Kenya
HIV/AIDS
Sectoral and OR+ (Thematic) Report

January – December 2016

The President of Kenya, H.E Uhuru Kenyatta, poses for a picture at State House with A/YPLHIV advocates Ms Joyce Omondi, 19, and Mr Elijah Zachary, 13 after the launch of the Maisha County League (Kick-Out AIDS campaign, supported by UNICEF and other partners)
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Prepared by:
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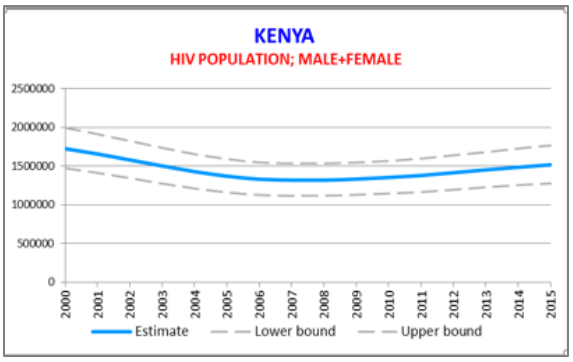
Contents

A. Abbreviations and Acronyms

A/YPLHIV	Adolescent/Young People living with HIV
AAC	Area Advisory Council
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Antiretroviral Therapy
CASP	County AIDS Strategic Plan
CP	Child Protection
CSOs	Civil Society Organizations
EMTCT	ending Mother to Child Transmission
GAM	Global AIDS Monitoring
GFATM	Global Fund for AIDS, TB and Malaria
HIV	Human Immunodeficiency Virus
KASF	Kenya AIDS Strategic Framework
MTR	Mid Term Review
NACC	National AIDS Control Council
NASCOP	National AIDS and STIs Control Programme
NEPHAK	National Empowerment Network of People living with HIV/AIDS in Kenya
ODSS	Organizational Development and Systems Strengthening
OVCs	Orphans and Vulnerable Children
PCA	Programme Cooperative Agreement
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief (PEPFAR
POC	Point of Care
SSFA	Small Scale Funding Agreement
UNICEF	United Nations Children's Fund

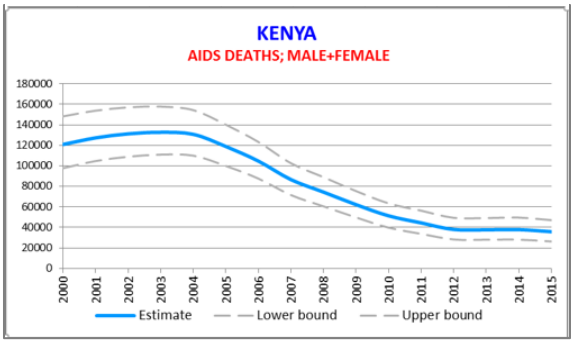
B. Executive Summary

Figure 1: HIV population; Male & Female



According to recent HIV estimates[1], Kenya's HIV prevalence is 5.9 per cent, translating to approximately 1.5 million people living with HIV, including an estimated 98,000 children. The high number of people living with HIV makes Kenya one of the five global priority countries. A higher proportion of women aged 15 to 49 (7 per cent) than men (4.8 per cent) live with HIV, demonstrating a persistent trend from last surveys. Significant age and gender variations exist with sharp rises in HIV prevalence among young girls and women, rising from 2.1 per cent among ages 15-24 to about 10.5 per cent among those aged 25-35 years. The HIV epidemic in Kenya shows extreme geographical variations with 65 per cent of new adult infections occur in 9 of the 47 counties. Kenya has achieved a 49 per cent reduction of new HIV infections among children (less than 14 years). Of the 71,034 new HIV infections among adults reported in 2015, 35,776 (51 per cent) were in young women and men aged between 15 and 24 years with 2/3 of this sub-population being girls and young women.

