UNICEF KENYA

HIV/AIDS SECTORAL REPORT

JANUARY TO DECEMBER 2018

SUBMITTED IN MARCH 2019

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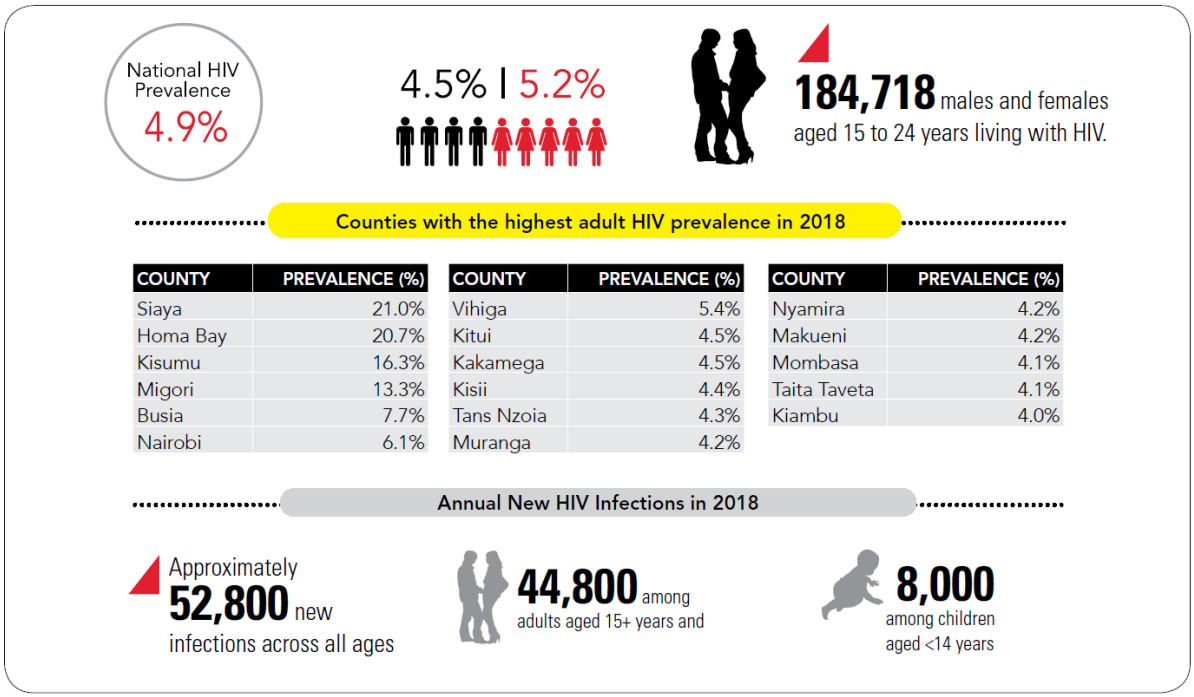
Kenya Infographics

Summary of HIV Estimates 2018.



