

# COUNTY ASSEMBLY OF NAKURU

## THE HANSARD

**Third Assembly (Second Session)**

**Wednesday 2nd August 2023**

**Assembly Building**

**The House met at 11:10 AM**

*[The Temporary Speaker (Hon. Loise Kagecha) In the Chair]*

### **PRAYERS.**

#### **COMMUNICATION FROM THE CHAIR**

##### **SELECTION OF TEAMS FOR CASA GAMES**

**The Temporary Speaker** (Hon. Loise Kagecha): There is a Communication from the Chair. The selections of teams is going on from yesterday until today Wednesday 2nd August 2023 in various fields. Members are asked to liaise with Team Coordinators and Captains for the success of the said exercise. Participants are further asked to attend and practice daily as communicated earlier, thank you. Next order.

### **PAPER**

#### **VISIT TO NJORO SUB COUNTY HOSPITAL HELD ON 24<sup>TH</sup> MAY, 2023**

**The Temporary Speaker** (Hon. Loise Kagecha): There is a Paper to be laid by the Chairperson for the Committee on Health Services.

**Hon. Njuguna Mwaura:** Thank you Madam Temporary Speaker, I rise to lay a Paper on the Report of the Committee on Health Services on the visit to Njoro Sub County Hospital held on 24th May, 2023. I beg to lay.

**The Temporary Speaker** (Hon. Loise Kagecha): Thank you, next Order?

### **NOTICE OF MOTION**

#### **VISIT TO NJORO SUB COUNTY HOSPITAL**

**The Temporary Speaker** (Hon. Loise Kagecha): There is a Notice of Motion to given by Honorable Njuguna Mwaura, the Chairperson for the Committee on Health Services

**Hon. Njuguna Mwaura:** Madam Temporary Speaker, I rise to give a Notice of Motion that this House adopts the Report of the Committee on Health Services on the visit to Njoro Sub County Hospital held on 24th May, 2023. I beg to give the Notice of Motion.

**The Temporary Speaker** (Hon. Loise Kagecha): Thank you, next Order?

## **STATEMENTS**

PREVALENCE OF HIV/ AIDS IN YOUTHS AND YOUNG MOTHERS IN NAKURU COUNTY.

**The Temporary Speaker** (Hon. Loise Kagecha): There is a response to Statement requested by Honorable Ann Wamaitha and the response will be given by Honorable Njuguna Mwaura, the Chairperson for the Committee on Health Services

**Hon. Njuguna Mwaura:** Thank you Madam Temporary Speaker, I rise to respond to Statement sought by Honorable Ann Wamaitha on prevalence of HIV and AIDS in Youths and Young Mothers in Nakuru County. Madam Speaker on Wednesday 26<sup>th</sup> April, 2023, Hon. Ann Wamaitha, Special Elect MCA requested for a Statement from the Chairperson Committee on Health Services concerning the prevalence of HIV/AIDS among youth and young mothers in Nakuru County.

The Hon. Member requested for a detailed information on the measures that the County Department of Health Services has put in place to deal with the rising cases of HIV/AIDS in teenagers and young mothers in the County.

The Committee while undertaking its Legislative, Oversight and Representation role wrote to the County Executive Committee Member Department of Health Services to get factual information on the question raised.

On 4th May, 2023 the Department responded as follows;

Areas covered in the response includes;

- History of HIV/AIDS
- HIV data both at National Vs Nakuru County.
- HIV Prevalence by Sub Counties among Adults 15-49years
- Partners supporting HIV Program in Nakuru County
- HIV Testing, Positivity and Teenage Pregnancy (January 2021- March 2023)
- HIV Testing, Positivity by Sub Counties Jan-December 2022
- Prevention of Mother to Child Transmission
- Challenges in achieving Elimination of Mother to Child Transmission
- What the County is doing to curb the Rising HIV/AIDS Infections among the youth and the young mothers in the County.

