**REPUBLIC OF KENYA**

MINISTRY OF HEALTH

KEY POPULATION MAPPING AND SIZE ESTIMATION IN SELECTED COUNTIES IN KENYA: PHASE 1

KEY FINDINGS

National AIDS and STI Control Programme (NASCOP)

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NATIONAL AIDS AND STI CONTROL PROGRAMME
(NASCOP)

Key Population Mapping and Size Estimation in Selected Counties in Kenya:
Phase 1 Key Findings
National AIDS and STI Control Programme
Nairobi, Kenya
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Contents

Abbreviations

CASCO	County AIDS and STI Control Officer
CDC	Centers for Disease Control and Prevention
FSW	Female Sex Worker
IP	Implementing Partner
KP	Key Population
KPSE	Key Population Size Estimation
MAT	Medically Assisted Therapy
MSM	Men Who Have Sex with Men
MSW	Male Sex Worker
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NGO	Non-Governmental Organisation
ODK	Open Data Kit
ORW	Outreach Worker
PE	Peer Educator
PEPFAR	President's Emergency Plan for AIDS Relief
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
STI	Sexually Transmitted Infection
TP	Transgender Population
TSU	Technical Support Unit
TWG	Technical Working Group
UCSF	University of California San Francisco
UoM	University of Manitoba
UNAIDS	Joint United Nations Programme on HIV and AIDS
WWID	Women Who Inject Drugs

Acknowledgements

These are the findings of the first phase of the KPSE, which was done in selected counties and sites where there were existing KP programmes. A second phase of size estimation is planned using complementary methods that reach hidden populations not generally reached through mapping-based approaches. The two exercises together will provide the country with comprehensive national estimates.

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Executive Summary

Kenya's National AIDS and STI Control Programme (NASCOP), supported by the Technical Support Unit (TSU), led this key population size estimation (KPSE) exercise to improve the planning, design, implementation and evaluation of HIV prevention services among key populations (KPs), including female sex workers (FSWs), men who have sex with men (MSM) and people who inject drugs (PWID). NASCOP led and facilitated the KPSE exercise with the involvement of county governments, KP implementing partners (IPs), stakeholders and the KPs themselves. The U.S. Centers for Disease Control and Prevention Kenya (CDC Kenya) supported this important venture and showed meaningful commitment throughout the exercise. The University of California San Francisco (UCSF), the CDC's main surveillance partner, coordinated the process. The University of Manitoba (UoM) provided technical support to conceive, design and implement the process, and to collect, manage, analyse and disseminate the data.

Kenya conducted a robust size estimation in 2012, which formed the base for scaling up HIV prevention, care and treatment interventions among KPs. Subsequently, in 2013, a consensus meeting took place to freeze the population size estimates at 133,675 (76,654–208,711) FSWs, 18,460 (9,660–32,886) MSM and 18,327 (12,617–23,978) PWID. Considering the fact that KP size estimates change due to entrants of new sex workers, change in behaviours, closure of existing hotspots, and emergence of new spots, the monitoring and evaluation framework for the Kenya AIDS Strategic Framework 2014/15–2018/19 proposed conducting a KP size estimation exercise in 2017/2018. The specific aims of this exercise were to

i)   understand the changes in the landscape and population in the last five years;

ii)   address the concern around underestimation, especially related to MSM estimates;

iii) collect new information on KPs younger than 18, women who inject drugs (WWID), the transgender population (TP), male sex workers (MSWs), non-injecting drug users, etc.; and

iv)   standardise the process of validating the programme estimates at the national and county levels at regular intervals.

The size estimation exercise was planned in two phases. In Phase 1—*programmatic mapping*—mapping was done in sites and counties where KP programmes already exist. The activity was designed as a programme monitoring activity through which KP programmes mapped the spots and estimated the populations in their area of operation. This mapping activity was planned with support from the IPs. Although the partners' routine monitoring plans were used, the method of data collection was standardised, and training and data management and analysis were done by a central team. As this was part of programme monitoring and used existing routine processes and procedures for data collection, ethics approval was not sought. Phase 2—*protocol-driven size estimation*—will use additional methods, including methods designed to reach hidden populations and methods based on probability sampling. A protocol has been developed for this exercise and has been submitted for ethics review.

To conduct the Phase 1 size estimation exercise, the programmatic revalidation methodology was adopted. This method focuses on revalidating the estimates of the existing hotspots and characterises sex work sites in terms of operational typologies as well as the presence

of sexual networks. It also helps in identifying new hotspots not previously covered by the programme. The key activities to be undertaken during this approach are

i.   validating the hotspots already mapped and programmed for,

ii. finding new hotspots where risk occurs, and

iii. estimating the number of people in each sub-population engaging in risk in the hotspots.

The methodology comprised two major steps. The first step involved consolidating and documenting of all known hotspots where the programme is in place, and consulting the PEs, ORWs and other programme members to update the existing list with any new hotspots. In the second step, group discussions were held with KPs to validate and profile all known spots, characterising the spots and estimating the number of KPs in each spot. This step also involved identifying spots that were not captured in step 1, if any.

In the first phase of size estimation, mapping and size estimation took place in 34 counties where KP programmes are being implemented. The exercise estimated the FSW population in 34 counties, the MSM population in 30 counties, the PWID population in 15 counties, and the transgender population in 34 counties.

Findings

Female sex workers

In total, 10,987 FSW hotspots were identified across 34 counties, of which the majority (81%) were venue-based spots, especially bars without lodging (46%) and bars with lodging (34%). Peak days for most hotspots were weekends (i.e., Saturdays and Sundays), and the most common peak time was evening (6 pm–10 pm), with 74% of the hotspots reportedly having the greatest presence of FSWs in the evening. Peak day refers to a day when the number of KPs present is more than usual. Peak time is the four-hour period when the greatest number of KPs are present in the hotspot. While 51% of the hotspots were characterised as places where only solicitation occurs, about 42% were known for both solicitation and sex work, and 7% for only sex work. Nairobi had the highest number of FSW hotspots and accounted for 18% of the FSW hotspots in the mapped counties. Kisii and Migori together accounted for 12% of the FSW hotspots in the mapped counties.

Estimates of FSWs in the mapped hotspots in 34 counties on a normal day ranged from 75,463 to 122,679, with the mean being 99,071. However, estimates of FSWs on a peak day ranged from 129,271 to 206,609, with the mean being 167,940, or 15 FSWs per hotspot. The greatest share of FSWs were estimated to use bars without lodging (42%), followed by bars with lodging (33%). Nairobi county accounted for 25% of the estimated FSWs in the 34 counties. The other counties with high numbers of FSWs were Nakuru, Mombasa and Kajiado. The number of FSWs per hotspot ranged from five in Kirinyaga to 60 in Taita Tavita.

Estimates of FSWs younger than 18 ranged from 10,432 to 19,185, with the mean being 14,809. Of the total number of FSWs below the age of 18, Nairobi had the largest share (23%), followed by Turkana (10%), Nakuru (8%) and Mombasa (7%). Of the hotspot types, bars with and without lodging had the highest numbers of FSWs younger than 18.

Eighteen counties collectively had 80% (134,659/167,940) of the estimated FSWs in the 34 mapped counties. Fifteen counties collectively had 80% (11,854/14,809) of the estimated FSWs who are younger than 18 in the 34 mapped counties. These counties need to be prioritized for implementing the HIV prevention programmes among FSWs.

Men who have sex with men

The size estimation exercise identified 2,153 MSM hotspots across 30 counties in Kenya. About 64% (1,375/2,153) of the hotspots were venue based. Of all the hotspots, 35% (762/2,153) were bars without lodging, and 29% (613/2,153) were bars with lodging. Street-based spots accounted for 9% (192/2,153) of the total hotspots. Peak days for most of the hotspots were weekends (i.e., Saturdays and Sundays), and evening (6 pm–10 pm) was peak time in 71% of the hotspots. Whereas 57% of the hotspots were used only for solicitation, 38% were used for sex and solicitation, and 5% were used only for sex. Nairobi county had the highest number of hotspots and accounted for 17% of all hotspots for MSM in 30 counties.

The estimates of MSM in the mapped hotspots in 30 counties on a normal day ranged from 14,066 to 23,488, with the mean being 18,777. Peak-day estimates of MSM ranged from 24,704 to 40,455, with the mean being 32,580. The mean number of MSM per hotspot was 15 on peak days. Similar to the number of hotspots, the greatest share of MSM in the mapped counties were estimated in bars without lodging (17%), followed by bars with lodging (13%). Nairobi county had the largest share (31%) of the estimated MSM in the 30 counties, followed by Kilifi (9%) and Mombasa (9%).

Estimates of MSM younger than 18 in the mapped hotspots ranged from 2,039 to 3,858, with the mean being 2,949. Bars with and without lodging had the largest numbers of MSM younger than 18. Mombasa had the highest number of MSM below the age of 18, followed by Nairobi and Bungoma.

Male sex workers (MSWs) were also mapped in the 30 counties. Estimates of MSWs ranged from 8,760 to 14,854, with a mean of 11,807.

Of the 30 mapped counties, nine counties collectively had 80% (26,637/32,580) of the estimated MSM, six counties collectively had 80% (9,446/11,807) of the estimated MSWs, and seven counties collectively had 80% (2,361/2,949) of the estimated MSM below the age of 18. These counties need to be prioritized.

People who inject drugs

Across 15 counties, the size estimation exercise identified 402 hotspots where people inject drugs. Of these hotspots, 38% (151/402) were streets/alleys, and 32% (130/402) were injecting dens. About 10% (39/402) of the hotspots were uninhabited buildings. Friday and Sunday were peak days. Morning was peak time in most (80%) of the hotspots. Of the 402 drug-injecting hotspots, Kilifi had the greatest share (29%), followed by Nairobi (18%) and Mombasa (13%).

The estimates of PWID in the mapped hotspots in the 15 counties on a normal day ranged from 9,045 to 14,653, with the mean being 11,849. However, on peak days the estimates of PWID ranged from 12,426 to 19,691, with the mean being 16,063 PWID. The mean number of PWID per hotspot on a peak day was 40. The majority of PWID (63%) were reported to

use injecting dens, followed by streets and alleys (33%). Nairobi county accounted for 31% (5,024/16,063) of the estimated PWID in 15 counties, followed by Kilifi (27%) and Mombasa (16%).

Estimates of PWID under the age of 18 in the mapped hotspots ranged from 1,229 to 2,433, with the mean being 1,831. Injecting dens had the highest number of PWID younger than 18, followed by streets and alleys. Estimates of WWID in the mapped hotspots ranged from 1,647 to 3,158, with the mean being 2,405. The estimates of people who use drugs (PWUD) without injecting ranged from 8,160 to 13,742, with the mean being 10,951.

Of the 15 mapped counties, four counties collectively had 85% (13,659/16,063) of the estimated PWID, four counties had 82% (1,496/1,831) of the PWID younger than 18, and four counties had 88% (2,123/2,405) of the WWID. These counties need to be prioritized.

Transgender population

This exercise also estimated the size of the transgender population in 34 counties. Implementing partners generally do not identify hotspots as exclusively transgender individuals, hence the FSW and MSM hotspots were evaluated for the presence of transgender individuals, and, if present, the transgender population subgroup was separately enumerated. The size estimation exercise identified 1,218 transgender hotspots across 34 counties in Kenya. Most of the hotspots were venue based, primarily bars with and without lodging. The size estimates of the transgender population in the mapped hotspots in 34 counties on a peak day ranged from 2,826 to 5,783, with the mean being 4,305. Nairobi county accounted for 25% (1,064/4,305) of the estimated transgender population in the 34 counties. The other counties with large shares of the transgender population are Bungoma, which had 12% (518/4,305), Mombasa, which had 10% (435/4,305) and Kilifi, which had 8% (341/4,305). Ten counties collectively have 82% (3,525/4,305) of the estimated transgender population in the mapped counties. These counties need to be prioritized.

Conclusion

This size estimation using a programmatic mapping approach provided updated information on hotspots and estimates of the numbers of KPs in these hotspots. These data were collected in Phase 1 of the exercise. Based on this mapping activity, between 2012 and 2018 the mean size estimate of FSWs increased from 133,675 to 167,940, the estimate of MSM increased from 18,460 to 32,580, and the estimate of PWID decreased from 18,327 to 16,063. The reduction in the estimate of PWID could be due to scale-up of the medically assisted therapy (MAT) programme in the country in the last three years. In addition, 4,305 transgender persons were estimated in the hotspots mapped in this exercise. Among the FSWs, an estimated 14,809 women were younger than 18. Among the MSM, an estimated 2,949 MSM were younger than 18, and an estimated 11,807 MSM were MSWs. Among the PWID, an estimated 1,831 PWID were younger than 18, and an estimated 2,405 were female. In addition, the PWID hotspots were also used by an estimated 10,951 PWUD.

Phase 2 of data collection will estimate the size and distribution of hidden populations, such as MSM who do not frequent hotspots. The data from both phases will be triangulated to develop robust national estimates. Nonetheless, even before Phase 2 is completed, this estimation exercise conducted under Phase 1 provides first-ever robust estimates of KPs younger than 18, WWID, the transgender population, PWUD in PWID hotspots, and MSWs.

This information will help design and implement interventions that address the specific needs of these sub-populations.

