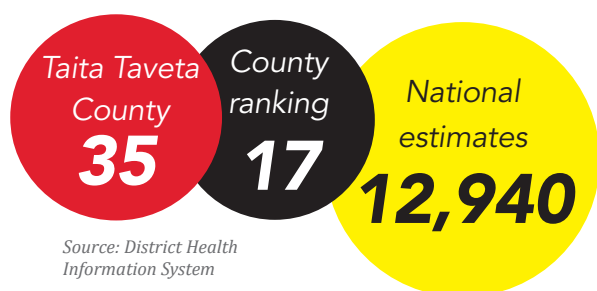
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Taita Taveta County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even 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.

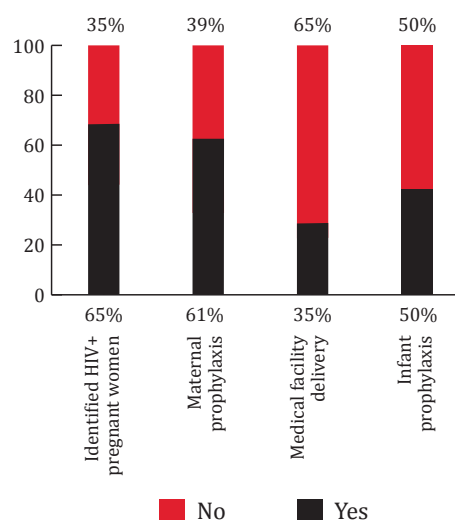
### Section 3: Elimination of Mother-to-Child Transmission

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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# TANA RIVER COUNTY

## Section 1: HIV Burden in Tana River County

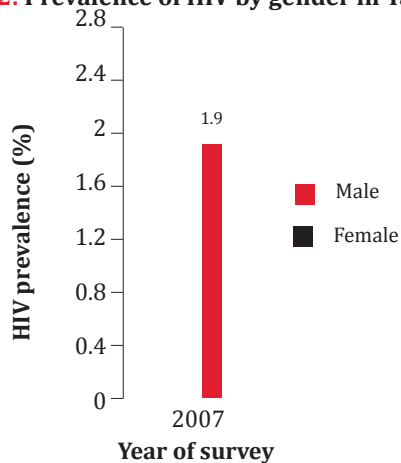
**Table 1: HIV burden in Tana River**

		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**



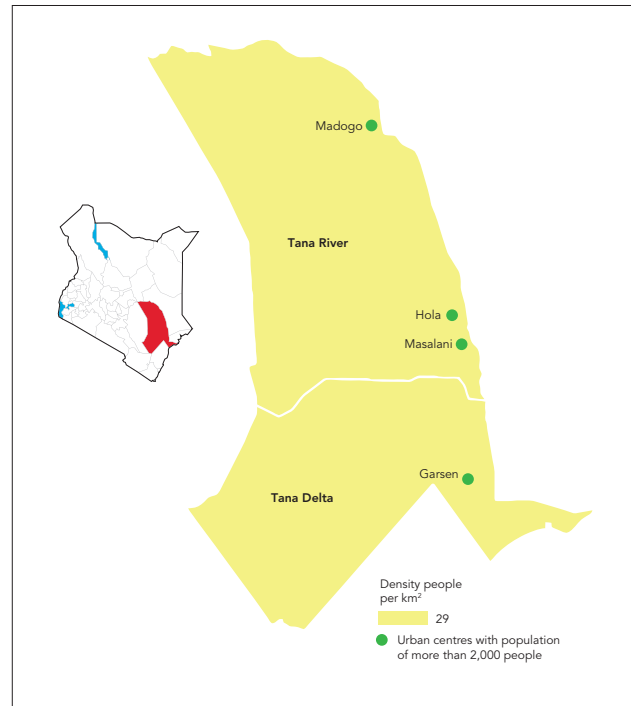
Source: KAIS

## 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

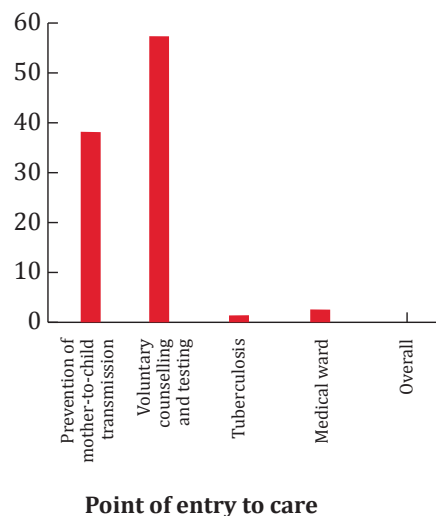
Source: Kenya HIV Estimates Report, 2014



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.