## History of HIV/AIDS

HIV/AIDS continues to be a major Public Health challenge in Sub-Saharan Africa. Kenya's HIV epidemic has been the fourth largest worldwide in the last decade. For this reason, Kenya has been regarded globally as a priority Country in Sub Saharan Africa to reverse the spread of HIV in the region.

HIV/AIDS was first discovered in Kenya in 1984 through a Ugandan Journalist aged 34years who had lived in Nairobi for 4years but had travelled extensively. It is worth noting that, the Kenya's epidemic curve has changed over time due to development from a Health focus approach to Multisectoral response coordinated by a single National authority known as National Aids Control Council, a single strategic framework and a single monitoring and evaluation framework. Increased availability of reliable and comprehensive data has helped to focus on the importance of HIV transmission location and population in order to reduce new HIV Infection.

In 1999 the Kenyan Government declared HIV pandemic a National disaster requiring a Multi Sectoral Emergency Response and Measures to contain the situation. Kenya is committed to be on the pathway towards ending the AIDS Epidemic by the year 2030 in line with the United Nations Sustainable Development Goal Number 3. The SDG goal no 3 is to ensure healthy lives and promote well-being for all at ages including a bold commitment to end the epidemics such as AIDS, Tuberculosis, Malaria and other Communicable diseases by 2030. Kenya is also committed to meet the global targets of 95-95-95. This means 95% of all people who are HIV Positive are identified, 95% of them started on ART, and 95% of those started on ART getting virally suppressed.

The Kenyan Government has launched a number of HIV Programs in collaboration with other Development Partners to manage the.....B AGNE pandemic. HIV response in Kenya is mainly funded by donors including the Global Fund and the United States Presidents' Fund for AIDS Relief. That is PEPFAR, who have continued to support the Program to date.

According to the data released by the National Syndemic Disease Control Council, formerly National AIDS Control Council, the number of people living with HIV has changed over time. Anti-Retro Viral Therapy (ART) is a lifelong treatment which has helped to improve the quality of life for people living with HIV, and helping them to live longer. The number of people on ART has also increased over time. The milestones made over time in HIV response and the gains made through different interventions are part of the journey towards Epidemic Control by 2030.

The Pill Burden has also been reduced through science making it easy for the client to swallow one drug maybe once or twice a day, unlike before where one could take a number of pills at once. The development has also come with more efficacious drugs that are very effective; drugs known as (Dolutegravir (DTG)) which are taken by children as well as adults in the correct dosage.

## **ii) HIV data both National versus Nakuru County.**

The comparisons data on HIV Nationally versus Nakuru County as cited by the National's Syndemic Disease Control Council. That is from the indicator that is the National level and Nakuru County. HIV prevalence overall nationally is 4.40 %. In Nakuru it is 3.5%; that means that we are doing poorly as a County and something ought to be done.

HIV prevalence in male is 2.65% and in Nakuru it is 1.6%. HIV prevalence in females, that is where actually we have a problem; It is 5.3% nationally and in Nakuru it is 4.6%, and I request our sisters who are here through the Women Caucus, to take lead in addressing this issue because it is a pandemic in our county, and if you can compare statistically, it means Nakuru we are doing poorly as far as the prevalence in females is concerned. There are many biological explanations as to why this is so, but we really need to do something as far as this is concerned.

Mother To Child Transmission rate, it is 8.9% nationally, in Nakuru it is 11% and I really want to reiterate this and also to request our sisters also that they have a lot to do so that they can actually move around and sensitise the population that we have, so that we can reduce this gap. A mother To Child Transmission of 11% in Nakuru County, it means we are doing poorly. It is like we are leading in Nakuru because nationally it is 8.9% but here it is 11%.

New infections total nationally it is that 34540. In Nakuru new infections are 1496. Number of people living with HIV by 2022 was 1 437 267; in Nakuru there are 58,678. That means we are not doing well and urgent measures ought to be put in place.

Total number of people on ARVs/ARTs is 1 128 796 and the number of people living on ARTs in Nakuru is 38 250 that is by 2021, but by March 2022 there were 44,874. That means there is a number of individuals who are not going for these drugs and measures ought to be put in place.