County government participation and ownership and partnership with the KP IPs was exceptional in this phase. The active participation of the KP community, especially PEs and ORWs, gave this exercise greater validity, building confidence in the robustness of the results.

Chapter 1: Background

1.1 The HIV Epidemic in Kenya

With one of the largest numbers of people living with HIV in sub-Saharan Africa, Kenya has one of the highest national HIV prevalences in Africa. In 2017, there were approximately 1.4 million Kenyans living with HIV.[1] Adult HIV prevalence is estimated to be 4.8%, and is higher among women (5.2%) than among men (4.5%). Kenya has a mixed and geographically heterogeneous HIV epidemic, with prevalence ranging from 21% in Siaya county to 0.1% in Wajir county, and a larger concentration of epidemic burden in key populations (KPs), who are considered to be at heightened risk of HIV acquisition and transmission.[2] These key populations include female sex workers (FSWs), men who have sex with men (MSM), people who inject drugs (PWID) and the transgender population (TP).[3]

To reduce the spread of the disease, the Government of Kenya has over the past few years committed numerous resources towards achieving "an HIV free society in Kenya". This fight is spearheaded by the National AIDS Control Council (NACC) and the National AIDS and STI Control Programme (NASCOP), in collaboration with multiple local and international partners. Though the country has reduced HIV incidence and prevalence in the general population, these gains may be reversed if a concerted effort is not made to reduce HIV transmission among KPs.

Interventions for KP groups have been underway in many counties, with funding from PEPFAR and Global Fund, since the prioritization of KPs in Kenya's National AIDS Strategic Plan III 2009/10–2012/13. NACC and NASCOP have jointly developed guidelines and strategy documents that clearly define the country's plan for working with KPs. At present, around 97 interventions with KPs, spread over 34 counties, report to NASCOP on a regular basis. There are FSW interventions in 34 counties, MSM interventions in 30 counties and PWID interventions in 15 counties. NACC and NASCOP have also defined the *Kenya HIV Prevention Revolution Road Map*, which stresses the importance of geographically prioritizing population-driven interventions with special focus on KPs, among other priority populations.[4]

1.2 Context and Purpose

In 2012, Kenya conducted a rigorous size estimation exercise to identify the locations where KPs solicit their clients or do sex work (hereafter called "hotspots"), and to estimate the numbers of FSWs, MSM, and PWID in those sites. That exercise was led by NASCOP with technical support from the University of Manitoba (UoM) and funding from the World Bank. The outcome of that exercise enabled the national programme to strategically plan and scale up interventions in various counties of Kenya.[5] Along with the 2012 size estimation exercise, a meeting was organized by NASCOP with technical support from UCSF and funding from CDC to review all other KP size estimations conducted in the preceding five years and build consensus among stakeholders to finalise regional/provincial and national estimates

1   Ministry of Health. 2018. Kenya HIV Estimates Report 2018. Nairobi: Ministry of Health.
2   Ministry of Health. 2018. Kenya HIV Estimates Report 2018. Nairobi: Ministry of Health.
3   National AIDS Control Council. *Kenya AIDS Strategic Framework 2014/15–2018/19*. Nairobi: NACC, Ministry of Health.
4   National AIDS Control Council and National AIDS and STI Control Programme 2014. *Kenya HIV Prevention Revolution Road Map: Countdown to 2030*. Nairobi: NACC and NASCOP.
5   National AIDS and STI Control Programme and National AIDS Control Council. 2012. *Geographic Mapping of Most at Risk Populations for HIV (MARPs) in Kenya*. Nairobi: NASCOP.

in 2013.[6]

While several size estimation exercises have been conducted in Kenya since 2009, the size estimation conducted by NASCOP in 2012 was the largest. The 2012 size estimation exercise collected data from 51 urban centres, covering 32 of Kenya's 47 counties. The objectives of the exercise were to estimate the numbers of KPs and to locate where KPs engage in sexual activity / high-risk behaviour. This effort used a programmatic mapping methodology, with an aim to generate accurate and reliable information that could support HIV prevention programmes for KPs.[7] The exercise, done in partnership with implementing NGOs and KP representatives in the counties, provided information about hotspots, estimates of KPs in those locations, and hotspot typologies, for FSWs, MSM, and PWID.[8]

Based on the 2013 consensus report, the lower and upper ranges of the national size estimates for KPs were: 76,654–208,711 FSWs, midpoint estimate being 133,675; 9,660–32,863 MSM, midpoint being 18,460; and 12,617–23,968 PWID, midpoint being 18,327.

1.3   Rationale for Size Estimation

By 2017, Kenya's Key Populations Programme had contacted and served the estimated number of KPs, and in some sub-populations, like MSM, had surpassed the upper estimate. As KP hotspots and the numbers of KPs change, the country needs to remap and update the size estimates at regular intervals. Recognizing the fact that existing size estimates were over five years old, and that programme enrolment of KPs in some counties consistently exceeded county-level KP estimates, Kenya decided to remap and re-estimate the KP sizes. This decision was also in line with the monitoring and evaluation framework for the Kenya AIDS Strategic Framework 2014/15–2018/19, which recommends KP size estimation every five years. The KP size estimation in 2017/18 aimed to

- understand the changes in the landscape and population in the last five years;

- address concerns around underestimation, especially of MSM size estimates;

- collect new information on KPs under the age of 18, women who inject drugs (WWID), the transgender population, MSWs, and people who use drugs (PWUD); and

- standardise the process of validating the programme size estimates at the national and county levels at regular intervals.

Since there were multiple funding partners in the country, at the conceptualization phase NASCOP proposed streamlining the frequency and approach of the size estimation process, so that the country has standardised and robust KP size estimates. To fulfil this national objective, NASCOP led and facilitated the 2017/2018 size estimation exercise, with meaningful involvement of county governments, KP IPs, stakeholders and KPs. CDC Kenya supported this initiative. UCSF, the CDC's main surveillance partner, coordinated this exercise. UoM provided significant technical input at every stage, such as conceptualization, design of data capture structure using Open Data Kit (ODK) Collect, training, data management and analysis, and report preparation. The size estimation exercise was conducted by the existing IPs responsible for delivering the HIV prevention programme to KPs in Kenya.

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6   National AIDS and STI Control Programme. 2013. Kenya Most at Risk Populations Size Estimate Consensus Report. Nairobi: Ministry of Health.

7   Odek WO et al. 2014. Estimating the size of the female sex worker population in Kenya to inform HIV prevention programming. PLoS ONE 9(3): e89180. doi:10.1371/journal.pone.008918

8   National AIDS and STI Control Programme and National AIDS Control Council. 2012. Geographic Mapping of Most at Risk Populations for HIV (MARPs) in Kenya. Nairobi: NASCOP.

Though IPs funded by PEPFAR had been conducting size estimation exercises periodically, they, alongside other implementers funded by Global Fund and other donors, received technical support from the national programme to ensure a uniform process of size estimation across the country for the 2017/2018 exercise. All implementers were trained at national and county levels to enable them to cascade training and procedures to programme staff, ORWs and PEs. The proposed activities were supported and supervised at the county level by County AIDS and STI Coordinators (CASCOs) and site supervisors. The national programme was responsible for coordination, training, data management, data analysis and reporting.

1.4   Phases of Size Estimation

The size estimation exercise has two phases. In the first phase, size estimation took place in 34 counties where the KP Programme was being implemented, using a programmatic mapping approach. In the second phase, size estimation will take place in both the remaining 13 counties and the specific sub-counties in the 34 counties where there are no current KP interventions. While Phase 1 of size estimation adopted a programmatic mapping approach, Phase 2 will include multiple population-based methods designed to provide robust estimates of KP sizes at the national level, including hidden populations. As the Phase 1 size estimation used a programmatic validation approach involving the IPs and mapping in locations where there are interventions, this activity was considered part of routine monitoring. While the second phase of size estimation will be done in areas where there are no interventions and will involve interacting with human subjects using research methods, a study protocol will be developed, and appropriate ethics approvals will be sought.

This report presents findings of the first phase of size estimation.

Chapter 2: Methodology

2.1 Size Estimation Approaches

A variety of methods are available to estimate the size of KPs. However, the selection of method depends on whether any prior size estimates or KP programme exist in the particular geography. In the absence of prior size estimates or programme implementation, a programmatic mapping using a geographical mapping or Priorities for Local AIDS Control Efforts (PLACE) approach is most suitable. If previous size estimates are available and programmes are in place, but the available size estimates are old, the programmatic validation method is most appropriate. If no size estimates exist but programmes are implemented, a progressive mapping method can be adopted.

As described earlier, Kenya conducted the size estimation exercise in 2012 using a geographic mapping approach, and the KP programme was implemented in 34 counties using those estimates. As the KP programme was being implemented in 34 counties, Kenya adopted a programmatic validation approach to remap and estimate KPs in 34 counties in Phase 1 of the 2018 exercise.

This size estimation exercise was conducted by the existing 44 IPs in 34 counties where there are programmes. These IPs are responsible for delivering the HIV prevention programme to KPs in Kenya, with engagement of the KP community. The actual size estimation activity was funded by the donors of the programmes, that is, PEPFAR and Global Fund, who funded their IPs to conduct the size estimation using a standardised process. A pool of trainers involving CASCOs, sub-CASCOs, IPs and KP community leaders were trained as trainers in December 2017. The CASCOs led the process and organized training of implementers at the county level. All PEs and ORWs working with the 44 IPs were trained to conduct the size estimation. CASCOs and sub-CASCOs also supervised at the site level. The national programme was responsible for coordination, training, data management, data analysis and reporting. The national functions and activities were funded by CDC Kenya.

2.2 Programmatic Validation Approach

The programmatic validation methodology takes into account the existing size estimation data to avoid duplicating efforts. Since the characteristics and locations of hotspots change, either due to closure or the creation of new hotspots, it is important to validate the existing hotspots and to identify new hotspots. Even if the hotspots were mapped previously, it is essential to validate the hotspots to confirm their current status and to identify whether any new hotspots have emerged since the previous size estimation. In previous size estimation efforts, the hotspots were just mapped, and the estimated number of KPs who use those spots was recorded. However, attempts were not made to profile the characteristics of the hotspots in terms of the risk behaviour at the hotspots or sub-population specific information. The 2018 size estimation exercises attempted to address these gaps without impairing the quality of the ongoing programme.

The programmatic validation methodology revalidates the size estimates of the existing spots and characterises sex work sites in terms of operational typologies as well as the presence of sexual networks. It also helps to identify new hotspots not previously covered by the programme. The key activities undertaken during this approach are

- validating the hotspots already mapped and programmed for,

- finding new hotspots where risky activity occurs and profiling the same, and

- estimating people at risk in those spots through key informant interviews or group discussion in the hotspots.

The key characteristics of the programmatic mapping and revalidation approach include
- a simple, rapid method that avoids duplication,

- KP community involvement in the mapping process, and

- location and hotspot profiles, which provide population size estimates and operational typology.

The methodology adopted for the Phase 1 size estimation exercise followed two steps:
- Consolidate and document all known hotspots and consult PEs/ORWs or other programme members to update the existing list of hotspots to add new hotspots (Annexure B, Form A).

- Validate and profile all known hotspots through group discussions with KPs to characterise the hotspots and to estimate the number of KPs who use each hotspot (Annexure C, Form B). This step also involved identifying hotspots not captured in step 1, if any. The method does not use census and does not count individuals. Rather, it interviews KPs in the hotspot to get estimates of other KP populations in the hotspot. It is assumed that KPs will know best about their population.

Although the overall methodology involves the adoption of these two steps, there are several other intermediate stages to complete these steps. Figure 1 provides the flow of tasks during the Phase 1 size estimation.

Figure 1: Flow of tasks in Programmatic Validation Approach

1. Define geographic area. Clear geographic demarcation to avoid duplication between IPs is important.

2. Review and finalise existing master list of hotspots with IPs. Discuss with Outreach Team and add new hotspots, if any **(Fill Form A).**

3. Orient all PEs and ORWs on the purpose of the remapping/validation and on Form B for data collection.

4. Assign the hotspots to the PEs and ORWs for revalidation and data collection.

5. The PEs and ORWs locate the hotspot, meet KPs at hotspot, conduct discussion and get information to fill Form B.

6. PE and ORW also collect information on new hotspots and report back to central M&E for inclusion of new hotspots in Form A.

7. PE and ORW fill Form B for each hotspot (including the new hotspots) and submit it to the data entry officer at IP level.

8. IP project coordinator allocates the new hotspots to PE/ORW to continue tasks 4-7.

9. Data are entered into ODK Collect at the IP level and uploaded to a server based at central office. Hard copies of filled tools couriered to central team.

Two main data collection tools were used: Form A and Form B. Form A was used to list existing hotspots within a specific administrative ward, whereas Form B was used to gather details about each hotspot. Form A helped in collating the existing hotspot-level information in terms of hotspot name, location, typology, overall size estimate and the details of nearest health facility. Form B captured hotspot characteristics such as peak day(s), peak time(s), and the approximate numbers of KPs at each site on non-peak days and peak days. In addition, Form B captured data that made it possible to estimate the size of the transgender population, the number of MSWs, the number of PWUD, the numbers of KPs in various age groups, and the numbers of male and female PWID.

Questions about KPs were aggregate in nature. That is, specific information about individuals was not collected, and the methodology did not physically count individuals. Rather, the methodology captured the KPs' estimates of how many KPs are at each hotspot at various days/times. For example, for estimates of the number of KPs who are under 18 years old, PEs and ORWs asked KPs in a hotspot how many KPs under the age of 18 would be in that hotspot on a peak day.