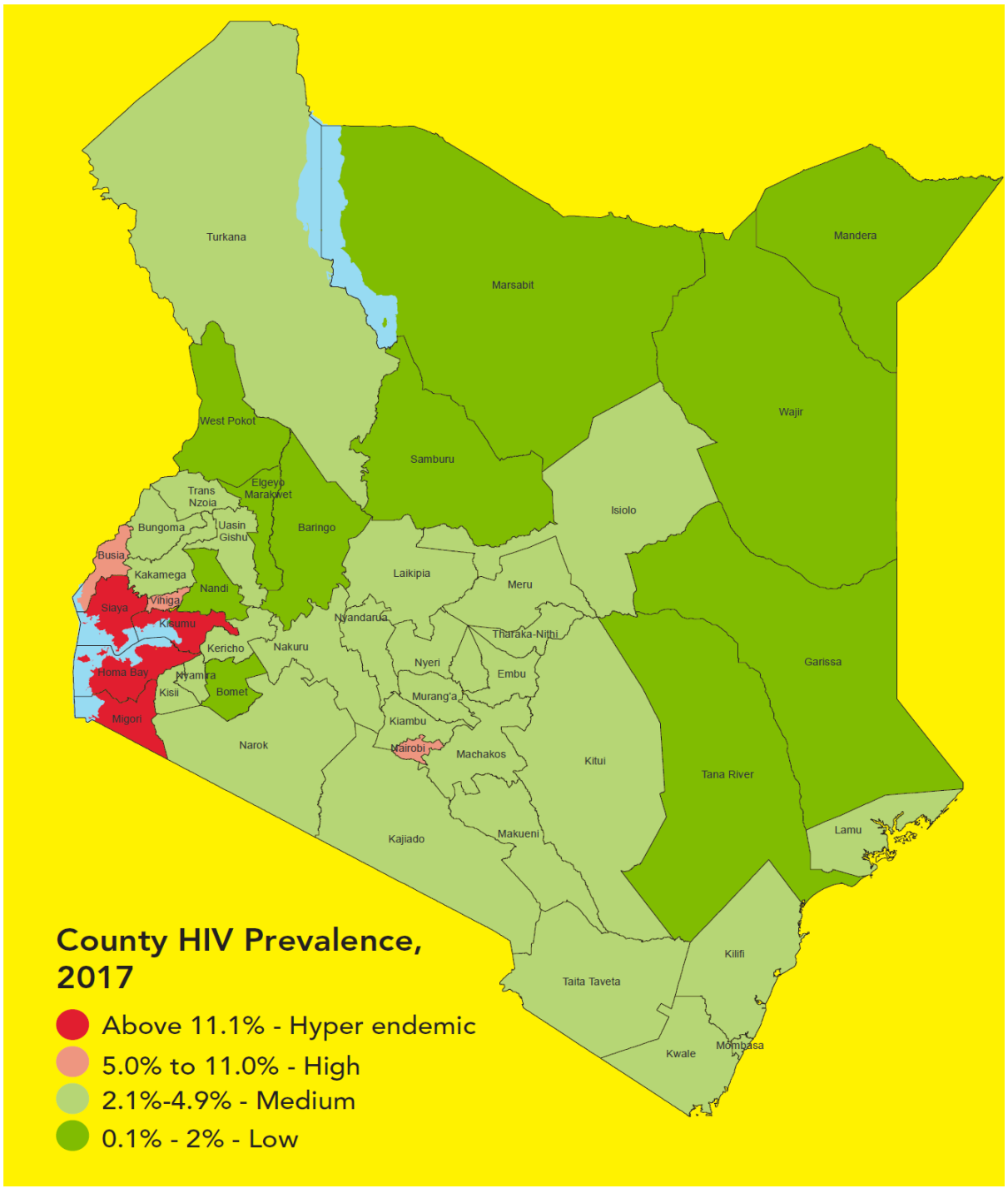
COUNTY	PREVALENCE (%)	COUNTY	PREVALENCE (%)	COUNTY	PREVALENCE (%)
Siaya	21.0%	Vihiga	5.4%	Nyamira	4.2%
Homa Bay	20.7%	Kitui	4.5%	Makueni	4.2%
Kisumu	16.3%	Kakamega	4.5%	Mombasa	4.1%
Migori	13.3%	Kisii	4.4%	Taita Taveta	4.1%
Busia	7.7%	Tans Nzoia	4.3%	Kiambu	4.0%
Nairobi	6.1%	Muranga	4.2%		

Results for key indicators for 2018

Table 1: National HIV estimates for 2017

Indicator	2017
People living with HIV (all ages)	1.5 (1.3 – 1.8) million
Annual new HIV infections (all ages)	52,800 (33,400 – 77,500)
Annual AIDS-related deaths (all ages)	28,200 (18,100 – 45,300)
HIV prevalence (adults aged 15-49)	4.85% (4.02 – 5.80%)
HIV incidence (adults 15-49)	0.19% (0.13 – 0.29%)
Adult 15+ living with HIV	1,388,200 (1,167,000 – 1,645,900)
Annual new HIV infections (Adult 15+)	44,800 (28,800 – 67,100)
Annual AIDS-related deaths (Adult 15+)	23,900 (15,400 – 39,000)
Adult 15+ on ART; ART coverage (%)	1,035,615 (75%)
Children (0-14 years) living with HIV	105,200 (73,800 – 134,000)
Annual new HIV infections (Children 0-14)	8,000 (3,500 – 13,000)
Annual AIDS-related deaths (Children 0-14)	4,300 (2,100 – 7,500)
Children (0-14) on treatment; ART coverage (%)	86,323 (84%)
HIV prevalence (young adults 15-24); male	1.34% (0.71 – 1.91%)
HIV prevalence (young adults 15-24); female	2.61% (1.34 – 3.98%)
Annual new HIV infections (young adults 15-24); male	5,200 (1,100 – 8,600)
Annual new HIV infections (young adults 15-24); female	12,500 (7,200 – 18,800)
Annual AIDS deaths (young adults 15-24)	2,800 (1,700 – 4,700)
Adolescents living with HIV (10-19)	105,200 (62,800 – 147,700)
Annual new HIV infections (adolescents 10-19)	8,200 (2,400 – 15,900)
Annual AIDS deaths (adolescents 10-19)	2,100 (1,200 – 3,200)
Mothers needing PMTCT	69,500 (31,800 – 106,800)
Mothers on PMTCT; PMTCT coverage (%)	53,236 (77%)
EMTCT rate	11.5%

Map of Kenya: County HIV Prevalence 2018.