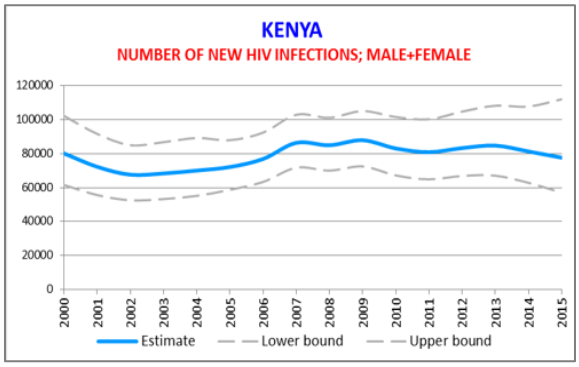
Figure 2: AIDS deaths; Male & Female



While AIDS deaths have reduced over recent years to 36,000 in 2015, less progress is seen in the reduction of new HIV infections. Also, some 650,000 children (0-17 years) are orphans due to AIDS in Kenya, while over a third of all OVCs are aged between 10 and 14 years and account for a significant proportion of the country's adolescent population.

Sexual transmission remains the main mode of transmission accounting for 93.7 per cent of all new infections. Drivers of sexual transmission are unprotected sex, multiple concurrent and age disparate sexual partners, low and inconsistent condom use. While HIV testing (72 per cent) and ART for adults (88 per cent) were rolled out fairly rapidly, Kenya continues to experience challenges in addressing mother to child transmission of HIV with an MTCT rate of about 8.3 per cent in 2015. Challenges include unmet need for family planning among HIV positive women, late antenatal attendance, low skilled birth delivery rates and late initiation and retention in ART. 24 of the 47 counties reduced new HIV infections among children and 60 per cent of new HIV infections among

Figure 3: Number of new infections; Male & Female



[1] UNAIDS 2016 HIV Kenya Estimates

children in 2015 were from mothers diagnosed late in pregnancy while attending post-natal services[2]. Early infant diagnosis and treatment of children and adolescents continue to pose major challenges to the country. While 54 per cent of children aged 0-14 years are on ART globally,[1] Kenya has attained 84 per cent coverage of children on ART. Despite the significant increase of ART coverage a growing concern is rising in the achievement of viral suppression amongst children and adolescents. Existing programme data does not disaggregate ART coverage for adolescents. The data however suggests limited access to sexual reproductive health and HIV prevention interventions, quality care and treatment and support for disclosure for the growing group of adolescents living with HIV. Additionally, the HIV response in Kenya continues to substantively rely on external donor funding, particularly PEPFAR and GFATM resources, requiring concerted efforts to increase domestic resources and investments for children and HIV steadily.

Thus, as a result of receiving an allocation of US$ 400,000 of the 2016 Global Thematic Funds, UNICEF in late 2016 began the planning on priority key interventions to address some of the contextual issues above by furthering work in the first and second decade programming including data analysis and programming for adolescents living with, affected by and at risk of HIV and AIDS, strengthening retention of those on treatment, locating and linking those living with HIV to integrated services, and primary prevention of HIV in adolescents, new-borns and pregnant women.

Since this announcement was made towards the last quarter of 2016, the reporting period has been spent on planning and putting modalities, systems and structures in place for the utilization to commence in 2017. Full implementation for the entire programme will be realized starting the 2nd quarter of 2017 (April 2017 to December 2017).

C. Strategic Context of 2016

The 2016 United Nations Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030, adopted at the United Nations General Assembly High-Level Meeting on AIDS in June 2016, was built on three previous political declarations: the 2001 Declaration of Commitment on HIV/AIDS, the 2006 Political Declaration on HIV/AIDS and the 2011 Political Declaration on HIV and AIDS.

Member States, including Kenya unanimously adopted the 2001 Declaration at the United Nations General Assembly Special Session on HIV/AIDS in 2001. The 2001 Declaration reflected global consensus on a comprehensive framework to achieve Millennium Development Goal 6: halting and beginning to reverse the HIV epidemic by 2015. It recognized the need for multi-sectorial action on a range of fronts and addressed global, regional and country-level responses to prevent people from becoming newly infected with HIV, expand health-care access and mitigate the impact of the epidemic. The 2006 Political Declaration recognized the urgent need

[2] NASCOP 2016 Service Quality Assessment Report)
[1] UNAIDS Progress Report on the Global Plan 2016

to achieve universal access to HIV treatment, prevention, care and support. The 2011 Political Declaration established 10 targets to intensify the efforts to eliminate HIV and AIDS. The most recent Political Declaration focuses on the next 15 years, with a renewed focus on integrating the global HIV response into the broader development agenda.