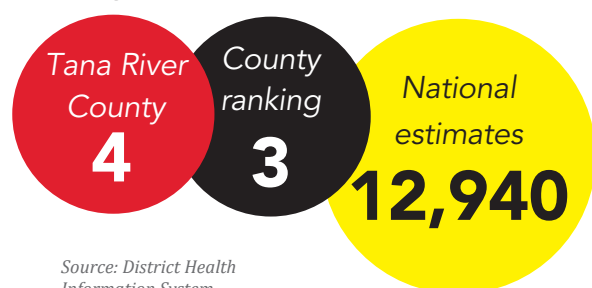
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Tana River County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even 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

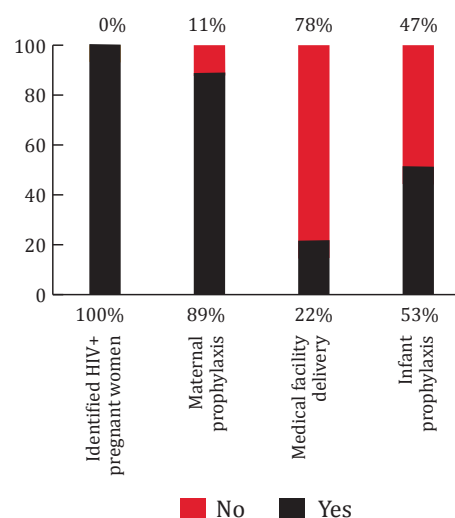
There were about 128 pregnant women living with HIV in Tana River County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# THARAKA NITHI COUNTY

## Section 1: HIV Burden in Tharaka Nithi County

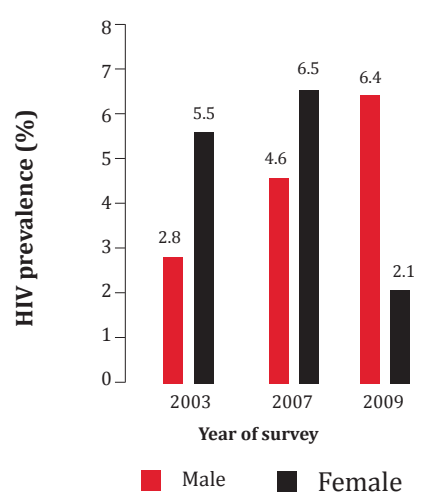
**Table 1: HIV burden in Tharaka Nithi**

		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**



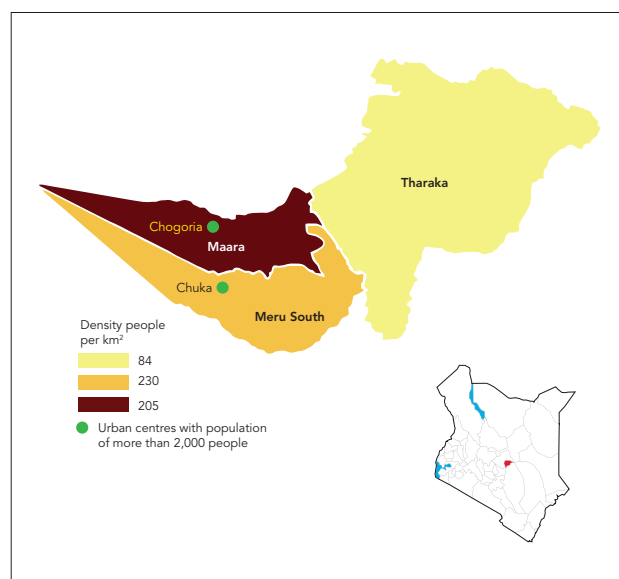
Source: Kenya Demographic and Health Survey and KASIS

## 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

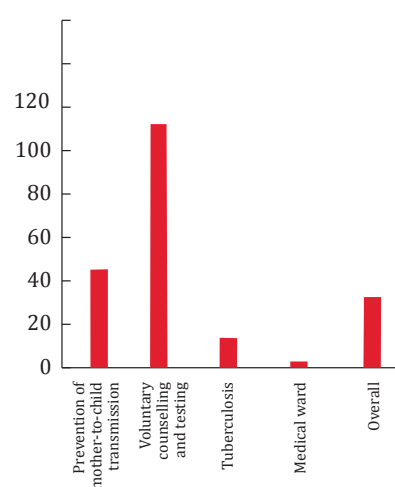
Source: Kenya HIV Estimates Report, 2014



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.