The transgender population was also targeted for size estimation through this activity. KP IPs do not generally identify hotspots as exclusively for the transgender population, hence the FSW and MSM hotspots were evaluated for presence of transgender individuals (task #5). If present, the transgender population subgroup was separately enumerated (task #7) and reported (task #9). Transgender population was an umbrella term used for people whose gender identity and expression do not conform to the norms and expectations traditionally associated with the sex assigned to them at birth. As these are hotspots, the key informants were able to estimate the transgender population, especially those with whom they regularly interact. It is possible that transgender individuals who are less visible have been left out.

2.3 Implementation Plan

The field implementation plan of the size estimation exercise was presented to the National KP Technical Working Group (TWG) during 2017 to get feedback from all TWG members. Their suggestions and feedback were accepted to finalise the design and implementation plan.

The counties where the size estimation was conducted in Phase 1 are listed in Table 1.

Table 1: List of counties and subpopulation mapped[9]

Sl no.	Name of County	Programmatic validation		
		FSW	**MSM**	**PWID**
1	Nairobi	Yes	Yes	Yes
2	Kajiado	Yes	Yes	Yes
3	Bomet	Yes	Yes	No
4	Turkana	Yes	Yes	No
5	Narok	Yes	Yes	No
6	Nakuru	Yes	Yes	Yes
7	Uasin Gishu	Yes	Yes	Yes
8	TransNzoia	Yes	No	No

9   The transgender population was mapped in all of the FSW and MSM hotspots.

9	Kericho	Yes	No	No
10	Bungoma	Yes	Yes	No
11	Busia	Yes	Yes	No
12	Kakamega	Yes	Yes	No
13	Vihiga	Yes	Yes	No
14	Homa Bay	Yes	Yes	Yes
15	Kisumu	Yes	Yes	Yes
16	Migori	Yes	Yes	Yes
17	Siaya	Yes	Yes	Yes
18	Kisii	Yes	Yes	Yes
19	Nyamira	Yes	Yes	No
20	Kiambu	Yes	Yes	Yes
21	Kirinyaga	Yes	Yes	No
22	Nyeri	Yes	Yes	No
23	Embu	Yes	Yes	No
24	Kitui	Yes	Yes	No
25	Machakos	Yes	Yes	Yes
26	Makueni	Yes	Yes	No
27	Meru	Yes	Yes	Yes
28	Tharaka Nithi	Yes	Yes	No
29	Kilifi	Yes	Yes	Yes
30	Kwale	Yes	Yes	Yes
31	Mombasa	Yes	Yes	Yes
32	Taita Taveta	Yes	No	No
33	Laikipia	Yes	Yes	No
34	Murangá	Yes	No	No

The Phase 1 size estimation took 12 months to complete. The timeline is given below:

December 2017   : Training of trainers on the programmatic mapping methodology

January – March 2018   : KPSE county TWGs

Pre-mapping activities

Training of implementing partners (peer educators, outreach workers)

April – June 2018   : Data collection/entry into ODK Collect

July – September 2018   : Data entry into ODK Collect, cleaning and analysis

September 2018   : Technical meeting to present the preliminary findings

October – December 2018 : Presentation in county KP TWGs. Revalidation where needed

November 2018   : Presentation in the national KP TWG

December 2018   : Final report submission

2.3.1 Supervision and data quality assurance

A multilayered monitoring and supervision mechanism was established for data quality assurance. At the national level, NASCOP supervisors monitored the field activities and conducted random supervisory visits to the field. A total of eight national-level supervisors were drawn from UoM and NASCOP for supervision. At the county level, the CASCOs and sub-CASCOs along with the NASCOP site supervisors led the supervision of the size estimation process. In addition, the donors also provided on-site supervision. UCSF's data team provided supervisory and troubleshooting support for data collection and entry.

At the site level, programme managers from the IPs supervised the process of data collection. They were also responsible for troubleshooting any problem that the teams experienced in the field. The ORWs and PEs (as a team) collected the data, with PEs doing actual data collection and ORWs providing handholding support to the PEs in planning and conducting the group sessions. A data collection plan was developed and shared with NASCOP and CASCOs. Based on the plan and schedule, supervisory plans were made.

2.3.2 Data security

The filled forms (Forms A and B) were submitted to the IP's office by the PEs and the ORWs within three days. The filled forms were kept under lock and key in a safe place in the IP's office. Data entry was done in a safe and private place so that access to the forms was controlled and limited. Entered data were password protected and saved in the computer, and the password was shared only with authorized personnel. All PEs, ORWs, data managers and other staff who were implementing the size estimation exercise signed a confidentiality agreement with their respective IPs, and the respective IPs signed a confidentiality agreement on behalf of the team with NASCOP.

2.3.3 Data management, analysis and reporting

A data collection structure was designed using ODK Collect with both logic flows and logic checks enforced for enhanced data consistency. Data collection used two methods: 1) written on a paper form and then entered in an ODK Collect application on a computer, and/or 2) entered in an Android smartphone-based ODK Collect application designed for this purpose. The data collected in the paper form were entered in the offline mode, and data collected through a smartphone also had the feature of recording data in an offline mode. From the computer or smartphone, data were uploaded on a daily basis to the KPSE central server hosted by NASCOP. Both onsite and offsite data verification were conducted by the site supervisors, and the national supervisors verified the method used and validated the KP hotspot data and size estimations.

Filled hard copies of forms were stored safely in IP offices. Data collected on smartphones were submitted to the NASCOP KPSE central server directly. The KPSE data managers conducted a second level of quality and consistency checks by reviewing the data collected and submitted to the central server before data management and data analysis. If 10% or more of the data collected by the PE/ORW and the supervisors contained inconsistencies, the validation process was redone in those hotspots. Data managers also compared the data from Forms A and B to ensure that Form B was filled for all the hotspots listed in Form A.

2.3.4 Data management

As data were collected by 44 IPs using paper and electronic methods, the data management process took much longer than expected. All must-answer variables for all the KP types (FSWs, MSM/MSWs, TP and PWID) were checked for data consistency and missing data, whether for active or inactive hotspots. Any flagged record with data inconsistency or missing data was reverted to the IP for corrective action. Duplicate hotspots were culled, with only non-duplicate records checked for other variables, data consistency, and missing data. All variables recording lowest and highest estimates of KP type for different scenarios were assessed for consistency, omission and for outliers. Hotspots without lowest and highest numbers were flagged for review, and cases with zeroes for peak day numbers were flagged for correction. All records for any KP type where usual/typical day and/or peak day low and high numbers were zero(s) were flagged and considered either for exclusion from the analysis or for classification as inactive hotspots. All logical review by variable and by KP type was assessed, and hotspots with more than one data inconsistency or missing data were flagged for review or remediation. CDC Kenya led the data management process along with UCSF and UoM/ NASCOP data teams.

2.3.5 Data analysis

The data analysis and production of KP size estimates were conducted using the data from Form B, as the information was directly obtained from KPs and hence reliable, specifically regarding numbers of KPs, their characteristics and mobility. The size estimation process included estimating the number of KPs in each hotspot within an intervention site and geographic area, and aggregating it at the IP, ward, sub-county, county and national levels. For a more effective size estimation, the averages of the minimum and maximum numbers (peak days) were used.

UoM led the analysis of the data using SPSS version 24.0.

2.3.6 Validation at the national and county TWGs

After data analysis, findings were validated at two levels: county and national. First, at the county level, county KP TWGs were organized by the respective CASCOs, where the county-level data were presented. The county TWGs included representation from donors, IPs, KP community groups and other stakeholders. The counties either accepted the findings or requested revalidation. Based on the request, revalidation was conducted where needed. Revalidation was conducted by *a*) comparing the findings with the programme data, *b*) reviewing if any hotspots were left out of the initial size estimation exercise and, if so, conducting size estimation, and *c*) reviewing if any initial size estimation forms were not entered and, if so, entering them and submitting them to the central server. Time was given to all the IPs to send such forms that were not entered and to subsequently submit them to the central server. In addition to this, 5%–10% of the hotspots were randomly picked and visited to validate the data captured in Form B to check for under-reporting or over-reporting.

At the national level, dissemination and validation were done in two forums. An initial national technical meeting was organized, with participation from donors, academic

institutions, KP community networks and KP organizations. The second validation was done in the KP TWG and the harm reduction subcommittee meeting. Feedback was received from these two dissemination and validation meetings, and further data for some counties or sub-groups were validated. Most of the validation requests came from the MSM groups and NASCOP along with the counties, and the IPs in those counties made and implemented a validation plan. The final data set was then compiled into a master data set for further data management, analysis and writing of the report.

Chapter 3: Key Findings

This report presents national and county-level findings. National findings include national KP size estimates, numbers of hotspots, hotspot characteristics and hotspot distribution across different KP subgroups. County-level findings include county KP size estimates and characteristics of hotspots within the counties.

3.1 Overall Findings

A total of 14,760 hotspots were mapped and validated during the first phase of the size estimation exercise conducted in 34 counties where there is KP programming. Of the 14,760 spots, 10,987 hotspots were frequented by FSWs, 2,153 hotspots were frequented by MSM, and 402 spots were frequented by PWID. In addition, out of the total FSW and MSM hotspots, 1,218 spots were frequented by the transgender population. The estimates of KPs mapped in the hotspots were 167,940 FSWs, 32,580 MSM, 16,063 PWID and 4,305 transgender individuals. Within the specific KP subgroup size estimates, 9% (14,809/167,940) of FSWs, 9% (2,949/32,580) of MSM, and 11% (1,831/16,063) of PWID were younger than 18. Of the estimated MSM, 36% (11,807/32,580) were MSWs; of the estimated PWID, 15% (2,405/16,063) were female; and, in addition to the 16,063 PWID, there were also an estimated 10,951 PWUD.

3.2 Female Sex Workers

3.2.1 Number of hotspots mapped

The study identified a total of 10,987 hotspots for FSWs in the mapped areas. Types of hotspots included bars with lodging, bars without lodging, guest houses, streets, sex dens and uninhabited buildings, as shown in Figure 2. Bars with/without lodging were the most common hotspots, accounting for approximately 81% of the total FSW hotspots.

Figure 2: Distribution of FSW hotspots by hotspot type
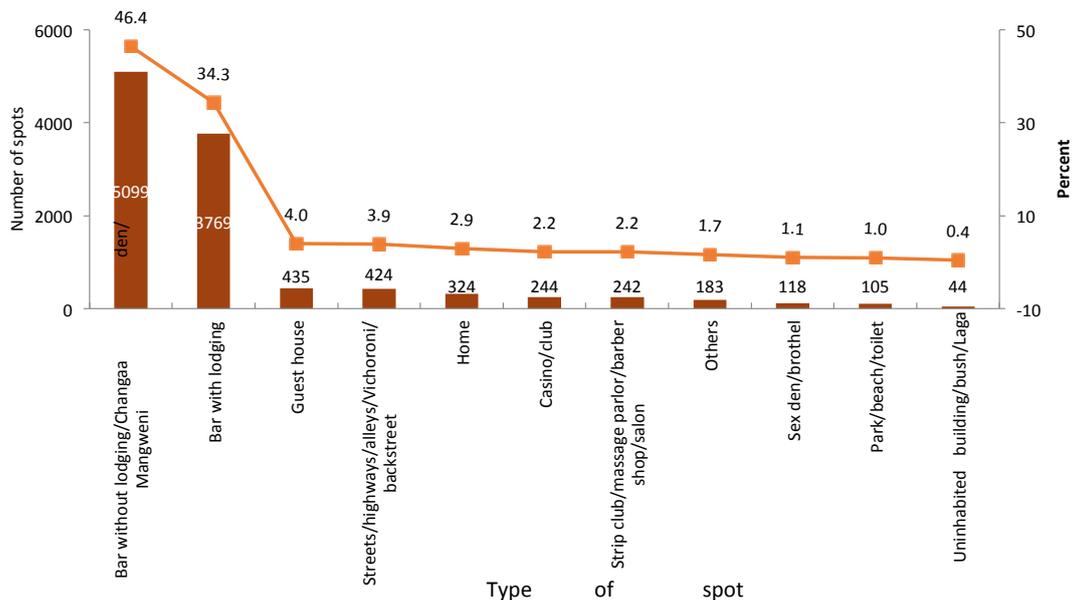
3.2.2 Characteristics of FSW hotspots

Sunday was reported to be a peak day in almost all (85%) of the hotspots, and Saturday was a peak day in three-quarters (76%) of the hotspots (Figure 3). In 74% of the mapped hotspots, evening (6 pm–10 pm) was reported to be the time when the greatest number of FSWs are present (Figure 4).