To support the Kenya Government which adopted the declarations, UNICEF has continued to play a critical role in the HIV response, alongside the UN Joint Programme on HIV, private industry and labour groups, faith-based organizations, nongovernmental organizations (NGOs) and other civil society entities, including those representing people living with HIV.

2016 was also the year the first year of HIV response after the transition from the Millennium Development Goals (MDG's) to the Sustainable Development Goals (SDG's). **SDG 3,** the overarching goal on health issues, seeks to ensure healthy lives and promote wellbeing for all at all ages. **Target 3.3** is, *"By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases".* There are several other goals and targets in the SDGs that are relevant to ending AIDS by 2030; these include goals 1-5, 8, 10, 11, 16 and 17. It is therefore useful to look at the SDGs as a whole to assess how they impact issues of HIV. By ending poverty and hunger, ensuring quality healthcare and education, achieving gender equality and reducing inequality, the world would be addressing some of the underlying factors that leave people vulnerable to HIV infection. Other SDG targets that contribute to target 3.3 are the promotion of economic growth and decent work, making cities safe and resilient, and promoting peaceful and inclusive societies. Strengthening HIV programs to secure affordable HIV treatments also contributes to other health and equity agendas, including TB, hepatitis C and non-communicable diseases.

Ending AIDS by 2030 and what it means for Kenya

Kenya has the fourth-largest HIV epidemic in the world: in 2015, out of a population of 40 million, an estimated 1.5 million individuals were living with HIV and there were approximately 98,000 new infections, 13,000 of these among children under 14 years of age, and 51 per cent of new adult infections occurring among adolescents and young people (15-24 years); and 16 per cent of all people living with HIV being the same age cohort (with this prevalence being 4 times higher for female youth than their male counterparts). To achieve the ambitious target set by SDG 3.3, Kenya needs to ensure that by 2030:

- There are zero HIV infections, zero HIV related deaths, zero HIV related discrimination, and all people who are living with HIV have access to ART.
- Every child born in Kenya is born HIV-free to healthy parents, and any child living with HIV receives the treatment, protection, care and support to survive and thrive into adulthood and old age.
- As children in Kenya grow into adolescence, they are educated and receive adequate nutrition, they can access appropriate HIV and sexual and reproductive health services and they live free from violence and extreme poverty.

- As young people in Kenya, regardless of where they live or who they are, have the knowledge, skills, services, rights and power to protect themselves from HIV.
- Any pregnant woman or breastfeeding mother living with HIV in Kenya can access the services she needs to protect her health and that of her baby.
- All people in Kenya, regardless of their identity, choices or circumstances, have access to relevant HIV prevention services, voluntary HIV testing and affordable treatment and high-quality care and support services—including psychosocial, financial and legal services.
- All people in Kenya have equal opportunity to grow, develop, flourish, work and enjoy prosperous and fulfilling lives, supported by enabling laws, policies and programmes that respect their human rights and address the social determinants of HIV, health and well-being.
- All people in Kenya, living with or without HIV, are able to live their lives to the fullest, from birth to adulthood and into old age, free from discrimination and with dignity and equality.

To contribute to these goals, UNICEF Kenya's HIV and AIDS outcome seeks that *'by 2018, there is improved and equitable use of proven HIV prevention, treatment and care interventions by children, pregnant women and adolescents in selected high-prevalence counties including in emergencies and vulnerable urban contexts'*. This outcome is in direct support of Kenya's MTP 2 which set the ambitious goal to reduce HIV prevalence to 4 per cent.

4.1 National and selected sub-national HIV, sectorial and development plans, strategies and investment cases comprehensively address HIV and children, adolescents and pregnant women, including in humanitarian situations

Key strategies to achieve the output include:

- Policy dialogue, advocacy, and communication, such as advocacy that the most vulnerable children and adolescents benefit from progress in HIV and AIDS.
- Evidence generation and advocacy, for example technical assistance to the review of the National AIDS Strategic Framework; Investment Case development; and County planning and budgeting related to HIV and children and adolescents.
- Partnerships on children, adolescents and HIV, such as strategic engagement with PEPFAR, GFATM, the Private sector and academia.
- Capacity development such as supporting that the DHIS will be able to generate disaggregated data for adolescents 15-19 years; disaggregated data during humanitarian crisis; operationalizing new HIV guidelines and policies at sub-national level.
- Monitoring results for equity, such as assessing and responding to disparities in access, coverage and quality of high impact HIV interventions especially for socially excluded populations.