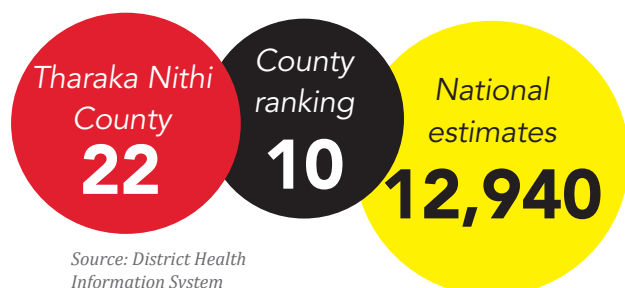
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Tharaka Nithi County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. 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

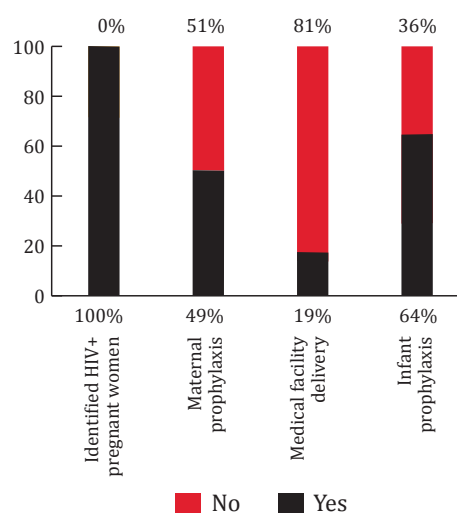
There were about 672 pregnant women living with HIV in Tharaka Nithi County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to 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



Source: District Health Information System

**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**

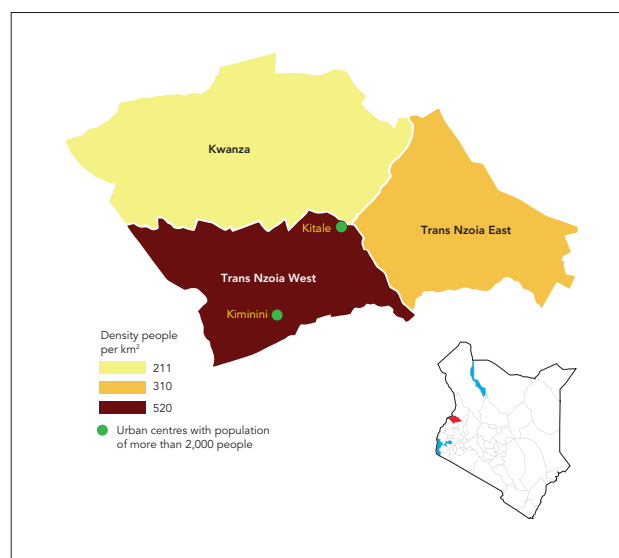


## Section 2: Reducing Sexual Transmission of HIV

**Table 2: Trans Nzoia County HIV indicators**

	Annual	County ranking	National estimates
New adult HIV infections annually	1,867	34	88,620

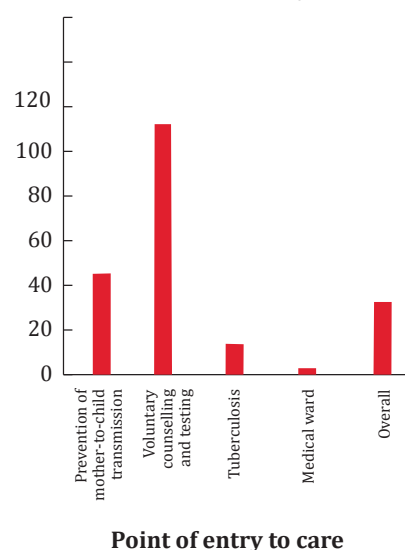
Source: Kenya HIV Estimates Report, 2014



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.

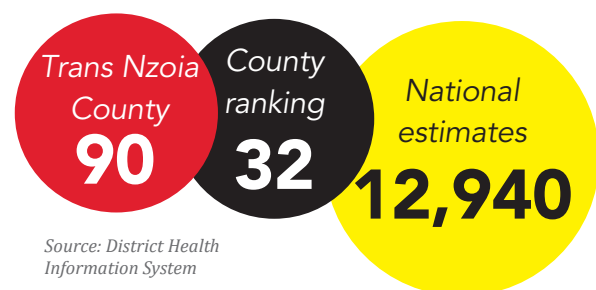
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Trans Nzoia County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even 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.