Figure 3: Peak days of hotspots   *Figure 4: Peak times of hotspots*
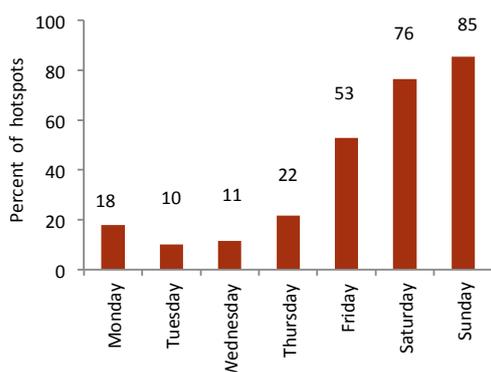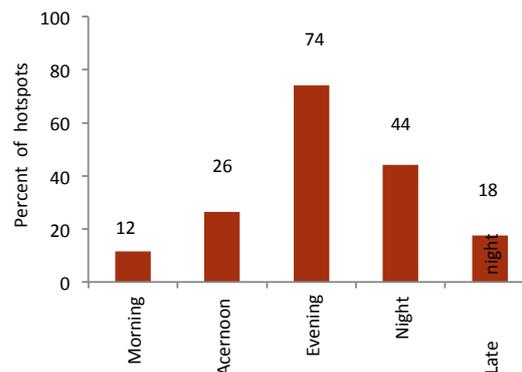
3.2.3 Distribution of FSW hotspots by nature of activity

FSW hotspots were also characterised by whether sex, solicitation, or both occur there. Whereas half (51%) of the hotspots were used only for solicitation, 42% of the hotspots facilitated both solicitation and sex, and 7% were used only for sex (Figure 5).

Figure 5: Nature of activity in FSW hotspots
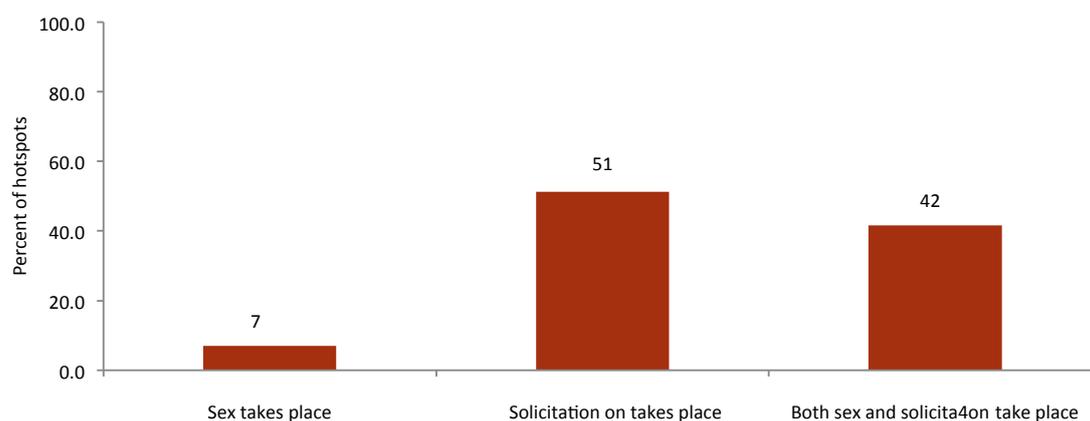
3.2.4 Estimated FSWs on a normal day

Estimates of FSWs during a normal day in the mapped hotspots ranged from 75,463 to 122,679, with a mean of 99,071 (Figure 6).

Figure 6: Range and mean of FSW normal-day estimates
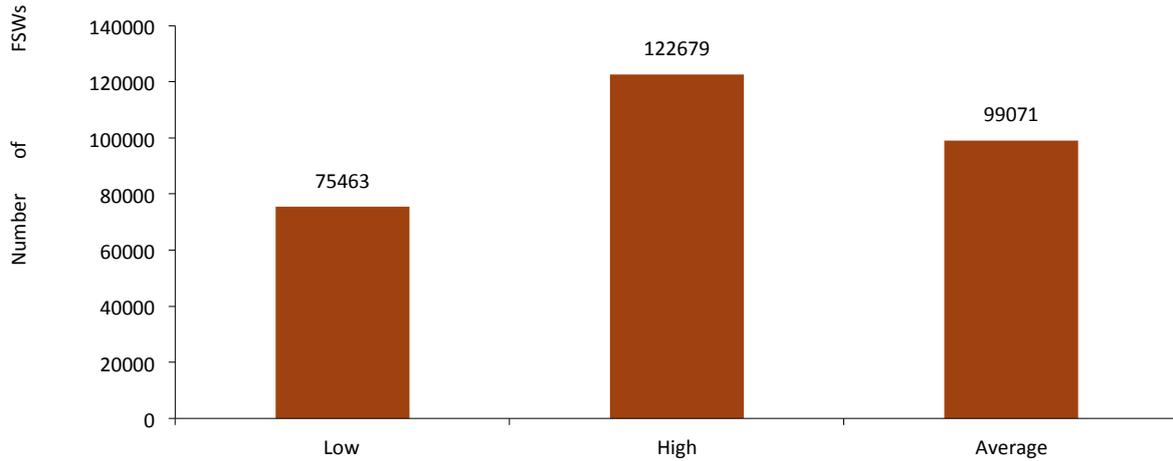
3.2.5 Peak-day estimates

The estimated FSWs in the mapped counties on a peak day ranged from 129,271 to 206,609, with the mean being 167,940 (Figure 7). The mean number of FSWs per hotspot ranged from 12 to 19, with a mean of 15 FSWs per hotspot. The peak-day estimate (167,940) of FSWs at the hotspots was 70% higher than the normal-day estimate (99,071).

Figure 7: Range and mean of FSW peak-day estimates
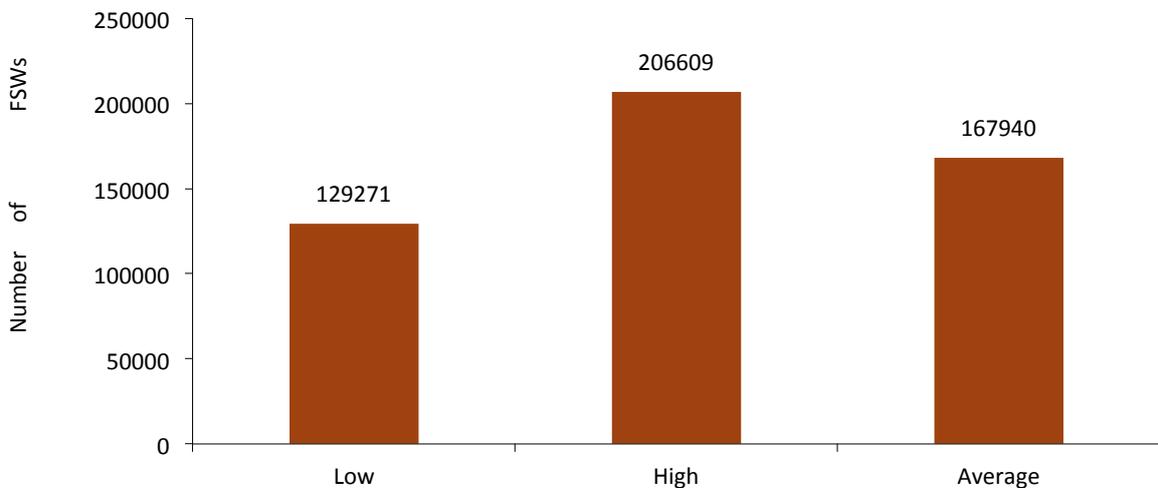
3.2.6 Distribution of FSWs by hotspot characteristics

The greatest share of FSWs were estimated in bars without lodging/Changaa den/Mangweni (71,012/167,940, 42%), followed by bars with lodging (55,839/167,940, 33%), homes (10,342/167,940, 6%) and streets/highways (9,132/167,940, 5%). On average, the number of FSWs per hotspot was highest in homes (32), followed by public places (street/highways/alleys/backstreet) (22), sex den/brothel (22), casino/club (20), bar with lodging (15) and bar without lodging/Changaa den/Magweni (14) (Figure 8).

Figure 8: Distribution of FSWs by type of hotspot
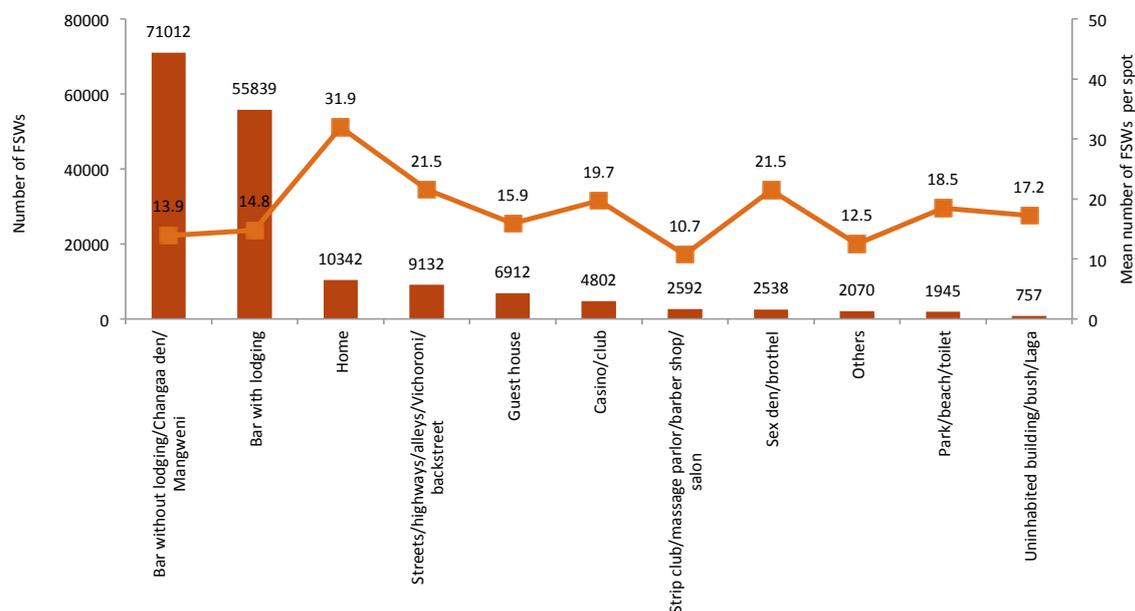
3.2.7 Estimates of FSWs younger than 18

Size estimates of women younger than 18 who sell sex at the hotspots were also mapped. The estimated numbers of women younger than 18 who sell sex in the mapped counties ranged from 10,432 to 19,185, with the mean being 14,809 (Figure 9). Overall, 9% (14,809/167,940) of the total estimated FSWs were younger than 18.

Figure 9: Estimated range and mean of FSWs younger than 18
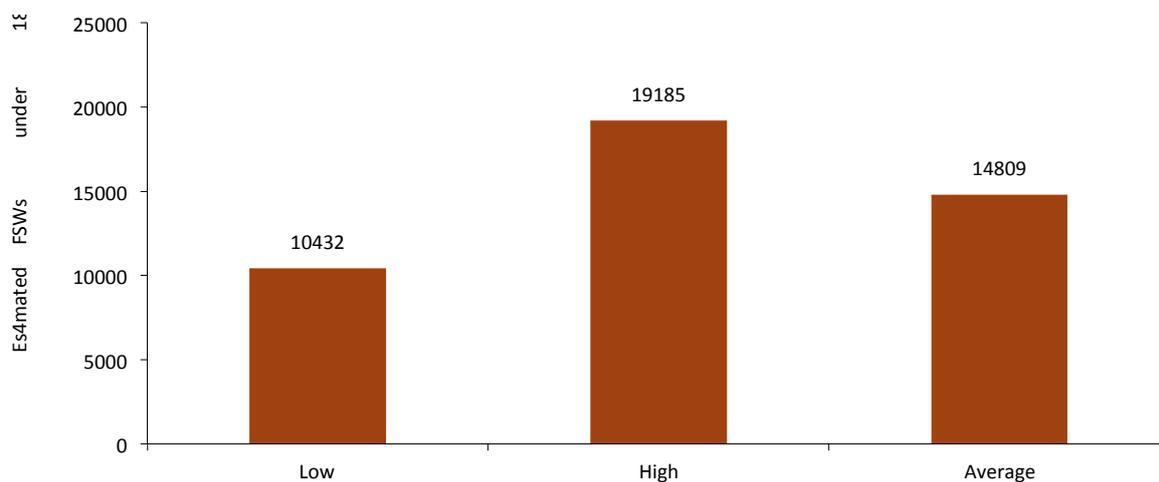
3.2.8 Estimates of FSWs younger than 18 by hotspot type

The majority (10,747/14,809, 73%) of FSWs younger than 18 frequented bars without lodging/Changaa dens/Mangweni and bars with lodging, a similar proportion to FSWs overall. The average number of FSWs below the age of 18 per hotspot ranged from 25 per park/beach/toilet hotspot to none per injecting den (Figure 10).