Abbreviations and Acronyms

AA-HA!	Accelerated Action for the Health of Adolescents
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ART	Antiretroviral Therapy
CASPs	County AIDS Strategic Plans
CIDP	County Integrated Development Plan
CLHIV	Children Living with HIV
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organizations
DHIS2	District Health Information Software
DQA	Data Quality Audit
EID	Early Infant Diagnosis (of HIV)
eMTCT	Elimination of Mother to Child Transmission
GFATM	Global Fund to fight AIDS, TB, and Malaria
HIV	Human Immunodeficiency Virus
HMIS	Health Information Management Systems
HTS	HIV Testing Services
KAPR	Kenya AIDS Progress Report
KENPHIA	Kenya Population-based HIV Impact Assessment
KMMP	Kenya Mentor Mother programme
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
MTCT	Mother to Child Transmission of HIV
NACC	National AIDS Control Council
NASCOP	National AIDS /STI Control Programme
NEPHAK	National Empowerment Network of People Living with HIV in Kenya
NGO	Non-Governmental Organization
NHRL	National Health Reference Laboratory
ORE	Other Resources Emergency
ORR	Other Resources – Regular
OVC	Orphans and Vulnerable Children
PEPFAR	Presidential Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
POC	Point of Care

POCT	Point of Care Technology
RR	Regular Resources
SRH	Sexual Reproductive Health
TB	Tuberculosis
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USD	United States Dollar
WASH	Water, Sanitation and Hygiene

Executive Summary

This report provides a reflection of UNICEF's progress, achievements and challenges faced during the implementation of HIV&AIDS programmes in Kenya in 2018. In the first half of 2018 UNICEF Country Programme in collaboration with the Government of Kenya continued to work towards achieving an overarching outcome of "improved and equitable use of proven HIV prevention, treatment and care interventions by children, adolescents, pregnant and breastfeeding women in selected high-prevalence counties including in emergencies and vulnerable urban contexts." The second half of 2018 saw UNICEF develop and adopt a new 4-year country programme, starting to implement actions across 2 outcome areas: PMTCT and pediatric HIV as well as Prevention, care and treatment of HIV among adolescents.

UNICEF Kenya HIV&AIDS Programmes continue to be aligned to the Government and contribute to the HIV response articulated the Vision 2030 agenda, The Kenya AIDS Strategic Framework 2014/15 – 2018/19, the Elimination of Mother to Child Transmission of HIV and Syphilis Strategic Frameworks, the respective County AIDS strategic plans and the United Nations Development Assistance Framework.

Although Kenya is one of the high burden countries, UNICEF Kenya has contributed to the tremendous gains that have led to significant reduction in new infections especially amongst children, reduced mortality rates amongst people living with HIV; and with provision of antiretroviral therapy, improved health outcomes and wellness especially for children, adolescents, pregnant and breastfeeding women and their families.

The country however continues to face challenges attributable to the diminishing resources for HIV response that would affect sustainability efforts for the gains made over several years, emerging issues on adolescent and key population HIV and HIV in humanitarian and fragile settings.

This report provides and update on some of the innovative efforts UNICEF Kenya has put in place in integrating HIV programmes with child protection and social protection interventions on one hand, and HIV programmes with Maternal Health, WASH and Nutrition on the other hand.

Our sincere gratitude to our donors, whose support has significantly impacted on children and adolescents affected by or infected with HIV living in Kenya.

Strategic Context of 2018

Kenya is an AIDS priority country with a high number of people living with HIV (PLHIV). The national HIV prevalence rate among people aged 15-49 years is 4.9%, with an estimated 1.5 million people living with HIV. Kenya is administratively divided into 47 counties that vary in several contexts. The HIV epidemic is not homogenously spread across the country as acknowledged in the Kenya HIV Estimates Report of 2018, which shows that 5 counties contributed about 43% of the estimated total new infections and 38.0% of the new infections among children in 2017. Children under 15 years of age account for 7% of all persons living with HIV; and of the total number of people living with HIV in 2017, 184,700 (12%) were among youth 15-24 years of age.