4.2 Increased national and sub-national capacity for scaling up integrated HIV prevention, treatment and care interventions for adolescents.

Key strategies include:

- Capacity development, including C4D, on adolescents and HIV (prevention, treatment and care) at national and sub-national levels.
- Identification and promotion of innovations (e.g. performance management tools; real-time feedback from adolescents).
- Support to integration of services and cross-sectorial linkages (e.g. to increase access to HTC and ART).

4.3 **Evidence on children, adolescents and HIV is utilized for policy and programming and models for scale up developed**

Key strategies include:

- Identification and promotion of innovation (e.g. nationally owned platform for sharing innovations on children and AIDS).
- Modelling linking existing social protection programme with HIV prevention, treatment and care interventions for children and adolescents.
- Evidence generation, policy dialogue and advocacy (e.g. case studies).
- Invest in improving data collection about children and adolescents living with HIV, including data disaggregation, web-based data visualisation and alert systems.
- Increased transparency and public accountability.

4.4 Access and quality of paediatric HIV treatment services improved

Key strategies include:

- Capacity building at national level and priority counties to implement, monitor and report on progress to accelerate HIV diagnostics for the HIV exposed/infected infant and Point of Care uptake.
- Testing community based innovations to increase demand for paediatric HIV services and reduce the loss to follow up of HIV positive mothers and babies during the pre-natal care period.
- Generating strategic information and evidence through data quality audits, viral load and early infant diagnosis data reviews and birth testing protocol development.

Programme progress is monitored through regular programme reviews at national and sub-national level with government, NGOs, development and other partners. In line with the 'Delivering as One' principle, UNICEF continues to be an active partner in the UN Joint Team on HIV and supports the development of a new Joint Programme and its implementation and monitoring. UNICEF's HIV outcome and output indicators are aligned to the UNDAF and based on latest HIV data available.

D. Results in the Outcome Area

Contributing to Outcome 5 of UNICEF country programme, which ensures that by 2018, there is improved and equitable use of proven HIV prevention, treatment and care interventions by children, pregnant women and adolescents in selected high-prevalence counties including in emergencies and vulnerable urban contexts, and through the 2016 allocation of the Global Thematic Fund to HIV, the following results have been achieved:

1. A new joint programme with Child Protection to prevent HIV through protecting adolescents from violence, abuse and exploitation in Migori County is in development. World Vision has been identified through a competitive process, as the organization to partner so that by June 2018, 25,202 girls and 24,198 boys aged 10-19 years in select sub-counties[i] of Migori County have increased access to and utilization of critical care services for Child Protection (CP) and HIV. Further, the collaboration will strengthen coordination systems and accountability mechanisms' at county and select sub-county levels to provide and scale up quality Child Protection and HIV services. Capacities of partners will also be strengthened on HIV prevention and treatment among adolescents in response to violence, abuse and exploitation.

2. Discussions with the National AIDS and STIs Control Programme (NASCOP) are ongoing to test community based innovations that aim to reduce loss to follow up on HIV positive mothers and babies during post-natal care. This is in line with areas which UNICEF desires to pay close attention to and support in line with the newly developed Kenya Framework for Elimination of Mother-to-Child Transmission (EMTCT) of HIV and Syphilis 2016-2021. A decision has been arrived at to also develop a comprehensive package of care for HIV positive and negative adolescent aged pregnant women/mothers.

3. In efforts to strengthen HIV disaggregated data at national and county level, UNICEF jointly with PEPFAR, UNAIDS and WHO has supported the Ministry of Health to develop new HIV estimates for Kenya and County Profiles which were launched in October 2016 and included for the first time age disaggregated data for key indicators on number of adolescents living with HIV, new infections and AIDS related deaths among adolescents for national level and all counties. UNICEF further supported the development of new age and sex disaggregated HMIS data collection tools on HIV and training of 195 trainers on their utilization. With the Global Thematic Funds and other leveraged support, UNICEF is currently supporting the HIV Estimates 2017 and Global AIDS monitoring. In terms of target setting at county level, findings of the data assessments informed the recent County AIDS Strategic Plans (CASP), and all six priority counties have developed and launched CASP with targets and resources allocated to meet identified needs for adolescents' HIV prevention, treatment and care. To make this more meaningful, UNICEF is also supporting counties to develop baselines (denominators) to help monitor the performance of HIV and adolescent programming.