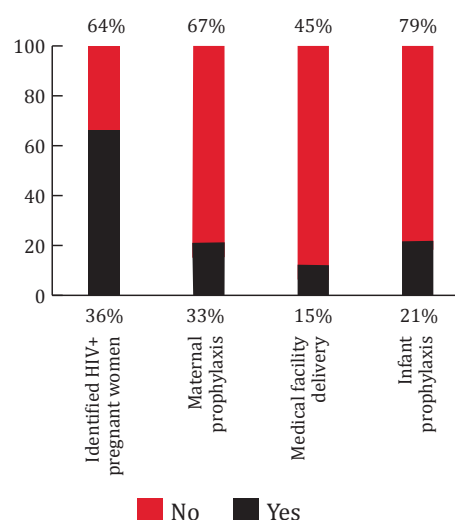
### Section 3: Elimination of Mother-to-Child Transmission

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	
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	
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# TURKANA COUNTY

## Section 1: HIV Burden in Turkana County

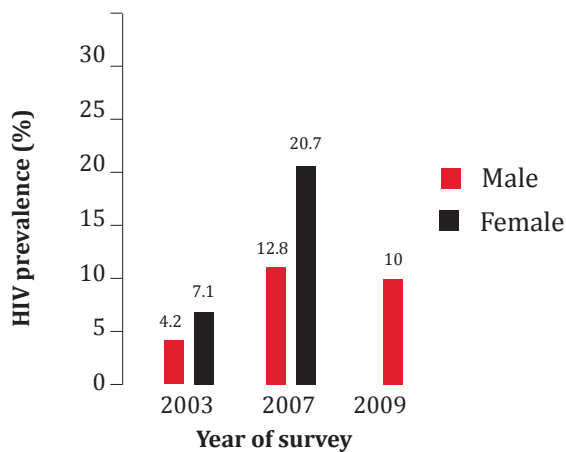
**Table 1: HIV burden in Turkana**

		Rank*
Total population (2009)	855,399	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**



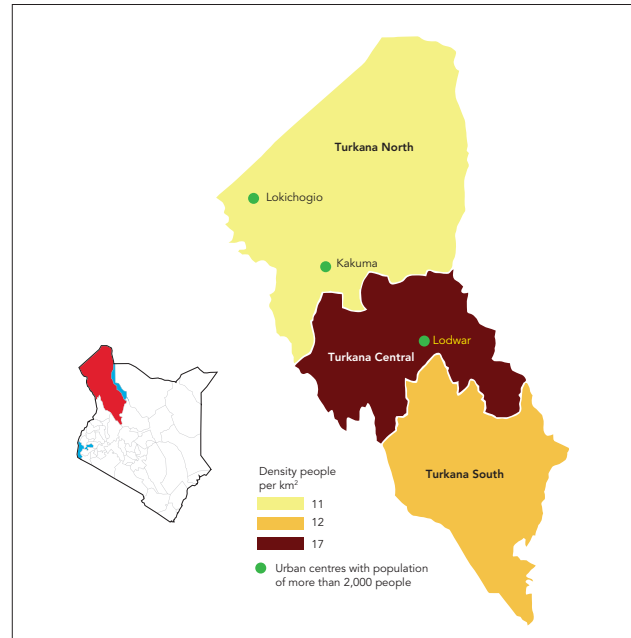
Source: Kenya Demographic and Health Survey and KAIS

## 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

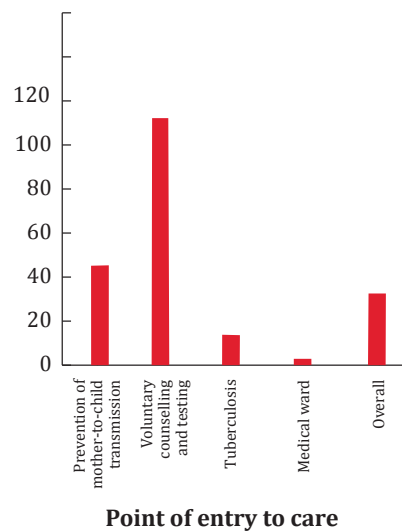
Source: Kenya HIV Estimates Report, 2014



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.

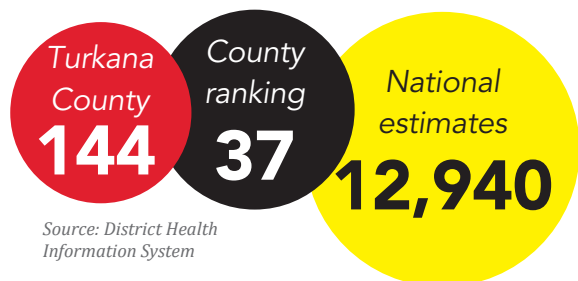
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Turkana County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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.