Reduction of HIV infections remains a challenge, especially among adolescents and young people who significantly contribute to high HIV burden in the country. They constitute the largest proportion of people living with HIV and specifically in the population of 15-24 years, the following counties had more than 1,000 new HIV infections, Homabay (1,852), Kisumu (1,630), Siaya (1,641), Migori (1,143), and Nairobi (2,587). Young women in the age group 15-24 accounted for a third of all new HIV adult infections[1]. In adults however, the country has continued to see a sharp decline in HIV incidence among those aged 15-49 from 0.35% in 2010 to 0.19% in 2017 possibly due to the scale up of various prevention and treatment programmes.

Sexual transmission remains the main mode of transmission in Kenya with drivers being unprotected/condom less consensual or transactional, multiple concurrent and age disparate sexual partners; low levels of comprehensive HIV knowledge and low and inconsistent condom use. Other factors contributing to the risk to HIV acquisition among young people include high rates of sexual violence and exploitation, poverty and orphan hood, children and adolescents dropping out of school, child labour, child marriage and alcohol and drug use.

In 2018, nearly 69,500 women and their HIV exposed children needed PMTCT services. With Kenya having missed meeting the target of less than 5% at the end of 2015, the 2018 estimates showed PMTCT rates having reduced from 14% to 11.5% between 2014 and 2017, with notable differences in progress towards the elimination of mother to child transmission of HIV across the different counties. The county embarked on the implementation of the new eMTCT Strategic Framework 2016-2021, with other accompanying key strategic policies like the Strategic Framework for the Engagement of the First Lady in the Promotion of Healthy Lives and Well-Being of Women, Children and Adolescents 2018-2022, "The National point of care implementation roadmap in Kenya" and "Utilization of multi-disease platforms for optimizing early infant diagnosis in Kenya".

The Kenya Vision 2030 recognizes AIDS as "one of the greatest threats to socioeconomic development in Kenya" hampering Kenya's transformation to a globally competitive and prosperous nation with a high quality of life. For the implementation of the HIV and AIDS programmes, the government of Kenya has continued to heavily rely on donor support. Donor funding to health and HIV and AIDS is channelled through either the government budgetary system commonly referred to as on-budget or through the extra-budgetary – off-budget, mainly from donors through donor administered project/programmes external to the routine Government budgetary process. The extra-budgetary allocation by donors remains larger than the on-budget support. The donor categories comprise of both multi-lateral and bilateral agencies, and include funds made available through the World Bank, PEPFAR, The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the UN agencies core and non-core resources to support the national response to HIV and AIDS.[2] In

[1] Kenya HIV Estimates Report, 2018
[2] Kenya National Aids Spending Assessment Report For The Financial Years 2012/13-2015/16

2018, the country continued to witness reduced funding and budgetary cuts especially by PEPFAR- the country's biggest HIV donor, highlighting the need for increased allocation of domestic funds by national and sub-national governments for HIV.

The year 2018 provided an opportunity for UNICEF to continue capitalizing on its organizational track record as a catalyst for driving action for children, adolescents and women. Through consultations with government and various partners, UNICEF developed a new 4-year country strategic programme document, emphasizing on integrating HIV response with Nutrition, WASH and Health in one outcome, as well as integration with Child Protection on the other hand. UNICEF continued to harness the close partnerships already established with government at both national level and with 9 priority counties (Nairobi, Mombasa, Laikipia, Wajir, Siaya, Turkana, Kisumu, Migori, Homabay), UN agencies, international and local NGO and CSO including networks of people living with HIV to build an effective and sustainable response. Through advocacy, partnerships and direct support, UNICEF in 2018 continued to play a lead role in pioneering, improving, and scaling up effective services for the prevention of mother to child transmission of HIV; in ensuring more holistic care and support for children affected by HIV; and as the epidemic has matured, in mobilizing data and action around adolescents and HIV.