Number of people on ARTs by sex is male nationally is 348 408. Female, it is 694 913. In Nakuru, those who are living on ARTs are 10 671 men and females 36 472. That means that there under the natural rate and socially Madam Temporary Speaker, is that men do not go to hospitals and they fear, I do not know if they fear injections or what is that they fear, but men are not known for going to hospitals. And by so doing therefore men, and I believe that honorable Degualle who can be the Male Caucus Chairperson, we ought also to tell our men to be going to hospitals so that they can at least get to know their status and thereafter they be collecting drugs so that they can live normal lives. Currently, there are a lot of improvements as far as the ARTs are concerned and therefore that can really assist.

Nationally, number of persons on ARTs at age 0 to 14 are 68 505 and in Nakuru, they are 2 146. Virally suppressed male is 348 408 and female it is 807 576.

Overall in Nakuru by March 2023, they were 97%. That is 97% of the total number of individuals who are living with HIV. Adults were 97% children were 93%.

Number of AIDS related deaths nationally are 22 373 and in Nakuru, they were 1 332.

**Hon. Njuguna Mwaura:**

**iii) HIV Prevalence by Sub Counties among adults 15-49years**

Below is the table indicating the HIV prevalence by the Sub-Counties among adults 15-49years as cited by the Kenya Health Information System. The HIV prevalence at Nakuru County is at 3.5%.

|                          |                   | <b>POPULATION</b> | <b>HIV PREVALENCE ADULTS<br/>(AGE 15-49YEARS)</b> |
|--------------------------|-------------------|-------------------|---|
| <b>NAKURU<br/>COUNTY</b> | <b>SUB COUNTY</b> | <b>1,234,897</b>  | <b>3.5%</b>                                       |
|                          | Nakuru East       | 111,338           | 3.2%  |
|                          | Nakuru West       | 114,275           | 4.6%  |
|                          | Nakuru North      | 122,122           | 3.5%  |
|                          | Rongai            | 114,592           | 3.0%  |
|                          | Subukia           | 48,747            | 3.1%  |
|                          | Kuresoi North     | 100,443           | 2.9%  |
|                          | Kuresoi South     | 89,162            | 2.6%  |
|                          | Gilgil            | 106, 250          | 4.0%  |
|                          | Naivasha          | 204,326           | 4.2%  |
|                          | Njoro             | 133,728           | 3.2%  |
|                          | Molo              | 89,913            | 2.9%  |

We need a lot of focus in Nakuru West. Attention needs to be given there by Honorable Members and the Executive so that they can try to sensitize the members of the public on the same.

**iv) Partners Supporting HIV Programs in Nakuru County**

The following partners are working closely with the County Department of Health Services to monitor and help in reducing the HIV Infections in the County.

| <b>MAIN<br/>DONOR</b> | <b>MAIN<br/>RECIPIENT</b> | <b>SUB RECIPIENT</b> | <b>PROGRAM</b> | <b>AREA<br/>ACTIVITIES</b> | <b>OF</b> |
|-----------------------|---------------------------|----------------------|----------------|----------------------------|-----------|
|-----------------------|---------------------------|----------------------|----------------|----------------------------|-----------|

|             |                 |                           |   |  |
|-------------|-----------------|---------------------------|---|--|
| PEPFAR      | UTJ             | STAND ALONE               | Prevention, Care & Treatment  | All the 11 sub counties                                      |
|             | UTJ             | KNOTE                     | Prevention- Female Sex Workers  | Naivasha, Gilgil   |
|             |                 | NORTHSTAR ALLIANCE        | Prevention- Female Sex Workers, Men who have sex with Men   | Rongai, Naivasha outreaches in all sub counties.             |
|             |                 | KYDESO                    | Prevention- Men who have sex with Men   | Nakuru East and West   |
| GLOBAL FUND | KENYA RED CROSS | Hope Worldwide Kenya HWWK | Prevention- Female sex workers, Men who have sex with Men   | Nakuru East and West   |
|             |                 | HIV Free Generation       | Prevention- Community aspect on prevention, discordant couples, defaulter tracing.                  | Molo, Nakuru Northx, Rongai, Njoro, Kuresoi South and North. |
|             |                 | ORNYX                     | Prevention- Community aspect on prevention – discordant couples, defaulter tracing, Community PMTCT | Nakuru East and West, Naivasha, Gilgil and Subukia.          |