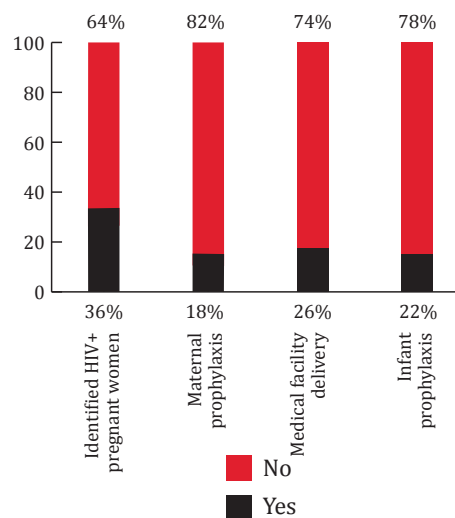
### Section 3: Elimination of Mother-to-Child Transmission

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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# UASIN GISHU COUNTY

## Section 1: HIV Burden in Uasin Gishu County

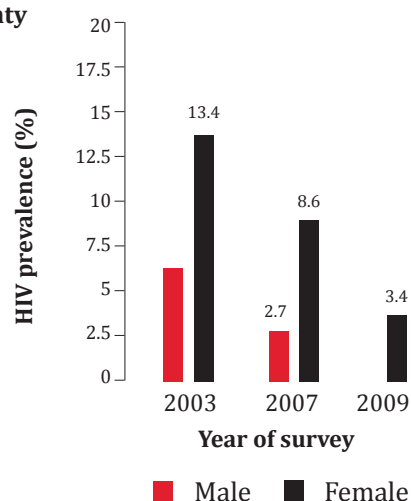
**Table 1: HIV burden in Uasin Gishu**

		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**



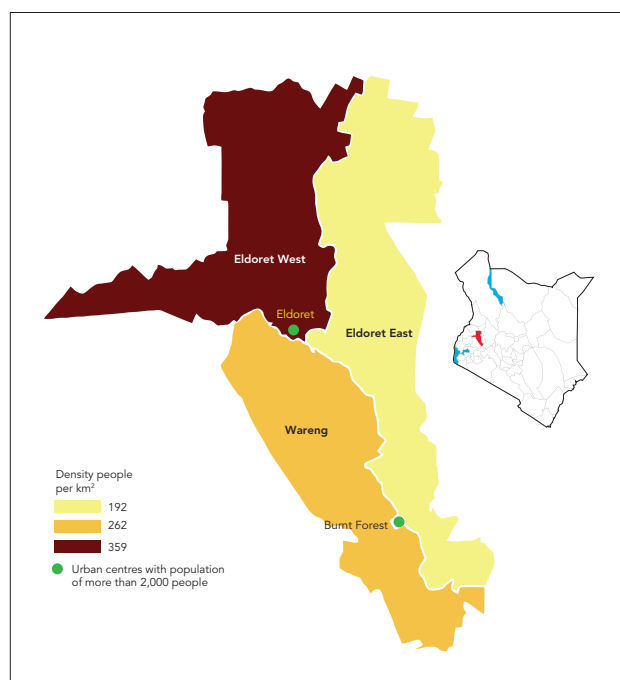
Source: Kenya Demographic and Health Survey and KAIS

## 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

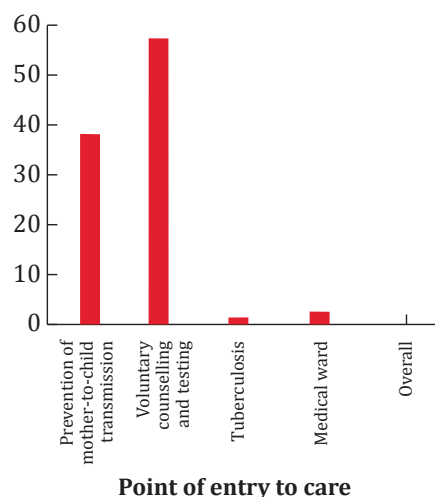
Source: Kenya HIV Estimates Report, 2014



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.

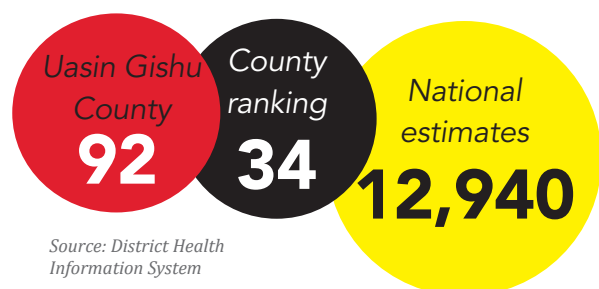
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Uasin Gishu County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even 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.