Figure 10: Distribution of FSWs younger than 18 by type of hotspot
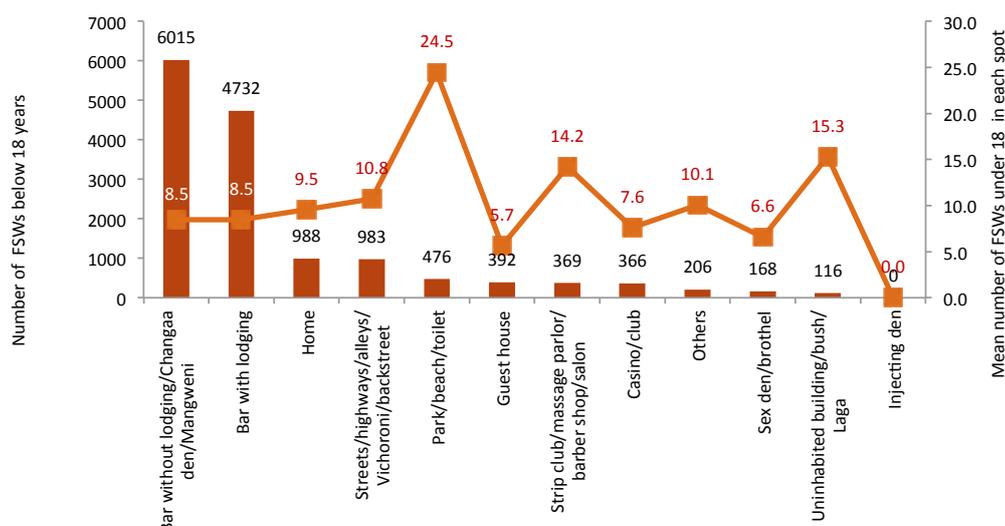
3.2.9 Comparison of 2018 size estimate with previous size estimates

The number of FSW hotspots increased from 10,670 in 2012 to 10,987 in 2018. The FSW size estimates also increased, from 133,675 to 167,940, a 26% increase.

3.2.10 County-wise FSW size estimates

A total of 34 of Kenya's 47 counties were mapped for FSW hotspots, for FSWs, and for FSWs below the age of 18. Of the 10,987 FSW hotspots mapped, Nairobi had the greatest share (2,032/10,987, 18%), followed by Kisii (669/10,987, 6%) and Migori (605/10,987, 6%). Of the 167,940 FSWs estimated in 34 counties, Nairobi had the greatest share (39,643/167,940, 24%), followed by Nakuru (17,708/167,940, 11%) and Mombasa (8,187/167,940, 5%). At county level, the mean number of FSWs per hotspot ranged from five in Kirinyaga to 60 in Taita Taveta, with the mean being 15. The county-wise data are shown in Table 2.

Table 2: FSW county-wise estimates

County	Number of hotspots	No. of FSWs	Mean no. of FSWs per spot	No. of FSWs younger than 18	Mean no. of FSWs under 18 per hotspot
Total	10987	167940	15.3	14809	1.3
Bomet	240	3309	13.8	251	1.0
Bungoma	244	3900	16.0	716	2.9
Busia	218	2968	13.6	101	0.5
Embu	236	1851	7.8	126	0.5
Homa Bay	467	3783	8.1	292	0.6
Kajiado	198	7642	38.6	362	1.8
Kakamega	129	1751	13.6	196	1.5
Kericho	119	2333	19.6	161	1.4
Kiambu	330	5810	17.6	207	0.6
Kilifi	290	6696	23.1	924	3.2
Kirinyaga	467	2497	5.3	17	0.0

Kisii	669	6538	9.8	534	0.8
Kisumu	438	5151	11.8	354	0.8
Kitui	371	2856	7.7	170	0.5
Kwale	74	2833	38.3	133	1.8
Laikipia	66	1154	17.5	345	5.2
Machakos	404	4916	12.2	374	0.9
Makueni	407	2743	6.7	89	0.2
Meru	180	2515	14.0	247	1.4
Migori	605	4709	7.8	311	0.5
Mombasa	439	8187	18.6	1037	2.4
Muranga	123	2533	20.6	88	0.7
Nairobi	2032	39643	19.5	3415	1.7
Nakuru	531	17708	33.3	1192	2.2
Narok	191	3064	16.0	156	0.8
Nyamira	221	1999	9.9	272	1.3
Nyeri	105	1299	12.4	20	0.2
Siaya	354	4027	11.4	297	0.8
Taita Taveta	27	1611	59.7	103	3.8
Tharaka Nithi	233	2594	11.1	260	1.1
Trans Nzoia	220	2522	11.5	312	1.4
Turkana	196	3722	19.0	1489	7.6
Uasin Gishu	156	2886	18.5	228	1.5
Vihiga	26	200	7.7	38	1.5

3.2.11 Progressive coverage of FSWs by county

The progressive coverage analysis illustrates the contribution of each county to the national size estimate. Nairobi accounted for nearly a quarter (24%) of the FSWs in the mapped counties. Just five counties (Nairobi, Nakuru, Mombasa, Kajiado and Kilifi) collectively contained 48% (79,876/167,940) of the estimated FSWs in the mapped counties, and 18 of the 34 counties contained 80% (134,659/167,940) of the estimated FSWs (Figure 11).

Figure 11: Progressive coverage of FSWs by county
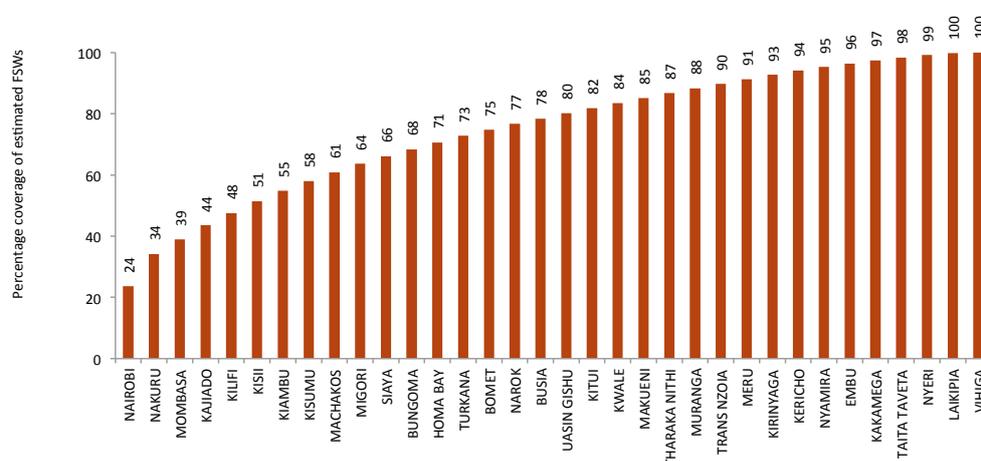
3.2.12 Progressive coverage of FSWs by typology

FSWs solicit predominantly in bars without lodging/Changaa den/Mangweni, followed by bars with lodging. Three-quarters of FSWs (126,851/167,940, 76%) solicit in these two types of hotspots (Figure 12).

Figure 12: Progressive coverage of FSWs by typology
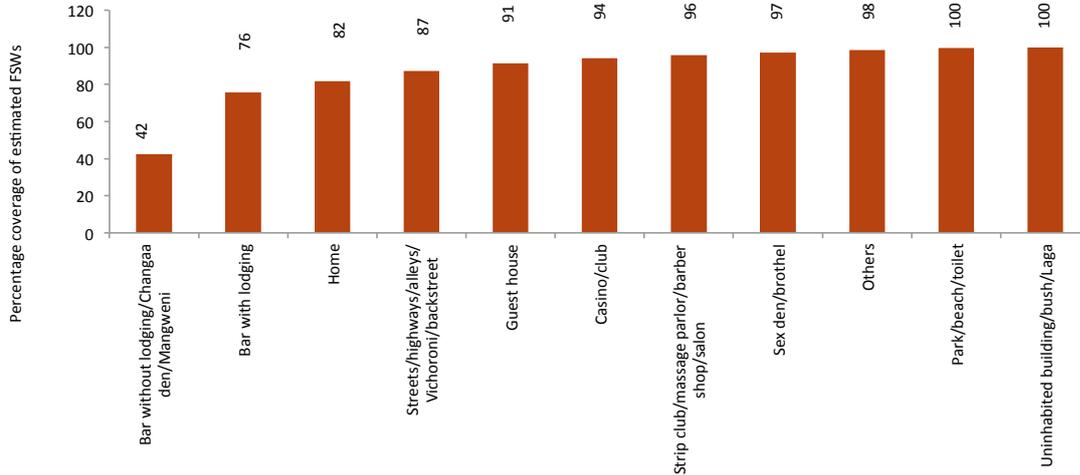
3.2.13 Progressive coverage of FSWs younger than 18 by county

Nairobi had the largest share (23%) of the estimated number of FSWs younger than 18 in the mapped counties. Of the 34 mapped counties, 15 counties collectively accounted for about 81% (11,854/14,809) of the total estimated FSWs under the age of 18 (Figure 13).

Figure 13: Progressive coverage of FSWs younger than 18 by county
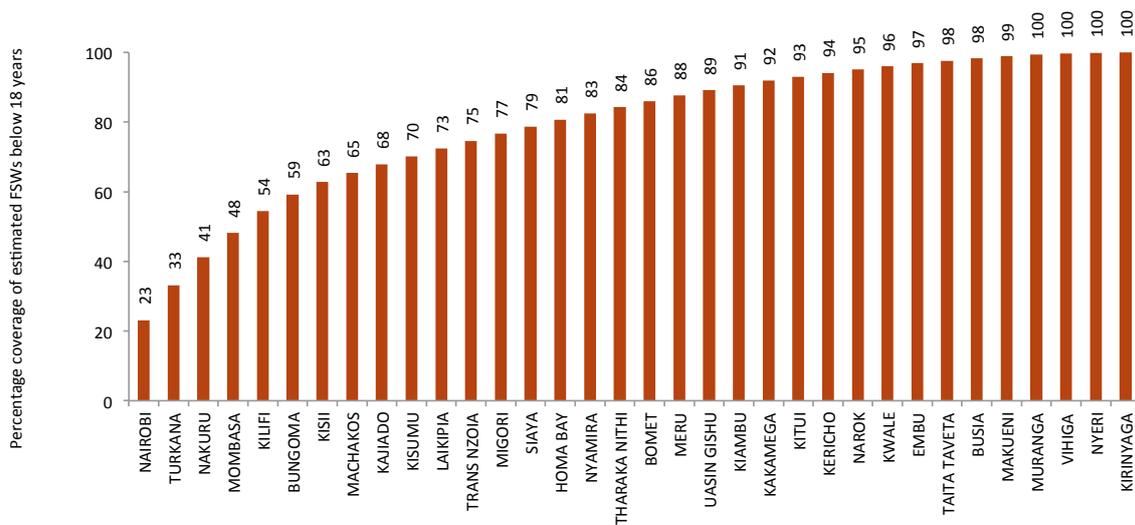
1a. Number of Female Sex Workers (FSW) mapped at county level, from the KPSE data

Number of Female Sex Workers by County, 2018 KPSE Data

- 20,001 - 39,610
- 10,001 - 20,000
- 5,001 - 10,000
- 200 - 5,000
- Counties not covered by KPSE
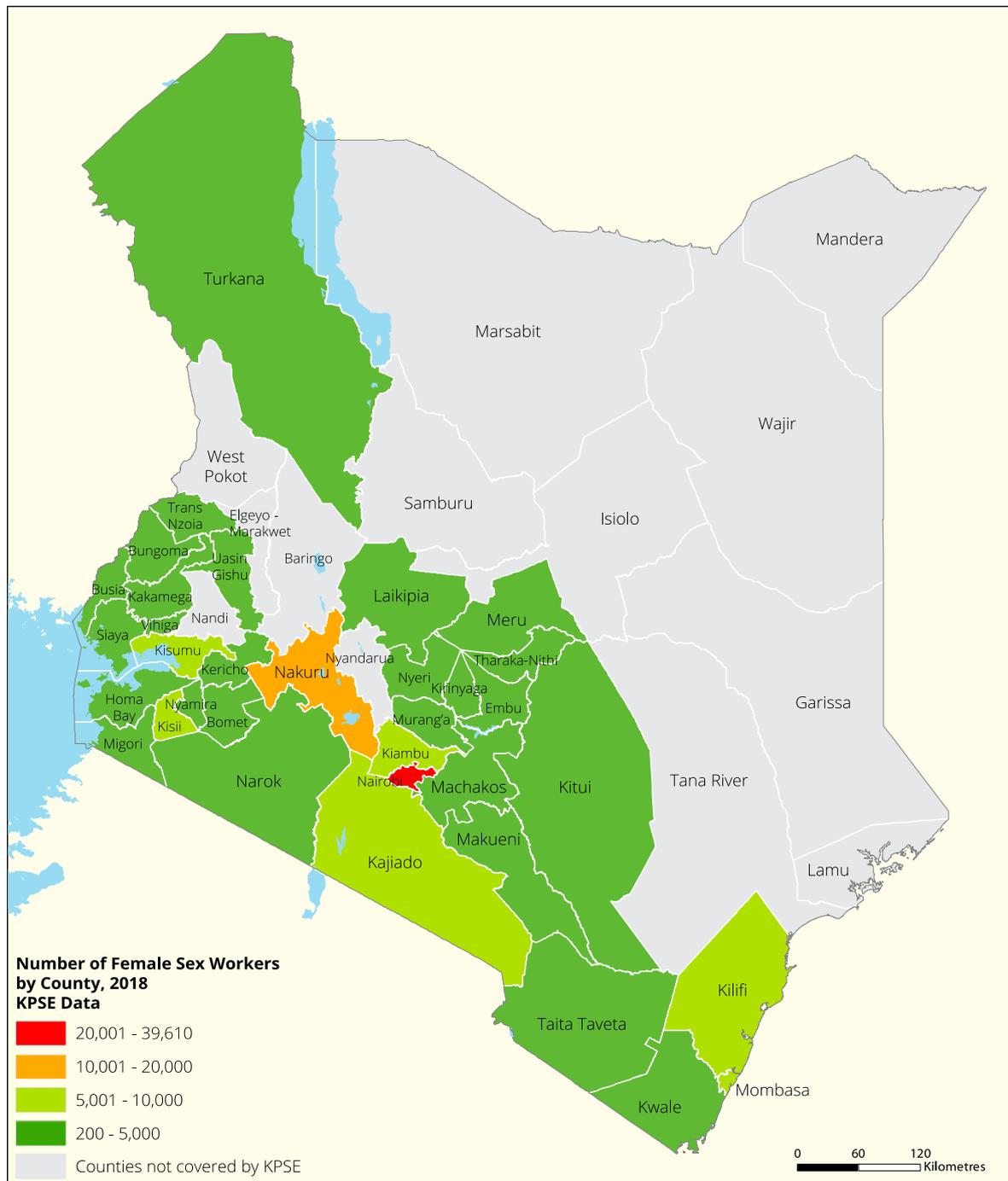
3.3 Men Who Have Sex with Men

3.3.1 Number of hotspots mapped

The study identified a total of 2,153 hotspots for MSM in 30 mapped counties. Hotspot types varied, including bar without lodging, bar with lodging, streets, casino/club, home, parks, guest house, sex dens, strip clubs and uninhabited buildings, as shown in Figure 14. Majority of the MSM hotspots (1,375/2,153, 64%) were bar without lodging/Changaa den/ Mangweni or bar with lodging (Figure 14).