**v) HIV Testing, Positivity and Teenage Pregnancy (January 2021- March 2023)**

The following information was deduced from January 2021 to March 2023 by Kenya Health Information System.

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|      |                  | HIV                  |                        |                              |                              |                          |                           | TEENAGE PREGNANCY   |   |
|------|------------------|----------------------|------------------------|------------------------------|------------------------------|--------------------------|---------------------------|---|---|
| Year | Quarter          | Total Clients tested | Total Clients positive | No. of Teens & Youths Tested | No. of Teens & Youths Tested | Total clients Positivity | Teens & Youths Positivity | Adolescents 10-14years presenting with pregnancy at 1 <sup>st</sup> ANC Visit | Proportion of adolescents 10-14yrs presenting with pregnancy at 1 <sup>st</sup> ANC Viist against total 1 <sup>st</sup> ANC Clients |
| 2021 | Jan to Mar 2021  | 99,993               | 1,593                  | 32,241                       | 204                          | 1.6%                     | 0.6%                      | 3,552   | 18.9%   |
|      | Apr to June 2021 | 59,650               | 1,077                  | 18,778                       | 134                          | 1.8%                     | 0.7%                      | 3,154   | 17.4%   |
|      | Jul to Sep 2021  | 69,933               | 1,285                  | 26,456                       | 148                          | 1.8%                     | 0.6%                      | 2,314   | 13.6%   |
|      | Oct to Dec 2021  | 48,563               | 1,079                  | 16,161                       | 148                          | 2.2%                     | 0.9%                      | 2,449   | 13.9%   |
| 2022 | Jan to Mar 2022  | 74,648               | 1,438                  | 24,018                       | 189                          | 1.9%                     | 0.8%                      | 2,112   | 11.7%   |
|      | Apr to Jun 2022  | 57,964               | 982                    | 24,212                       | 151                          | 1.7%                     | 0.6%                      | 2,097   | 12.0%   |
|      | Jul to Sep       | 35,889               | 793                    | 12,418                       | 125                          | 2.2%                     | 1.0%                      | 2,162   | 12.5%   |

|      |                        |        |       |        |     |      |      |       |       |
|------|------------------------|--------|-------|--------|-----|------|------|-------|-------|
|      | <b>2022</b>            |        |       |        |     |      |      |       |       |
|      | <b>Oct to Dec 2022</b> | 60,914 | 1,046 | 25,687 | 165 | 1.7% | 0.6% | 2,055 | 12.9% |
| 2023 | <b>Jan to Mar 2023</b> | 57,556 | 1,094 | 20,705 | 162 | 1.9% | 0.8% | 2,178 | 12.2% |

#### vi) HIV Testing, Positivity by Sub County Jan-December 2022

According to Kenya Health Information System the testing and positivity in 2022 is as outlined;