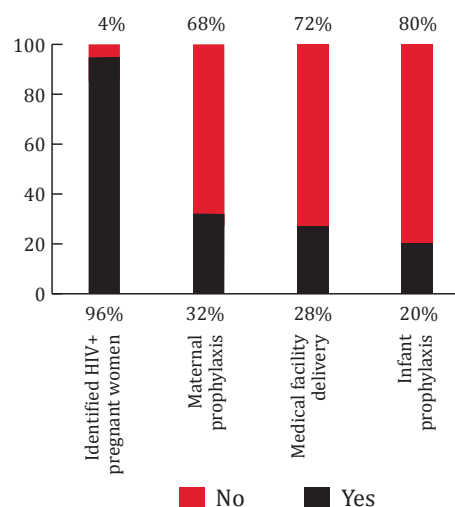
### Section 3: Elimination of Mother-to-Child Transmission

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	
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	
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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# VIHIGA COUNTY

## Section 1: HIV Burden in Vihiga County

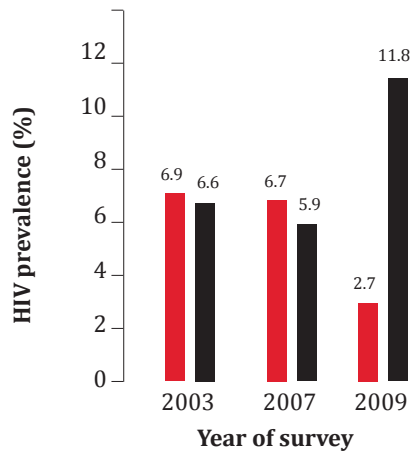
**Table 1: HIV burden in Vihiga**

		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

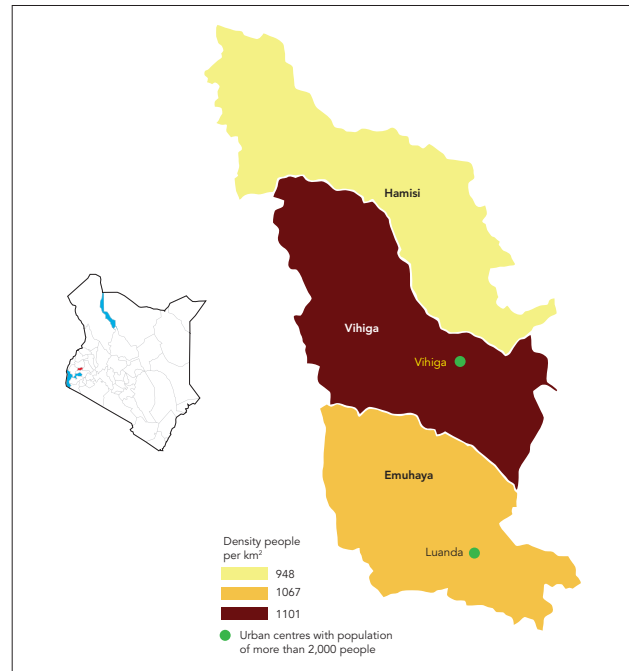
■ Male ■ Female

## 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

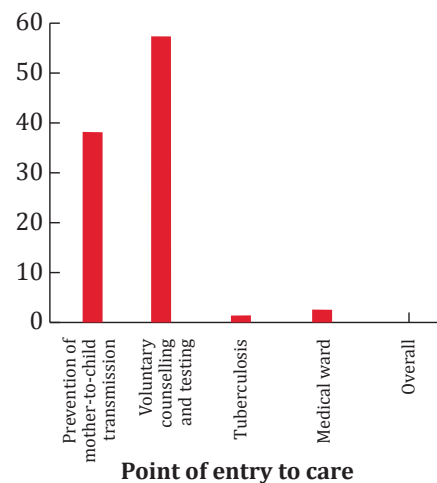
Source: Kenya HIV Estimates Report, 2014



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.

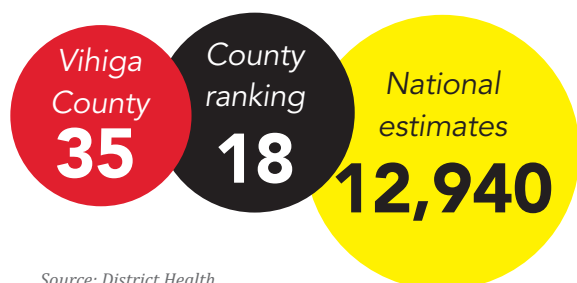
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in Vihiga County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even in 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