Figure 14: Distribution of MSM hotspots by hotspot type
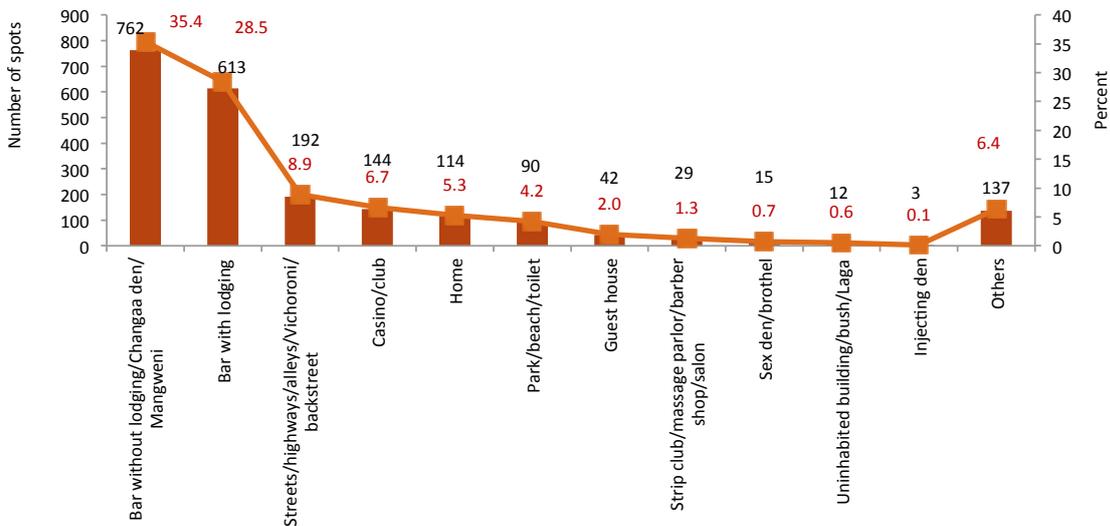
3.3.2 Characteristics of MSM hotspots

Friday, Saturday and Sunday were peak days in 37%, 85%, and 86% of mapped MSM hotspots respectively (Figure 15). In 71% of the mapped hotspots, evening (6 pm–10 pm) was reported to be the time when the greatest number of MSM are present (Figure 16).

Figure 15: Peak days of hotspots
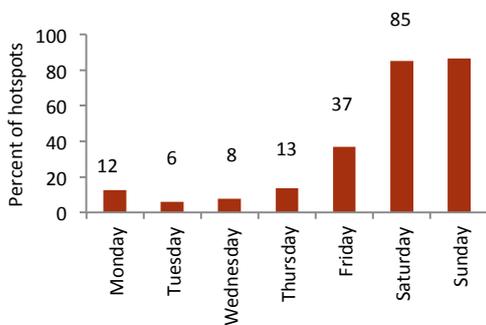
Figure 16: Peak times of hotspots

19
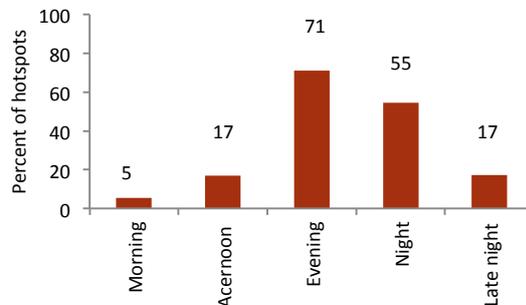
3.3.3 Distribution of MSM hotspots by nature of activity

MSM hotspots were characterised by whether men use them for sex, for solicitation or for both. Whereas 57% of the MSM hotspots were used only for solicitation, 38% were used for sex and solicitation, and 5% were used only for sex (Figure 17).

Figure 17: Nature of activity in MSM hotspots
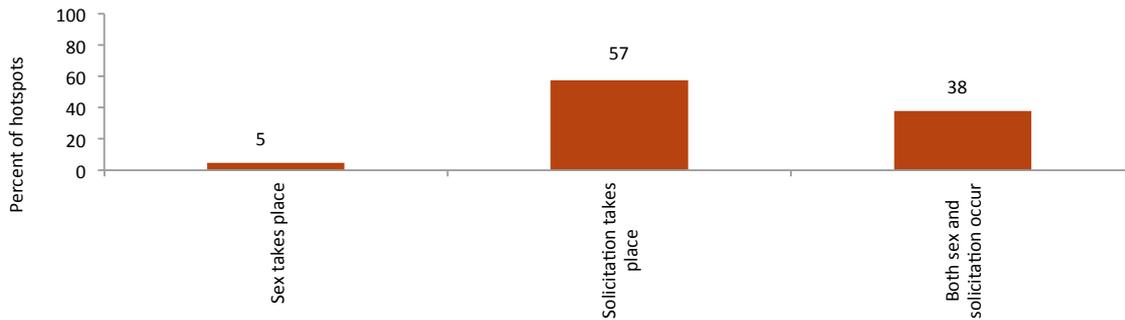
3.3.4 Estimated MSM on a normal day

Estimates of MSM on a normal day in the mapped hotspots ranged from 14,066 to 23,488, with a mean of 18,777 (Figure 18).

Figure 18: Range and mean of MSM normal-day estimates
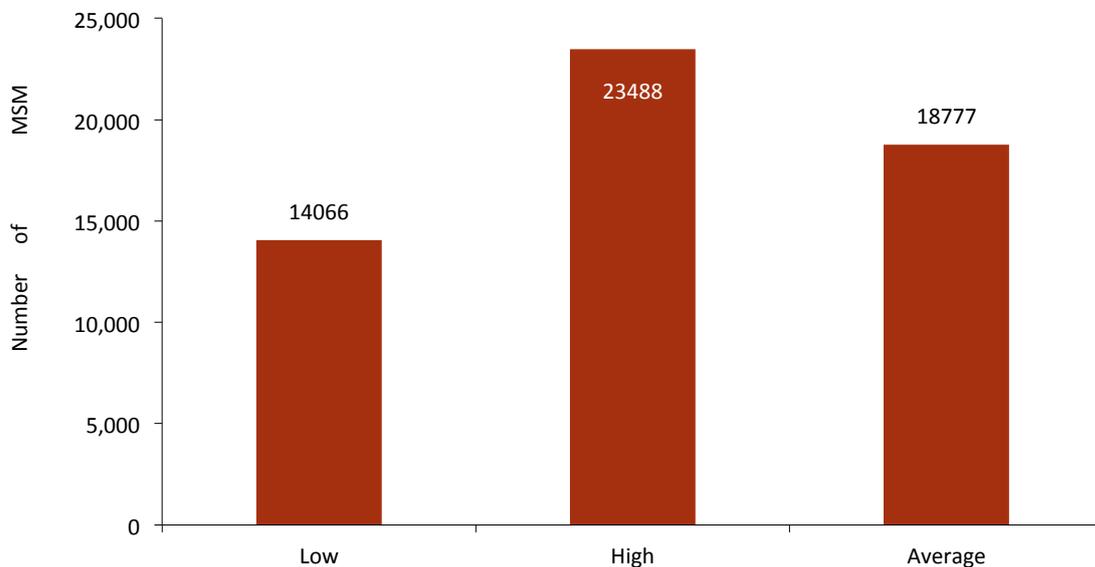
3.3.5 Peak-day estimates

Estimates of MSM in the mapped hotspots on a peak day ranged from 24,704 to 40,455, with the mean being 32,580 (Figure 19). The mean number of MSM per hotspot ranged from 11 to 19, with a mean of 15 MSM per hotspot. The peak-day estimate (32,580) of MSM at the mapped hotspots was 74% higher than the normal-day estimate (18,777).

Figure 19: Range and mean of MSM peak-day estimates
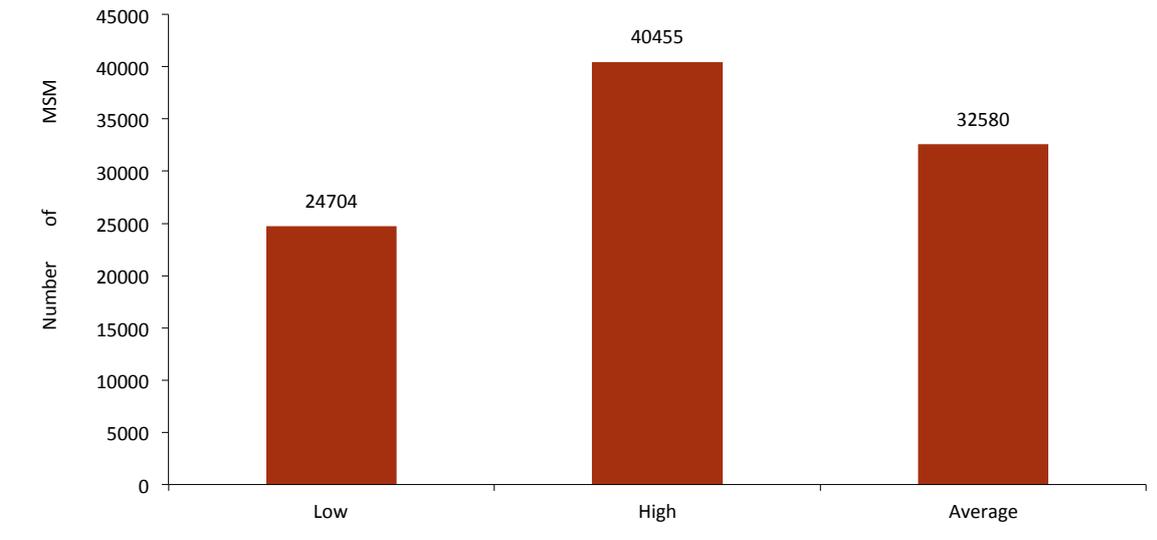
3.3.6 Distribution of MSM by hotspot characteristics

Based on the size estimates, MSM predominantly use bars without lodging/Changaa den/ Mangweni (12,775/32,580, 39%), followed by bars with lodging (8,076/32,580, 16%), street/ highways/alleys/backstreet (2,820/32,580, 9%), casino/club (2,530/32,580, 8%) and homes (2,449/32,580, 8%). On average, homes had the highest number (22) of MSM per hotspot, followed by casino/club (18) (Figure 20).

Figure 20: Distribution of MSM by type of hotspot
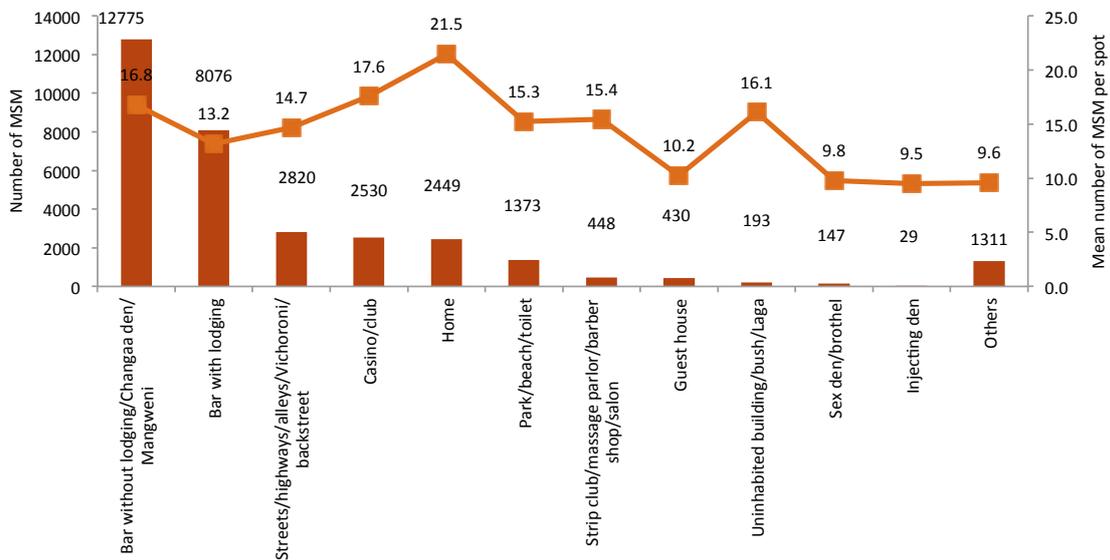
3.3.7 Estimates of MSM younger than 18

The estimated number of MSM younger than 18 in the mapped counties ranged from 2,039 to 3,858, with the mean being 2,949 (Figure 21). Overall, 9% (2,949/32,580) of the total estimated MSM were under the age of 18.