4. Towards strengthening the capacity of Sauti Skika to ensure that adolescents and young people living with HIV are meaningfully engaged at grassroots, county and national levels

for positive health and wellbeing outcome, UNICEF has supported the launch of 4 county chapters. The support to the ALHIV initiative at national and county level resulted in consensus with implementing partners and government to acknowledge and support 'Sauti Skika' as the official network of ALHIV for coherent and systematic engagement. Further, to promote and strengthen participation of adolescents in the HIV response, UNICEF supported young people to prepare, attend actively and lead various sessions including in developing a youth communique in the Africa Health Agenda International Conference in March 2017.

UNICEF's HIV programme has coalesced vital partnerships with government, UN, development partners and civil society resulting in increased visibility of children and adolescents. Emphasis is placed on upstream interventions leading to increased programmatic action and resources to end AIDS among adolescents in Kenya. Overall, through the whole programme by end of 2016, results were achieved in strengthening capacity and systems at county and national levels to collect and analyse data, particularly disaggregated data on HIV to identify the age group 10–14. New partnerships have led to real-time data on adolescents and greater access to HIV and sexual and reproductive health information by over 160,000 adolescents and youth nationally, including in urban informal settlements. Strategic efforts have resulted in the development and launch of county AIDS Strategic Plans as well as launch of a new network for and by 1,500 young people living with HIV. UNICEF continued to be an active member of the UN Joint Team on HIV, with lead roles in the new UN Joint Programme on HIV for Kenya.

The entire HIV and AIDS outcome (5) is planned at US$ 2,403,172 for the period of Nov 2016 – June 2018, to ensure that by 2018, there is improved and equitable use of proven HIV prevention, treatment and care interventions by children, adolescents and pregnant women in selected high prevalence counties including in emergencies and vulnerable urban contexts. The first output on planning, policies and humanitarian work is planned at US$ 494,402. The second output on Adolescents HIV prevention, treatment and care is planned at US$ 540,009. The third output on evidence generation and utilization and scaling up models is planned at US$ 1,122,000 while the final out on paediatric HIV treatment services is planned at US$ 249,270.

Flexible funding such as RR or Thematic HIV funding is essential for UNICEF Kenya in order to be able to build on the results and the gains made in HIV, while continuing to address the challenges facing children and adolescents in the context of HIV in Kenya. The Global Thematic Fund has particularly been utilized for salary support to three HIV technical staff on temporary assignment (TA): a Point of Care, eMTCT focal person, who is also the paediatric treatment specialist embedded in NASCOP with capacity building support role for focus counties; a Roving HIV Data and Information Officer, also embedded in NASCOP with key capacity building support for counties as well as some support to NACC on key data processes such as the HIV Estimates; and an Adolescent Programme Officer based at NACC with a role to strengthen coordination and monitoring of adolescent and HIV programmes in the country.

E. Financial Analysis

Table 1: Outcome Area 5: HIV and AIDS
Kenya
Planned and Funded for the Country Programme 2016 (in US Dollar)

Programme Structure	Funding Type	Planned
001 - OUTPUT 1: HIV PLANS AND STRATEGIES	RR	150,000
	OR	348,750
002 - OUTPUT 2 : HIV INTERVENTIONS 4 ADOLESCNTS	RR	0
	OR	0
003 - OUTPUT 3 : HIV EVIDENCE AND POLICY	RR	0
	OR	0
Total	**OR**	0
	RR	0
Overall total		498,750

Table 2: Outcome Area 5: HIV and AIDS
Thematic Contributions Received for Outcome Area 5 by UNICEF Kenya in 2016
(In US Dollars)

Donors	Grant Number*	Contribution Amount	Programmable Amount
Global – HIV and AIDS	SC149902	400,000	400,000
Total		**400,000**	**400,000**

Table 3: Outcome Area 5: HIV&AIDS
Kenya
2016 Expenditures by Key-Results Areas (in US Dollars)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
001 - OUTPUT 1: HIV PLANS AND STRATEGIES	205,715	60,024	378,516	644,255
002 - OUTPUT 2 : HIV INTERVENTIONS 4 ADOLESCNTS	0	70,077	176,782	246,859
003 - OUTPUT 3 : HIV EVIDENCE AND POLICY	0	120,266	124,365	244,631
Total	205,715	250,367	679,663	1,135,745