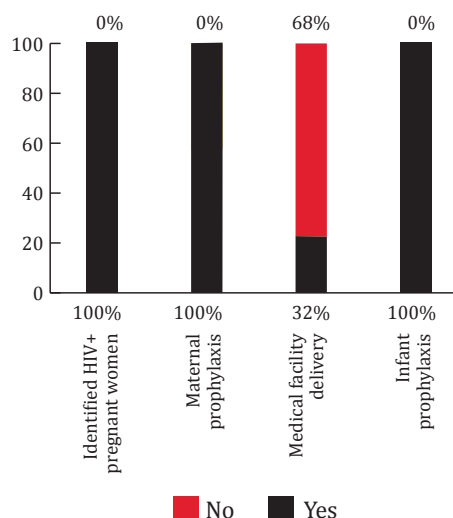
There were about 956 pregnant women living with HIV in Vihiga County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development. Providing antiretroviral medicines to mothers 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 (absolut 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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# WAJIR COUNTY

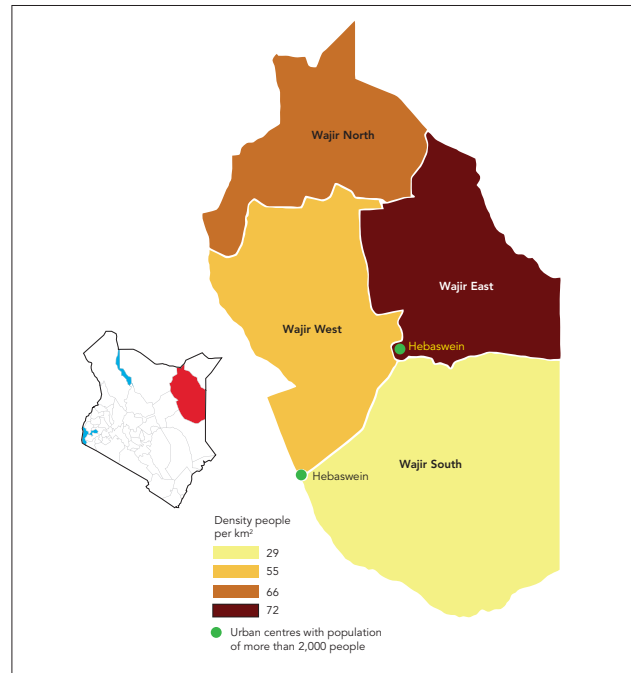
## Section 1: HIV Burden in Wajir County

**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**

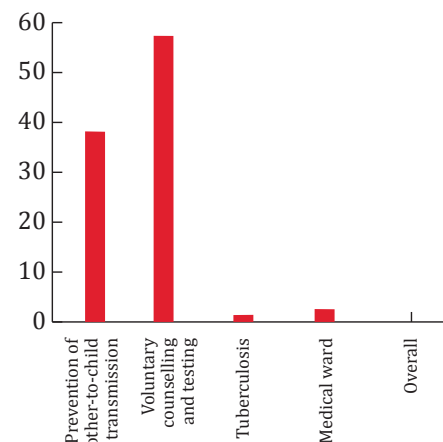
	Annual	County ranking	National estimates
New adult HIV infections annually	18	1	88,620

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

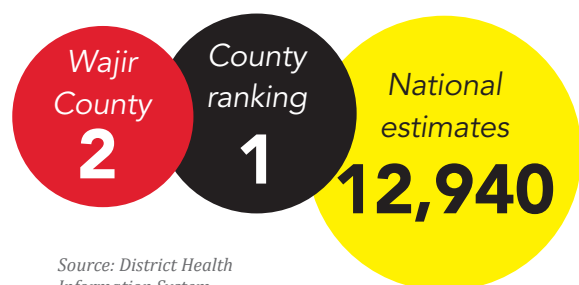
that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut.

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.

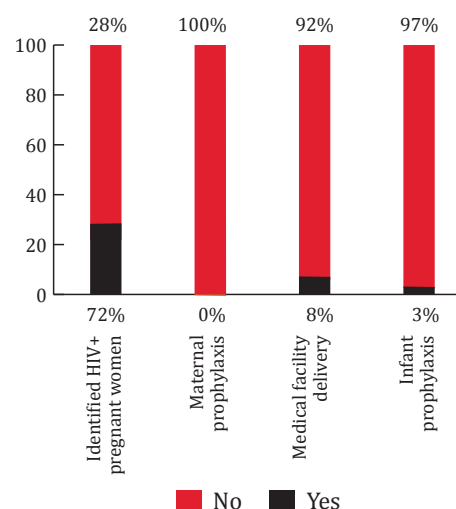
### Section 3: Elimination of Mother-to-Child Transmission

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
- Invest in HIV prevention and stigma elimination
- Invest in elimination of mother to child transmission of HIV (EMTCT)