Figure 21: Estimated range and mean of MSM younger than 18
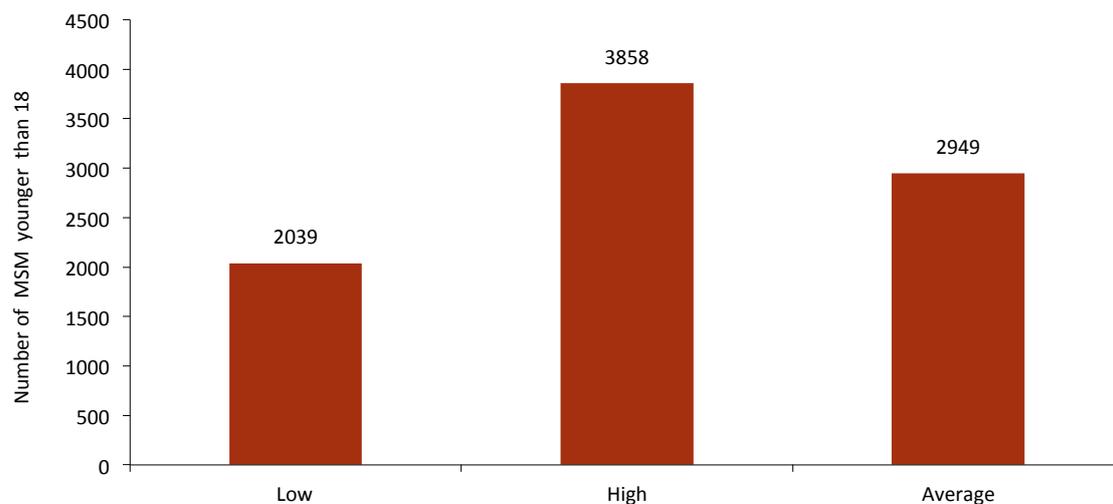
3.3.8 Estimates of MSM younger than 18 by hotspot characteristics

Together, bars with lodging and bars without lodging had the largest share (1643/2949, 56%) of MSM under the age of 18, while streets/highways/alleys/backstreet accounted for 15% of the MSM under 18 (448/2,949) (Figure 22).

Figure 22: Distribution of MSM younger than 18 by type of hotspot
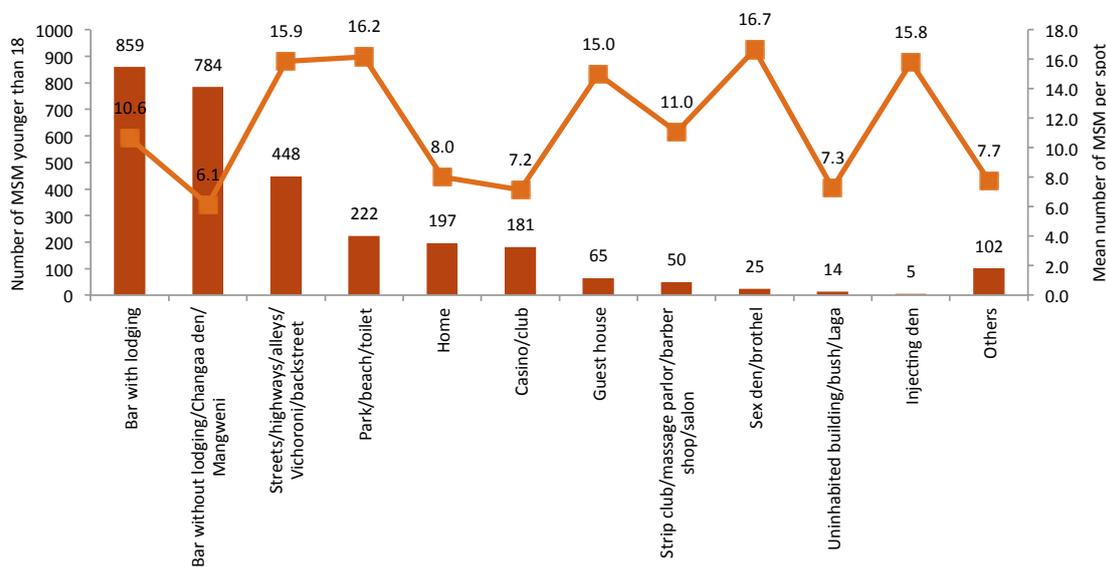
3.3.9 Estimates of MSWs

Estimates of MSWs in the mapped counties ranged from 8,760 to 14,854, with a mean of 11,807 (Figure 23). Overall, 36% of the MSM were MSWs.

Figure 23: Range and mean of MSW estimates
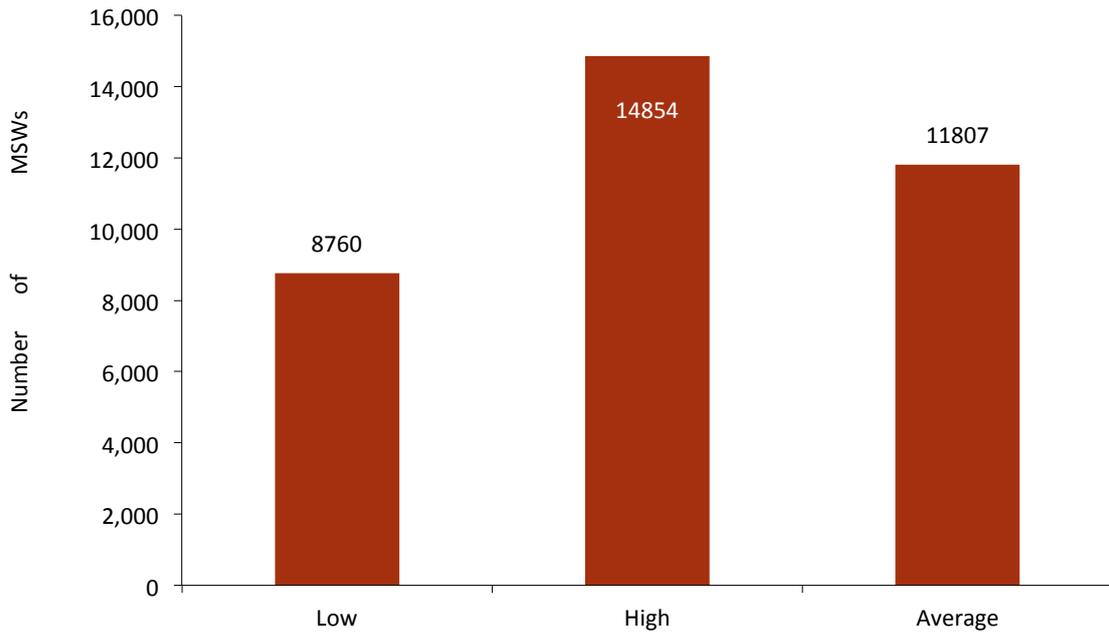
3.3.10 Distribution of MSWs by hotspot characteristics

Overall, there were 11,807 MSWs in the mapped counties. The majority (7,478/11,807, 63%) of MSWs frequent bars without lodging/Changaa den/Mangweni and bars with lodging. Injecting dens had the highest average number of MSWs per hotspot (47), followed by casinos/clubs (46), streets/highways/alleys/backstreets (45), and sex dens / brothels (43) (Figure 24).

Figure 24: Distribution of MSWs by type of hotspot
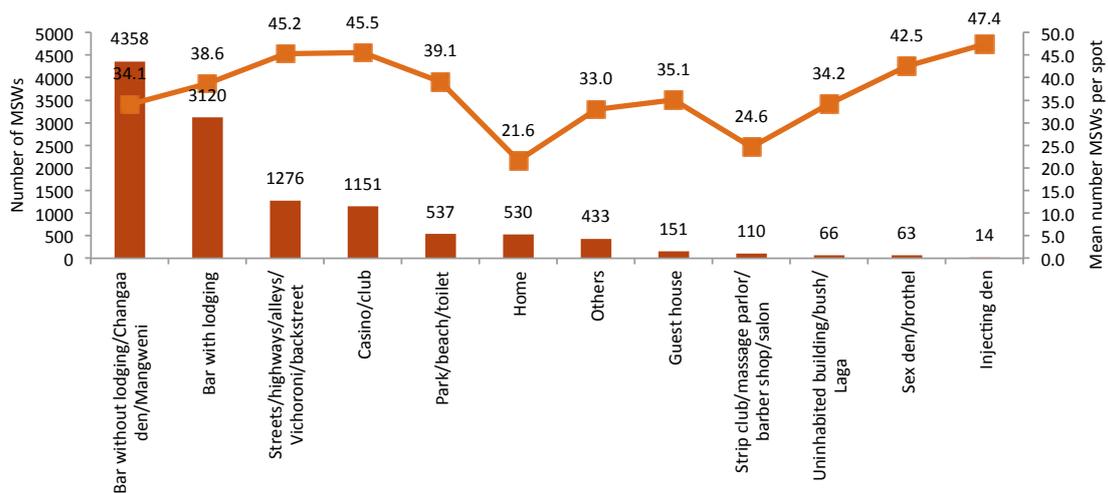
3.3.11 Comparison of 2018 MSM size estimate with previous size estimate

The number of MSM hotspots increased from 1,585 in 2012 to 2,153 in 2018, a 36% increase. The MSM size estimates also increased, from 18,460 to 32,580, a 76% increase.

3.3.12 County-wise MSM and MSW size estimates

Thirty of Kenya's 47 counties were mapped for MSM. A total of 2,153 hotspots were mapped, the greatest share of which were in Nairobi (368/2,153, 17%), followed by Kisumu (313/2,153, 15%) and Machakos (268/2,153, 12%). Overall, 32,580 MSM were estimated, with Nairobi county accounting for 31% (10,209/32,580) of the size estimate, followed by Kilifi (2,868/32,580, 9%) and Mombasa (2,855/32,580, 9%). The county MSM and MSW size estimate data are shown in Table 3.

Table 3: MSM and MSW county-wise size estimates

County	Number of spots	Estimated MSM	Mean MSM per spot	No. of MSM below 18 years	Mean MSM below 18 years per spot	Estimated MSWs	Mean MSWs per spot
Total	**2,153**	**32,580**	**15.1**	**2,949**	**1.4**	**11,807**	**5.5**
Bomet	14	120	8.6	0	0.0	18	1.3
Bungoma	62	1,562	25.2	483	7.8	713	11.5
Busia	39	572	14.7	55	1.4	56	1.4
Embu	14	132	9.4	3	0.2	50	3.6
Homa Bay	41	252	6.1	16	0.4	56	1.4
Kajiado	19	474	24.9	46	2.4	144	7.6
Kakamega	75	637	8.5	100	1.3	239	3.2
Kiambu	104	1,664	16.0	25	0.2	209	2.0
Kilifi	160	2,868	17.9	274	1.7	813	5.1
Kirinyaga	6	15	2.5	0	0.0	0	0.0
Kisii	52	462	8.9	42	0.8	138	2.7
Kisumu	313	2,492	8.0	236	0.8	767	2.5
Kitui	10	44	4.4	1	0.1	8	0.8
Kwale	50	681	13.6	59	1.2	243	4.9
Laikipia	12	138	11.5	11	0.9	69	5.8
Machakos	268	2,234	8.3	155	0.6	1,180	4.4
Makueni	54	338	6.3	0	0.0	42	0.8
Meru	5	55	11.0	8	1.6	7	1.4
Migori	75	559	7.5	89	1.2	226	3.0
Mombasa	174	2,855	16.4	592	3.4	1,473	8.5
Nairobi	369	10,209	27.7	519	1.4	4,597	12.5
Nakuru	47	2,072	44.1	143	3.0	197	4.2
Narok	8	59	7.4	9	1.1	5	0.6
Nyamira	19	107	5.6	0	0.0	0	0.0
Nyeri	14	123	8.8	0	0.0	19	1.4
Siaya	67	663	9.9	43	0.6	116	1.7
T h a r a k a Nithi	18	141	7.8	5	0.3	17	0.9
Turkana	16	450	28.1	9	0.6	193	12.1
Uasin Gishu	11	83	7.5	23	2.1	30	2.7
Vihiga	37	527	14.2	10	0.3	189	5.1

3.3.13 Progressive coverage of MSM by county

Progressive coverage analysis illustrates that Nairobi contributed 31% (10,209/32,580) of the estimated MSM in the 30 mapped counties. Nairobi, Kilifi, Mombasa and Kisumu collectively accounted for 57% (18,424/32,580) of the total estimated MSM in the mapped counties, and eight counties contained 80% (25,956/32,580) of the total estimated number of MSM in the mapped counties (Figure 25).