Table 4: Outcome Area 5: HIV and AIDS
Kenya
Planned Budget and Available Resources for 2016

	Funding Type	Planned Budget	Funded Budget	Shortfall
001 - OUTPUT 1: HIV PLANS AND STRATEGIES	RR	150,000	378,516	(378,366)
	ORR	348,750	60,024	288,726
	ORE		205,715	(205,715)
002 - OUTPUT 2 : HIV INTERVENTIONS 4 ADOLESCNTS	RR	0	176,783	(176,783)
	ORR	0	70,077	(70,077)
	ORE		0	0
003 - OUTPUT 3 : HIV EVIDENCE AND POLICY	RR	0	124,365	(124,365)
	ORR	0	120,266	(120,266)
	ORE	0	0	0
Sub-total Regular resources		150,000	679,664	(529,664)
Sub-total ORE		0	205,715	(205,715)
Sub-total Other Resources - Regular		348,750	250,367	98,383
Total for 2016		498,750	1,135,747	(636,997)

F. Future Work Plan

Continued focus will be placed on a mix of midstream and upstream children and adolescents HIV interventions, guidelines and standards development and monitoring their implementation; data analytics, domestic HIV financing, proof of concept to reduce structural barriers which fuel new HIV infections especially among adolescent girls through HIV sensitive social protection and child protection interventions; strengthening community and health systems linkages and use of technology; fostering participation of adolescents living with HIV and reduce stigma; building capacity at national level and selected counties, including on adolescent key populations. The MTR recommended to strengthen UNICEF's role in further improving access and quality of paediatric HIV interventions, noting that children aged 0-9 years have not received adequate attention, recommending to create a specific output in UNICEF's HIV Work plan for 2016-2018.

However, availability of funds is a concern. Flexible OR funds are required to strengthen the HIV response for paediatrics and adolescents. From the US$ 400,000 allocated, the only charges expended so far are US$ 1,629.51 towards planning and monitoring meetings with partners. The utilization for the Global Thematic is planned as follows:

1. The Partner Cooperation Agreement with World Vision on HIV Prevention and Protection for Adolescents in Migori County (US$ 73,749)
2. Testing community based innovations to reduce loss to follow up on HIV positive mothers and babies during post-natal care (US$ 80,000). The modality for this is currently being developed.
3. Development of a comprehensive package of care for HIV positive and negative adolescent aged pregnant young women and lactating mothers (US$ 30,000). The modality for this is currently being developed.
4. HIV data tools roll out and strengthening of the DHIS (US$ 20,000).
5. Support to a Small Scale Funding Agreement (SSFA) with the National Empowerment of Persons Living with HIV (NEPHAK) on support to the Support Network for Adolescents Living with HIV, Sauti Skika (US$ 26,251).
6. Salary support to 3 TA's – Paediatrics' Specialist and HIV Information Officer embedded at NASCOP and Adolescent Programme Officer based at NACC (US$ 170,000).

Specifically, in 2017, the utilization of the Global Thematic Fund will scale up the plans already in motion as per the above financial analysis.

1. The new joint programme with Child Protection to prevent HIV through protecting adolescents from violence, abuse and exploitation in Migori County will be in effect starting May 2017 and run through to July 2018. Strategies to implement will include but will not be limited to: equipping the Ministry of Health to establish Adolescent friendly services in community and public health facilities; facilitating the Ministry of Health in coordination with other partners to conduct community and home based HIV testing services by community health volunteers and ensuring appropriate referrals during

school holidays; support the interventions on HIV prevention with Positives' adolescents and reach out to respond to adolescent men who have sex with men; Sensitize faith leaders on HIV and Child Protection using the Channels of Hope Model to reduce stigma on adolescences living with HIV; Facilitate MoH and Department of Children services to conduct capacity building on Adolescents CP and HIV data collection and utilization based on gaps; enhancing capacities of Area Advisory Councils to protect adolescents from violence, abuse and exploitation; counselling and testing for HIV and enrolling into treatment all adolescents tested positive; and supporting multi-sectorial forums with active adolescent sensitive action plans.