| <b>Region</b>        | <b>HTS Tested</b> | <b>TST Positive</b> | <b>HTS Tested</b> | <b>TST Positive</b> | <b>HTS Tested</b> | <b>TST Positive</b> | <b>HTS Tested</b> | <b>TST Positive</b> | <b>HTS Tested</b> | <b>TST Positive</b> |
|----------------------|-------------------|---------------------|-------------------|---------------------|-------------------|---------------------|-------------------|---------------------|-------------------|---------------------|
| <b>Gilgil</b>        | 11,170            | 155                 | 5,643             | 38                  |                   |                     |                   |                     |                   |                     |
| <b>Kuresoi North</b> | 2,818             | 84                  | 1,042             | 17                  |                   |                     |                   |                     |                   |                     |
| <b>Kuresoi South</b> | 2,975             | 89                  | 1,308             | 19                  |                   |                     |                   |                     |                   |                     |
| <b>Molo</b>          | 4,958             | 144                 | 1,844             | 21                  |                   |                     |                   |                     |                   |                     |
| <b>Naivasha</b>      | 13,994            | 280                 | 5,157             | 50                  |                   |                     |                   |                     |                   |                     |
| <b>Nakuru East</b>   | 11,371            | 196                 | 3,171             | 37                  |                   |                     |                   |                     |                   |                     |
| <b>Nakuru North</b>  | 5,636             | 122                 | 1,855             | 18                  |                   |                     |                   |                     |                   |                     |
| <b>Nakuru West</b>   | 12,868            | 357                 | 4,301             | 56                  |                   |                     |                   |                     |                   |                     |
| <b>Njoro</b>         | 5,650             | 156                 | 2,116             | 33                  |                   |                     |                   |                     |                   |                     |
| <b>Rongai</b>        | 3,221             | 93                  | 1,098             | 21                  |                   |                     |                   |                     |                   |                     |
| <b>Subukia</b>       | 2,808             | 43                  | 1,169             | 3                   |                   |                     |                   |                     |                   |                     |

#### vii) Trend of New HIV Infections among Adolescents

According to National HIV Estimates 2022 the new HIV Infections were tabulated as shown below from 2016- 2021.



| Year   | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|--------|------|------|------|------|------|------|
| Number | 243  | 239  | 257  | 185  | 287  | 297  |

### **viii) Trend of Teenage Pregnancies**

According to Kenya Health Information System this is the trend of Teenage Pregnancies in the County from 2016 to 2022.

| Year   | 2016   | 2017   | 2018   | 2019   | 2020   | 2021   | 2022  |
|--------|--------|--------|--------|--------|--------|--------|-------|
| Number | 10,712 | 13,875 | 18,040 | 16,496 | 12,450 | 11,469 | 8,318 |

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### **vii) Prevention of Mother to Child Transmission**

The County has a total of 2,470 mothers supposed to get PMTCT Services, however only 1,801 mothers have been reached. At the same time for the HIV exposed infants, the number is at 1,801 but the Department had managed to reach 1,759.

### **viii) Challenges in achieving Elimination of Mother to Child Transmission**

- Erratic Commodity supply- for testing the mothers for HIV, Syphilis and Hepatitis B (Triple Elimination). Therefore, there is inadequate supply of those drugs that are supposed actually assist our mothers not to have mother to child transmission.
- Availability of equipment for Infant Testing in the County (only done at National Labs) there are no labs actually that are able to test the infants. therefore, that is a challenge because we cannot be able now going to suppress the viral load to the infants.
- Inadequate funds to support Community PMTCT through CHVs and Mentor Mothers.
- Inadequate PMTCT sites as a result of inadequate staffing (Trained HCWs) at the county.
- Low male Involvement. Men are not going to the hospital and are not involved in this venture as they usually do not go actually for pre-natal services or during post-natal services.
- Non-adherence to treatment due to psychological/HIV associated stigma issues.

### **ix) What the County is doing to curb the Rising HIV/AIDS Infections among Adolescents and Teenage Mothers**

The department of health services has employed the following ways to reduce the increasing numbers of infection.