The HIV response in 2018 was a mixed picture faced with several shocks and stresses. There was a reduction in HIV testing at ANC and increase in ART for PMTCT. ART is dependent on identification of HIV positive women in ANC though HIV testing and immediate ART initiation. Almost 70 % of estimated HIV positive pregnant women are known HIV positive and thus do not need to be tested at ANC. Provision of HIV services for pregnant women and children below 5 years is integrated in public hospital to MNCH nurse led services. Following a case in court in late 2016 where a nurse is facing a civil case regarding HIV test results, the nurses' union in 2017 directed its members to slow down on conducting HIV testing for pregnant women and thus the low HIV testing in ANC. The other challenge has been the slow transition of new HIV reporting tools- which have been better designed to facilitate the age (e.g. adolescents) and gender disaggregated data and include other critical outcomes such as retention and viral load suppression in the national data. With delayed and varied roll out coverage in different counties of the new tools, the data available at national level is not a wholistic picture with overall national reporting at 70% with the new tools. Lastly, there was a very slow start of the year following elections and 2017 challenges, including transitions and changes at the counties with elections of new officials which caused delay implementation of planned activities.

Results in the Outcome Area

In 2018 UNICEF continued to provide support to the national HIV response and to nine priority counties across two programming streams:

- The first decade of life--infants and their mothers: Strengthening integration of prevention of mother to child transmission interventions with WASH, Nutrition and Maternal Health by increasing the identification of positive pregnant women and their initiation to ART and accelerating results in paediatric HIV.
- The second decade of life--the adolescent period: Addressing HIV along the prevention to treatment and care continuum, reducing structural barriers and improved child and social protection as critical enablers.

Programmes in the 2 streams was aligned to the existing national sector plans which include the Kenya AIDS Strategic Framework (2014/15-2018/19), the second eMTCT Strategic Framework 2016 – 2021, Global Accelerated Action for the Health of Adolescent (AA-HA!), the specific County AIDS

Strategic Plans (CASPs) and eMTCT business plans. All of which are anchored to The Kenya Vision 2030 and The Sustainable Development Goals.

The UNICEF Kenya Country Programme achieved several results in the two outcome areas at both national and sub-national level using thematic funds described in more detail below.

Reduced Mortality & Stunting: Increased proportions of vulnerable children, pregnant and lactating women, including adolescent girls, have equitable access to and use quality WASH, Nutrition, Health and HIV/AIDS services to reduce their risk of mortality, preventable diseases, stunting and other forms of malnutrition, and improve their birth outcomes.

Work in this outcome area focussed on eMTCT and paediatric HIV. UNICEF maintained upstream work at national level and midstream work with county governments in nine priority counties, four of which have the highest HIV prevalence rates in the country (Kisumu, Siaya, Migori and Homabay). UNICEF contributed through direct technical and financial support to the Ministry of Health at national and county levels by contributing towards the development, implementation and progress tracking of specific national and county plans. The response included implementation of strategies to improve identification, linkage and treatment of children, pregnant and breastfeeding women at both national level and individual county level, resulting in increased access to HIV diagnostics for this sub-population and timely initiation of anti-retroviral therapy (ART).

UNICEF supported scale up of high impact interventions through the facilitation of training of 25 mentor mothers in Siaya county who are currently tasked with supporting 500 mothers in the journey to prevent mother to child transmission (MTCT) of HIV. Kenya mentor mother program (KMMP) works through peer education and psychosocial support through lived experience to prevent MTCT of HIV. KMMP has overall impact on reduction of MTCT rates. At only additional USD 24 per client annually, the programme provides benefits 7 times as compared to non-mentor mothers supported PMTCT care including exclusive breastfeeding, skilled delivery and ART adherence.

UNICEF continued to engage and provide technical and financial support to the National AIDS and STI Control Programme (NASCOP) and National AIDS Control Council (NACC) and selected counties to fast track progress towards viral load suppression among children and adolescents. The financial and technical support to MOH towards viral load suppression among children adolescents and pregnant women assessment and rapid result initiative to facilitate improvements in viral load suppression. The viral suppression among children improved from 70% to 80% within a period of 6 months. Specific support to Laikipia county focused on strengthening the linkages between facilities and community through Multi-stakeholder's engagement and standardizing community follow up and documentation of interventions. A standardised tool is currently being developed to be piloted to inform routine programming in Laikipia.

UNICEF supported the scale up of PMTCT and POC testing in Wajir county programming. Wajir county although a lower HIV prevalence county, had the highest MTCT rate in 2017, poor PMTCT coverage with no active HIV programming support. Through this funding, Wajir county was facilitated to conduct community consultation SWOT, data review, HCW sensitization and local radio community mobilization and education on availability of HIV services including POC testing the testing of EID and Viral load. In addition to service uptake, the county also through UNICEF support has embarked on developing a county specific plan for eMTCT.