2. A modality to test community based innovations that aim to reduce loss to follow up on HIV positive mothers and babies during post-natal care, will be developed alongside a comprehensive package of care for HIV positive and negative adolescent aged pregnant women/mothers.

3. UNICEF will finalize and launch the 6 County Adolescent Assessments to inform programming priorities and resource discussions at county level. This will be done in partnership with NASCOP and NACC and the Counties of Nairobi City, Mombasa, Turkana, Homabay, Siaya and Kisumu. Alongside, UNICEF will support NACC to reassess progress towards reaching the bold targets set out in the 2016 UN General Assembly Political Declaration on HIV and AIDS, with a focus on children, adolescents and women. As the part of the process, UNICEF will support the development and submission of the 2017 Global AIDS Monitoring (GAM) and the Kenya HIV Estimates 2016. The development of the GAM and report will ensure that Kenya meets its national and international obligations by submitting timely reports to the UNAIDS. The Kenya HIV Estimates ensures that the country generates its annual HIV estimates to reassess progress towards reaching the bold targets on HIV response.

4. UNICEF will expand and broaden the work already initiated under the Sauti Skika Initiative by building the capacity of individual adolescent leaders while nurturing the organizational development and systems strengthening (ODSS) of national and county networks of adolescents living with HIV to engage meaningfully in the response to HIV. By the end of 2017, 5000 new adolescents living with HIV (with a focus on the most vulnerable including 60 per cent girls in 10 counties will have been mobilized to join the Sauti Skika Network, and 500 will have been adequately trained on health literacy, 50 will have been empowered to participate actively as advocates and champions in the HIV response. Dedicated support will be given to Sauti Skika Steering Committee to strengthen leadership and membership. Finally, linkages and engagement between decision makers, policy makers, parents, guardians, teachers and religious leaders will be facilitated. So as to ensure that interventions targeting A/YPLHIV is guided by them, UNICEF will continue to secure their representation in various technical, policy and strategic bodies at the national level, including the Global Fund Proposal Writing process.

G. Expression of Thanks

UNICEF sincerely thanks the Global Thematic funding, UK National Committee, German National Committee, CERF and UNICEF Regular Resource allocations for the generous funding to HIV programmes in Kenya. The programme continues to be instrumental in demonstrating HIV results for children and adolescents. The financial support is most appreciated.

UNICEF also recognizes NACC, NASCOP, World Vision, NEPHAK, Sauti Skika, and the UN Joint Team on HIV without whom the realization of the achievements (planned and attained) in this reporting period and beyond would not be possible.

H. Annexes

Human Interest Stories

Participants at the 2016 Inaugural Annual ALHIV Forum in Nairobi, pose for a photo. From the forum, consenting adolescents recorded the following audio visuals with key messages around the support they need to adhere to their medication and live positively. Below are the clips.

1. Adherence to HIV Treatment: Joyce Ouma https://goo.gl/mLH0UH
2. Living Life Positively: Brenda Bakobye https://goo.gl/HvTMgw
3. Support for Adolescents Living with HIV: Johnson Birgen https://goo.gl/EMGtDH
4. Support for Adolescents Living with HIV - Young Kenyans Speak Out https://goo.gl/nKOVZG
5. Living Life Positively - Young Kenyans Speak Out https://goo.gl/7U6oIa
6. Adherence to HIV Treatment - Young Kenyans Speak Out https://goo.gl/SnMqg9

I. Donor Feedback

DONOR FEEDBACK REPORT

Name of Report: **Global - HIV and AIDS Thematic Fund, SC149902, 2016**

Completed by: **Name** _____

Designation _____

Organization: _____

Date completed: _____

Email: _____

Please return to UNICEF (email): wschultink@unicef.org

SCORING:	**5 indicates "highest level of satisfaction" while** **0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

2. To what extent did the funds utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

3. To what extent does the report meet your expectations with regards to the analysis provided, including identification of difficulties and shortcomings and remedies to these

5	4	3	2	1	0

4. To what extend does the report meet your expectations with regards to reporting on results?

5	4	3	2	1	0

5. To what extent does the report meet your expectations with regard to gender mainstreaming in emergencies/humanitarian situations?

5	4	3	2	1	0

6. Please provide us with your suggestions on how this report could be improved to meet your expectations.

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_____

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[i] Nyatike, Suna East , Suna West and Rongo