- Offering age appropriate HIV Adolescents and Young Persons prevention Package through Behaviour Change & Communication (Behaviour Change and Communication) ABC, Pre-exposure Prophylaxis (PrEP)- that is when a youth can go to the hospital and confirm that yesterday they had a coitus or they had they were actually having it without protection, or there was an accident, they are given pre-exposure or prophylaxis drugs. Post exposure Prophylaxis (PEP), Sexual Reproductive Health education and Services.
- Ongoing 'BINTI' Shujaa Program for young mothers (130 ambassadors manning 180 support groups of 10 each-below 19 years of age)- integrated PrEP in Binti Shujaa.
- Quarterly Adolescents and Young Persons- Technical Working Group Meeting and support supervision.
- Operationalisation of Operation Triple Zero (OTZ) and OTZ champions.
- Sensitisation of youth leaders on Youth Friendly Services. On this I want to encourage the Women Caucus and also the Youth Caucus, they can take advantage of that program and they can create weekend programs where they can meet with our youth centres and I believe each and every facility ought to have a youth friendly centre where *Waheshimiwa* from that area can call all the youth actually to be educated on these matters and can be sensitised on this matter. The other issue is;
- Identification of Youth Champions leading youth activities on HIV Prevention.
- Decentralisation of PrEP and condoms to increase access. I remember there was a time there was an outcry that there were no condoms at our dispensaries or our facilities but we want to sensitise that all the facilities and all public areas should have condom dispensers and they should be refilled every now and then. Nowadays we do not call them condom dispensers Madam Temporary Speaker; we call them ATM because that is an agreeable term for our youth whereby they can go and withdraw and engage in their ventures or activities comfortably without exposing themselves.
- Mobilisation of Community for Change; that is community members must actually appreciate the programs that the County and the National Government are in place putting towards making sure that we eradicate the exposures of our population against the HIV.
- Meaningful engagement with Children's Office, Orphans and Vulnerable Children Programs to educate the public on their vulnerability. Therefore Madam Temporary Speaker, I believe that we have responded to these issues and I call upon this House to take the lead on these issues of HIV and Aids. We can be ambassadors and we can disseminate information at different forums that we usually have as leaders so that we sensitise the members of public on the issues of this menace, and I can tell you Madam Temporary Speaker, that if we go that route, we are going to save if not all, many because this menace is not going away anytime soon because I do not know it is because of the socialisation, the issue of social media, the issue of social status of our communities actually things are getting out of hand and we actually need to deal with it.

Madam Temporary Speaker I want to tell you also that the youth today usually say they better get HIV rather than becoming pregnant and this is a notion that has been created around these areas. Therefore, we really need to do a lot. There is also an issue of defilement and the cases have really increased in our County and we really need to do something on the same so that those who will be defiling our children, they ought to be incarcerated and they ought to be given a longer sentence than the 14 years that is given by our Penal Codes.

We really need to engage in that venture and I wish that the Women Caucus can take lead on that because both male and female children are at the hands of our women and therefore Women Caucus ought to take lead and save our generation. I beg to give that Statement. Thank you Madam Temporary Speaker.

**The Temporary Speaker** (Hon. Loise Kagecha): Thank you the Hon. Njuguna for that elaborate presentation. At this juncture I would like to call upon Hon. Ann Wamaita to confirm to us whether she is satisfied with that response to the Statement she requested.

**Hon. Ann Wamaita:** Thank you Madam Temporary Speaker. Quite indeed the Report has answered all my questions; and from the Report, it evident that there is a crisis because, how is it possible that Mother to Child Transmission in HIV we are leading nationally? How is it that our mothers, our daughters are leading in terms of HIV infection nationally? Madam Temporary Speaker, I we do not support the County to undertake the challenges that it is having in prevention this case, we shall be termed as that ‘County of HIV’.

It is high time that we came up with a campaign as a Nakuru County to ensure that this infection rate by next time they are having statistics, that we can have a digit line in terms of our statistics Madam Temporary Speaker. There is a cry out there that we are being termed as the ‘County of HIV’; how is that possible? Therefore, I support the Health Services Committee and our Chair that we should take lead of this Report and encourage our youth and our mothers, our fathers, our sons to go out there and get tested, go out there and prevent themselves from HIV infections. Thank you Madam Temporary Speaker.

The Temporary Speaker (Hon. Loise Kagecha): There being no other business;

## **ADJOURNMENT**

This House stands adjourned until 2.30 for the afternoon session.

**The House rose at 11.55AM.**