Through optimised new partnerships like working with MOH (NACC/NHRL/NASCOP), Kisumu county and Beyond Zero to advocate for robust response for HIV in children especially timely

diagnosis through POCT, UNICEF provided Technical Assistance to MOH to develop policy and advocated for its implementation through linking Beyond Zero[3] and MOH to fast track the POCT policy launch and commissioning of POC device. The result of this is timely access to HIV testing for infants and immediate treatment initiation which is a cornerstone for viral load suppression and averting HIV morbidity for infected infants.

UNICEF continued to leverage internal resources through Strategic collaboration with the other thematic sections as well as technical assistance to MOH that influenced key aspects that were included in the revised Kenya ART guidelines 2018. Specifically, regimen optimization for children and adolescents, including removal of substandard regimen and inclusion of more efficacious drugs, optimized testing for children and standardizing infant and young child feeding in the context of HIV to optimize child survival for the infected and exposed children.

Through the sub-national engagement with counties and as a strategic effort to continue disseminating the second national eMTCT strategic Framework, UNICEF provided both financial and technical support to the development launch and implementation of county-specific eMTCT business plans. The business plans are contextualized and actionable.

At the county level, UNICEF played a key role in supporting the governments to implement the their 5-year county integrated development plans (CIDPs), through the development and implementation of annual technical workplans with specific targets and HIV interventions for children and women.

Children and adolescents are increasingly protected from exposure to HIV and AIDS, violence, abuse, exploitation and harmful cultural practices, and benefit from increased access to prevention, care, treatment, support, justice and other services needed to ensure their physical, mental and social wellbeing.

Work on this outcome area focussed on adolescents and youth. UNICEF in a bid to empower adolescents continued with the partnership with the National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK) to build the capacity of Sauti Skika (*Amplified Voices*) Network to Facilitate Meaningful Engagement of Adolescents Living with HIV (ALHIV) through the *Positive Teens! Positive Lives! Positive Influence!* project. This initiative continued to yield results in amplifying adolescent voices (making them heard through their contributions at county and national level in planning and implementation of programmes that concern them), in stigma reduction, increasing comprehensive knowledge and in improving health outcomes for adolescents living with HIV in 13 counties. Through this project, UNICEF focussed on strengthening the already established 13 county chapters of network of young people living with HIV.

Emphasizing integrated and Multi-sectoral response, UNICEF supported subnational governments to develop multisectoral action plans for the health and wellbeing of adolescents and young people-domesticating the Global Accelerated Action for the Health of Adolescent (AA-HA!). These plans and actions on the ground mainly focus on addressing sexual reproductive health, HIV &AIDS, Sexual and Gender Based Violence, Violence against Children and Drugs and Substance Abuse.

UNICEF continued to engage both the at national and subnational levels with an aim of creating an enabling environment for SRH and life-skills programmes, as well as curriculum improvements.

[3] https://www.beyondzero.or.ke/

Programming in this area has remained a key challenge -especially for the country to move to fully implement comprehensive sexuality education (CSE). UNICEF remains a trusted partner in this complex discussion and has supported the testing of a teacher's guide for learners living with HIV in schools that was developed the previous year.

At the community platform, UNICEF continued to partner with a number of CSOs to deliver a mix of interventions for children and adolescents in the areas of HIV sensitive social and child protection, adoption of technology, sports, creative arts and popular culture to reduce stigma, nurturing meaningful participation of adolescents, including those living with HIV and those in key populations to civic processes, as well as improved access and quality of paediatric HIV interventions.

Designed on showcasing integration, UNICEF continued to implement a joint HIV and child protection intervention with World vision in Kenya, reaching approximately 50,000 adolescents with HIV prevention through protection from violence, abuse and exploitation in Migori County. An end line evaluation of this initiative indicated critical lessons on community capacity building on prevention of HIV infections and violence against children. Nine new youth friendly health centres were rehabilitated with capacities of health workers built. A gender and child help desk were established at the Migori Police station to respond to violence against children. Faith leadership, youth advisory councils and children clubs were engaged and continue to provide these integrated services as part of sustainability.

Working to improve life chances of orphaned and vulnerable adolescents in households receiving OVC-Cash transfers from government, UNICEF supports 8,000 adolescents and 3,899 caregivers with a package of HIV-Sensitive social protection services including: skilful parenting for caregivers; HIV testing, care and treatment; scholastic materials; mentorship and linkage to health insurance and birth registration. The initiative supported 3,053 (1,593 boys and 1,460 girls) adolescents to receive HIV Testing services, with 52 (1.6%) of them testing positive for HIV and all (100%) being linked to HIV care and treatment. The adolescents also continue to benefit from mentorship, linkage to birth registration (increased from 82% at baseline to 95% at end; out of whom 78% reported that the project assisted them to get the birth certificates).