# WEST POKOT COUNTY

## Section 1: HIV Burden in West Pokot County

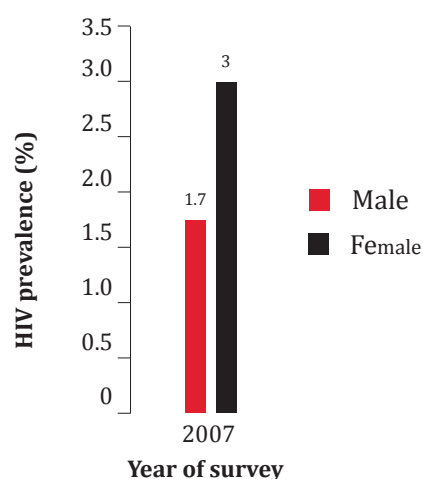
**Table 1: HIV burden in West Pokot**

		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**



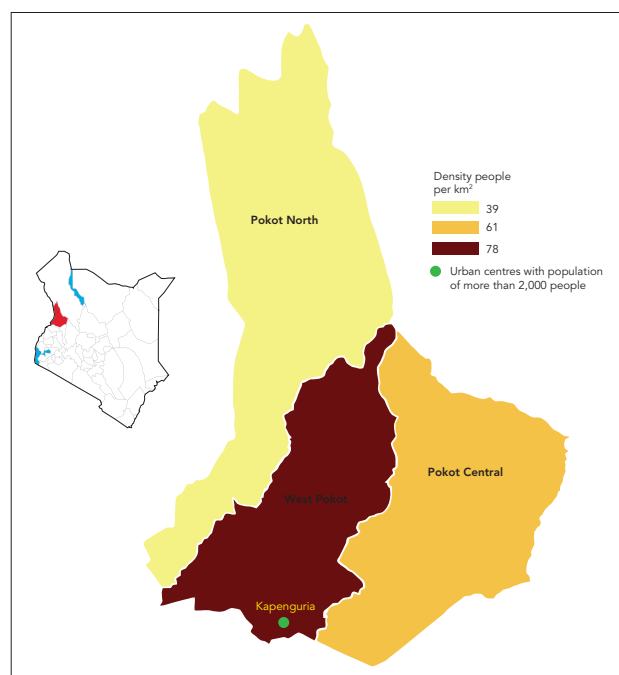
Source: KAIS

## 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

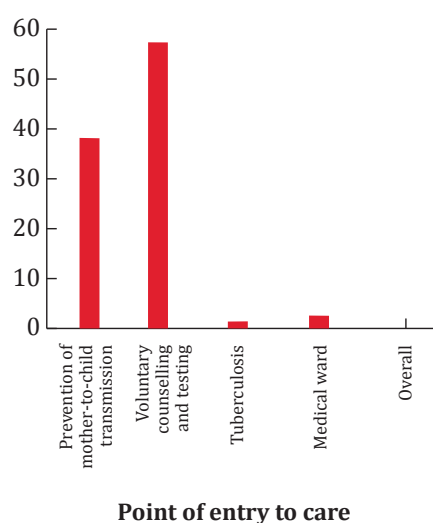
Source: Kenya HIV Estimates Report, 2014



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.

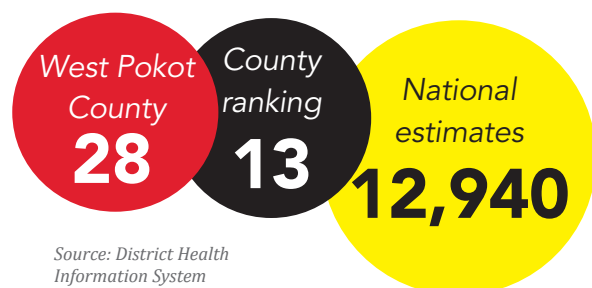
Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60 per cent. Most communities in West Pokot County traditionally circumcise men, with over 91 per cent of men who participated in a national survey in 2009 reporting that they had been circumcised. Even 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.

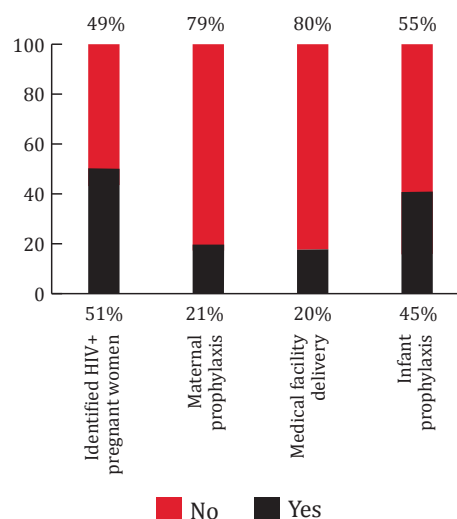
### Section 3: Elimination of Mother-to-Child Transmission

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



**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	Value
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	Value
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
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### Priority areas

- Strong county political and community leadership for a multisectoral HIV response
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## 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.

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