Towards the end of the year, UNICEF supported 4 subnational governments to initiate dialogue and design programmes to respond to the emerging issue of transactional sex among young people. This was aimed at addressing the rising cases of teenage pregnancies. Key stakeholders were engaged, including policy implementers, young people, *bodaboda riders*[4], CSOs and religious leaders.

Evidence generation through data analytics and high-level engagements on policy and programming

UNICEF supported the execution of the Kenya Population-Based HIV Impact Assessment Survey (KENPHIA). This is a national household survey to provide information on HIV incidence, prevalence and HIV outcomes. UNICEF continued to contribute to this process by providing technical and financial support. UNICEF's additional brief has been to ensure that children and adolescents data is included and that in- depth, disaggregated data this cohort will be released as part of the report to better inform national and sub-national programming.

UNICEF being a strategic partner in evidence generation continued to provide technical and financial support to the national and focus county governments to conduct Data Quality Audits (DQA) by

[4] Motor cycle riders used in public transport.

comparing data reported in DHIS vs MOH registers. The support was also extended to training health workers on new guidelines and updates, as well as on-the-job technical assistance. These have seen improvements on the reporting rates and quality of data being reported in the DHIS2.

HIV estimates are pillars for providing baselines in HIV programming. In Kenya, the HIV estimates are modelled using the EPP spectrum software. UNICEF as a member of the strategic information group partnered with NACC and its partners to launch both the 2018 HIV estimates and the Kenya AIDS Progress Report (KAPR) as well as the County HIV Profiles for sub-national HIV programming.

Financial Analysis

Table 1: Planned budget for Outcome Area 1: HIV/AIDS Kenya Country Office

Intermediate Results	Outcome	Funding Type	Planned Budget
HIV Plans and Strategies	Reduce mortality and Stunting	RR	238,000
		ORR	700,000
	Enhanced child and adolescent protection and HIV prevention	RR	425,000
		ORR	800,000
Total Budget			**2,163,000**

Table 2: Country-Level Thematic Contributions to Outcome Area 1: HIV/AIDS Kenya Country Office

Sponsored Programme Description	Theme	Grant Number	Sponsor Name	Grant Total
Kenya	HIV/AIDS and Children	SC1899020005	Norwegian Committee for UNICEF	38,260.00

Table 3: Expenditures in the Outcome Area

Row Labels	Other Resources - Emergency	Other Resources - Regular	Regular Resources	Grand Total
21-06 Treatment and care of children living with HIV	6,923	245,395	861,218	1,113,536
21-07 HIV prevention	3,850	157,524	335,704	497,078
Grand Total	**10,773**	**402,919**	**1,196,922**	**1,610,614**

Table 4: Thematic Expenses by Programme Area

Row Labels	Other Resources - Emergency	Other Resources - Regular	Grand Total
21-06 Treatment and care of children living with HIV	107	155,552	155,659
21-07 HIV prevention	60	74,822	74,882
Grand Total	**167**	**230,374**	**230,541**

Table 5: Expenses by Specific Intervention Codes

Fund Category	All Programme Accounts
Year	2018
Business Area	Kenya - 2400
Prorated Goal Area	All
Donor Class Level2	Thematic
Row Labels	Expense
Other Resources - Emergency	167
21-06 Treatment and care of children living with HIV	107
21-07 HIV prevention	60
Other Resources - Regular	230,374
21-06 Treatment and care of children living with HIV	155,552
21-07 HIV prevention	74,822
Grand Total	**230,541**

Future Workplan

Enabling Environment

- UNICEF will continue to support counties to implement the multisectoral action plans for the health and wellbeing of adolescents and young people. These action plans run up to 2022. Annually, UNICEF will continue to ensure that the technical health workplans at the counties have priorities for children, adolescents and women HIV interventions.
- Support data and evidence generation- especially release of KENPHIA and utilisation of data and information for programming
- UNICEF will continue to finalise, launch and start implementing the eMTCT business plans for counties whose support on this is ongoing.
- Continue with the Support of Mid-term reviews of the County AIDS Strategic Plans (CASPs)
- Support national and county level monitoring, evaluation and research to ensure evidence is continuously generated and utilized to better inform adolescent programmes
- Advocate for harmonized child/adolescent centred policies and legal frameworks

Supply

- Support specific counties with Point of Care technology to reduce turn-around time of EID results and initiation of treatment.
- Continuous capacity building of the HCW in HTS Care and Treatment toward the achievement of the 90-90-90 strategy
- Support decentralization of PMTCT, child and adolescent friendly services to improve overall health outcomes of these sub-populations
- Quality Improvement on quality of data and service delivery that would comprehensively contribute to the provision of child/adolescent-centred HIV prevention, care and treatment services
- Support scale up of best practices and uptake of innovative strategies that would improve the health outcomes of children, adolescents, pregnant and breastfeeding women living with HIV and their families/partners.

Demand

- Continue to empower Adolescents Living with HIV to improve comprehensive knowledge about HIV, provide psychosocial support to improve treatment outcomes and reduce stigma and discrimination.
- Utilisation of case studies capturing evidence and lessons learnt from communities, beneficiaries and partners.
- Data and evidence utilisation for programming especially (from the 2018 Kenya HIV estimates and KENPHIA)
- Support the disaggregation of data and evidence generated from the KENPHIA to age, geography and sex to better inform programming.
- Continue to implement behavioural change interventions and strategies that would comprehensively contribute to the provision of child/adolescent centred HIV prevention, care and treatment services
- Technical support in the full optimisation of use of DHIS2.

Expression of Thanks

UNICEF in Kenya would like to sincerely thanks the Norwegian Committee to UNICEF in believing in the country office to deliver results for children, adolescents, pregnant and breastfeeding women, including those living with HIV. Thematic funds provided have led to use of evidence to inform strategies and implementation plans at both national and sub-national level.

Through the support that UNICEF has provided to the Government of Kenya and County Governments with thematic funding, more children, adolescent boys and girls, pregnant and breastfeeding women are continuing to be reached with life-saving ART, programmes are integrating HIV prevention interventions that are already showing results of declining new infections across different cohorts of populations.

Partnerships have been strengthened between UNICEF, the Government of Kenya, and Civil Society Organizations; other UN agencies, the donor community and implementing partners. UNICEF Kenya remains keen to sustain these relationships and to contribute to the targets to meet the intended

national, regional and global results for children, adolescents and women under the 90-90-90[5] and the *Three Frees*[6] strategies amongst other global initiatives.

Donor Feedback Form
English version

Annexe C: Case Study with a caregiver to an Adolescent Mother in Nyakach

Location: Nyakach – Nyabondo, Kisumu County
Name of Caregiver: Teresa O.
Age: 45 years
(Did not agree for her photo to be taken. Photos for her children were taken)

Context

- Adolescent daughter benefitted from both PMTCT and OVC- cash and social transfers
- Caregiver widowed since 2003.
- Taking care of both her own children and total orphans from extended family – 10 children in total
- Has 3 adolescents; in class 7, Form 1&3
- Form 3 daughter got pregnant, was supported through PMTCT and reintegrated back to school.

Benefits of UNICEF-Supported Activities

- Before UNICEF intervention, caregiver and daughter didn't have proper information on PMTCT and other available social services including the possibility of returning to school by Adolescents who had given birth.
- "Before, it was not easy to initiate any form of communication with children – they were always afraid of me. This changed, and they can now approach me with ease and ask some one or two questions without fear".
- Initially, these children were reserved and embarrassed to share on certain topics but not anymore
- After the Caregivers were taken through skilful parenting, and the children received life skills training plus information on HIV prevention, care and treatment including PMTCT, Teresa was able to have dialogue with her adolescent daughter living with HIV who had gotten pregnant in form 2 to continue going to the day secondary school, as well as attend antenatal care clinic. The daughter was supported at the nearby Nyabondo Mission Hospital where she was able to deliver an HIV negative baby. The daughter has been supported to return to school while the mother takes care of the baby.

Cash and social Transfer Benefits

- Family receives USD 40 every 2 months from the national OVC Cash transfer programme

[5] By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.
[6] Start Free, Stay Free, AIDS Free A Super-Fast-Track Framework for Ending Aids In Children, Adolescents And Young Women By 2020

- UNICEF provides a package of social transfers including, Skilful parenting for Caregivers, Scholastic materials, Life skills education, mentorship to adolescents, HIV prevention, Care and treatment information and linkage to services, linkage to birth registration and health insurance.

Mary, with her child- A beneficiary of both PMTCT and return to School programme. Photo credit: UNICEF Kenya*