Figure 25: Progressive coverage of MSM by county
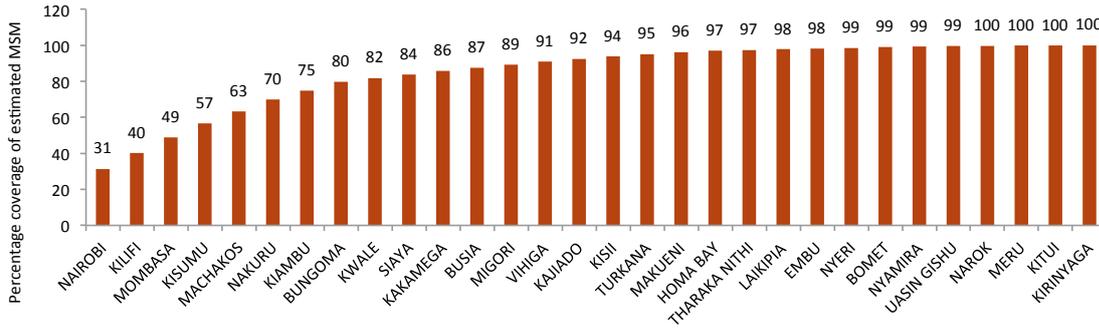
3.3.14 Progressive coverage of MSM by typology

MSM cruise predominantly in bars without lodging/Changaa den/Mangweni (39%), followed by bars with lodging (25%), streets/highways (9%) and casino/clubs (7%). These four hotspot types accounted for 80% of estimated MSM (Figure 26).

Figure 26: Progressive coverage of MSM by typology
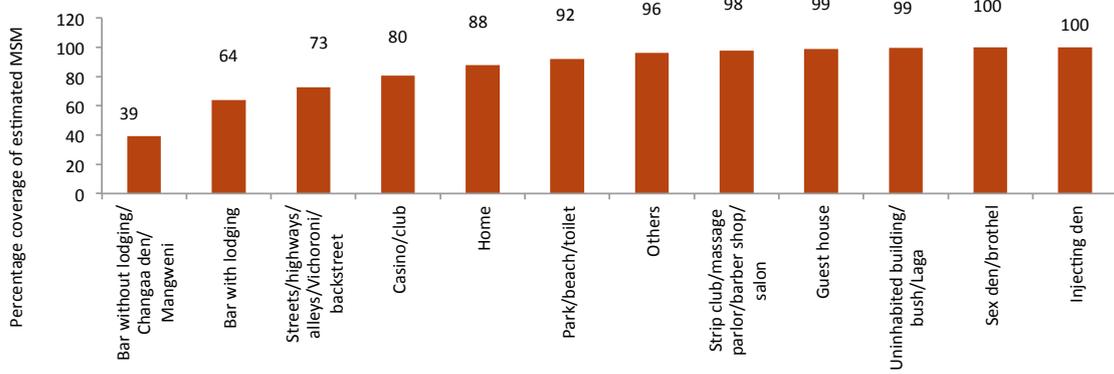
3.3.15 Progressive coverage of MSWs by county

Nairobi accounted for about 39% (4,597/11,807) of the estimated MSWs in the 30 counties. Together, Nairobi, Mombasa and Machakos accounted for 61% (7,250/11,807) of MSWs in the mapped counties, and five counties accounted for 75% (8,830/11,807) of the MSWs in the mapped counties (Figure 27).

Figure 27: Progressive coverage of MSWs by county
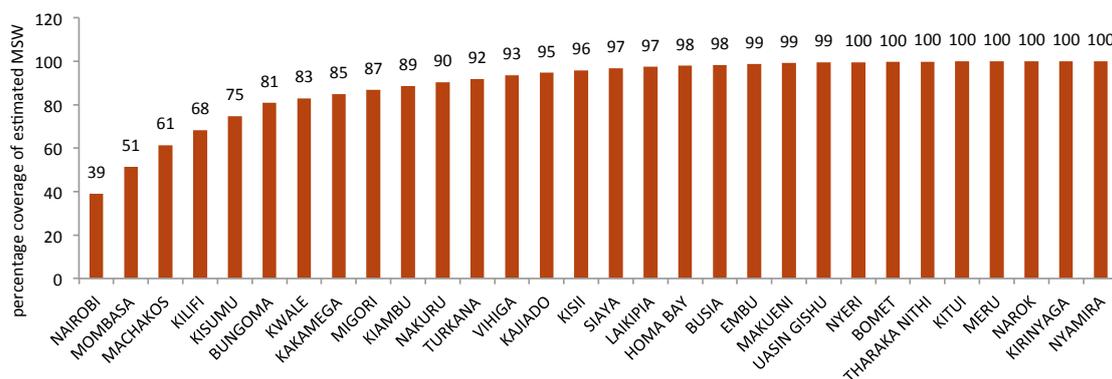
3.3.16 Progressive coverage of MSM younger than 18 by county

Among the 30 counties included in the MSM size estimation, Mombasa county accounted for 20% (592/2,949) of the estimated MSM below 18 years of age. Together, Mombasa, Nairobi and Bungoma counties accounted for 54% (1,594/2,949) of the estimated MSM under 18. Seven counties accounted for 81% (2,402/2,949) of MSM below the age of 18 (Figure 28).

Figure 28: Progressive coverage of MSM younger than 18 by county
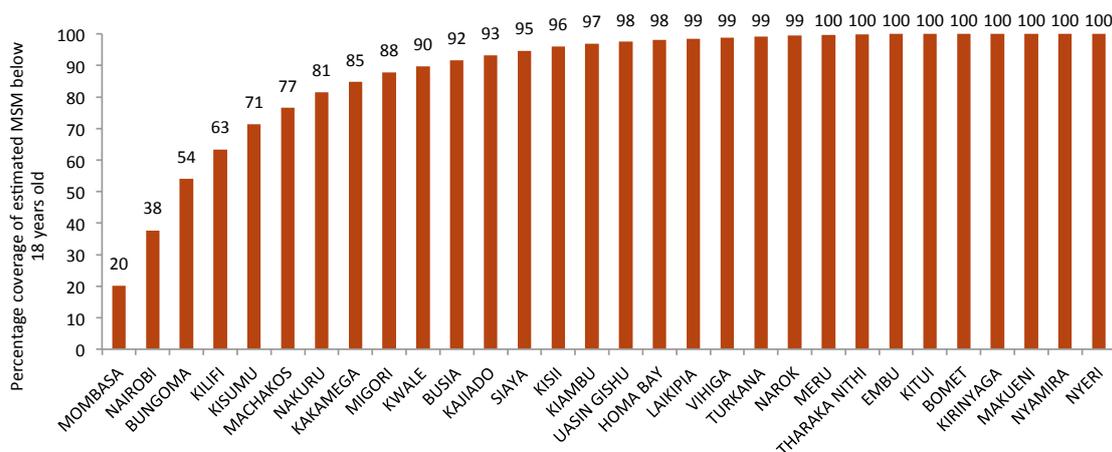
2a. Number of Men who have Sex with Men (MSM) mapped at county level, from the KPSE data

Number of MSM by County, 2018 KPSE Data

- 2,501 - 10,208
- 1,001 - 2,500
- 251 - 1,000
- 14 - 250
- Counties not covered by KPSE
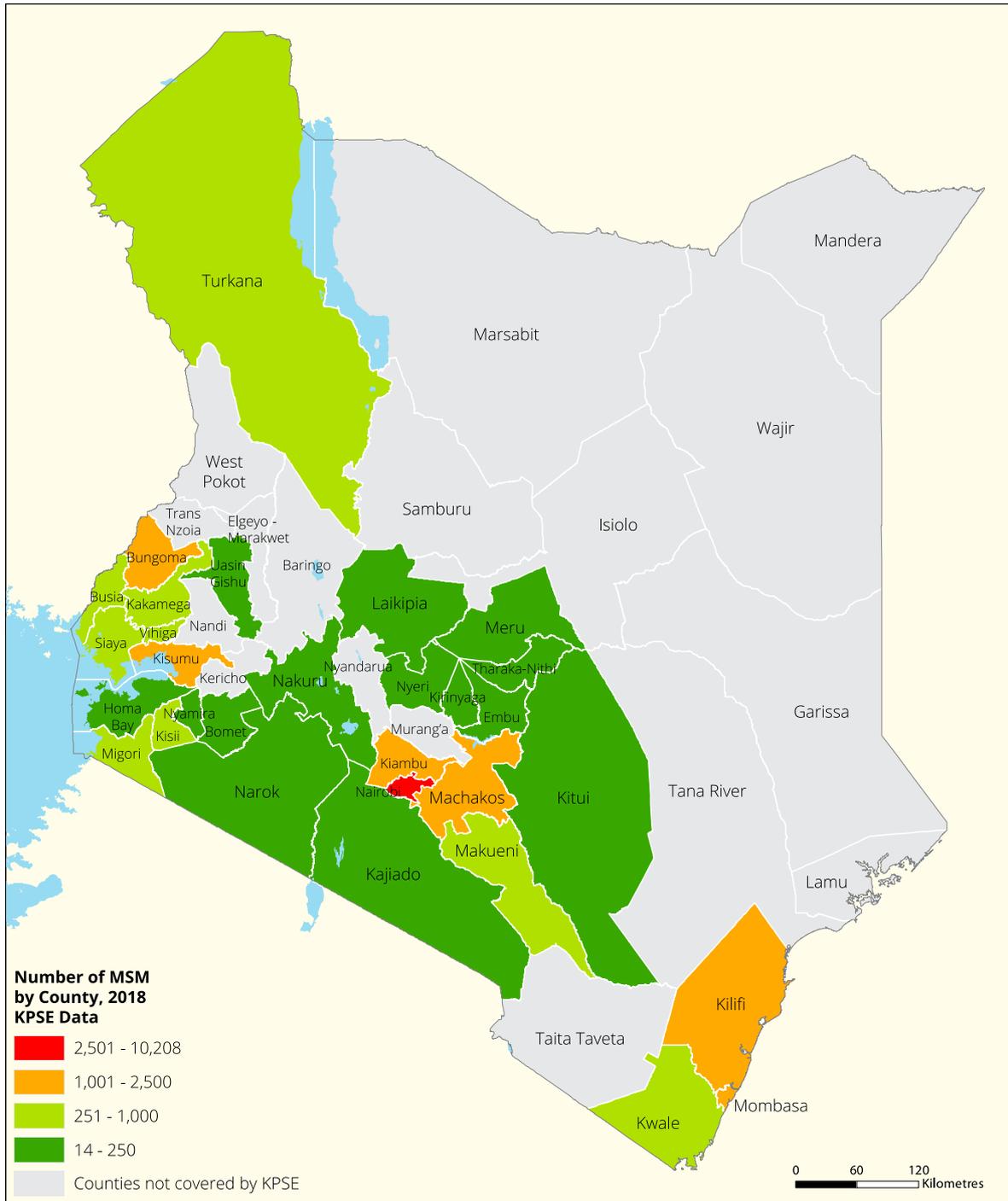
3.4 People Who Inject Drugs

3.4.1 Number of hotspots mapped

The study identified a total of 402 hotspots for PWID in the 15 mapped counties. Hotspot types included streets/highways/alleys/backstreets, injecting dens, uninhabited buildings, parks/beaches/toilets, bars without lodgings/Changaa den/Mangweni, bars with lodging, and homes. Streets/highways/alleys/backstreet and injecting dens were the prominent hotspots, which together accounted for 70% (281/402) of the mapped PWID hotspots (Figure 29).

Figure 29: Distribution of PWID hotspots by hotspot type
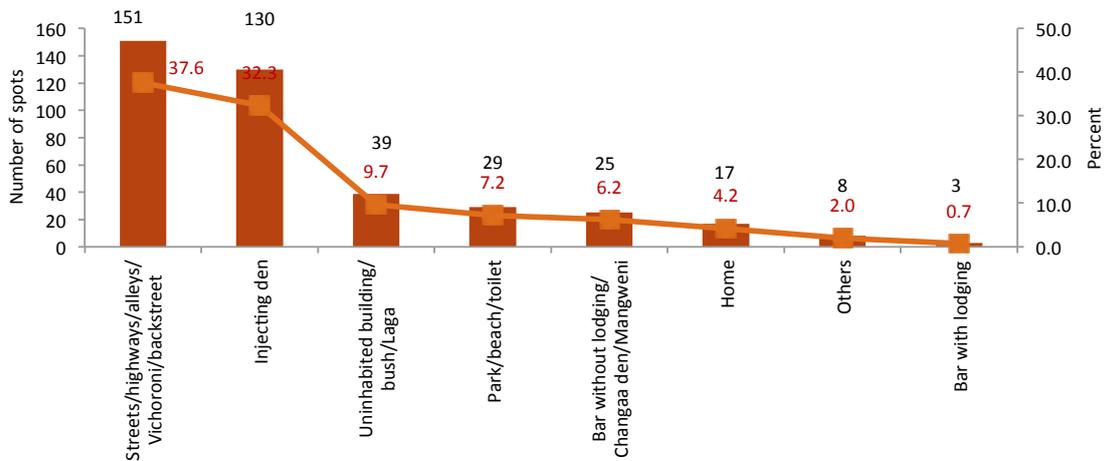
3.4.2 Characteristics of PWID hotspots

PWID visit the hotspots every day, but Friday and Sunday were reported to be peak days in 56% and 48% of hotspots respectively (Figure 30). In 80% of the mapped hotspots, morning (6 am–noon) was reported to be the time when the greatest number of PWID are present (Figure 31).

Figure 30: Peak days of hotspots
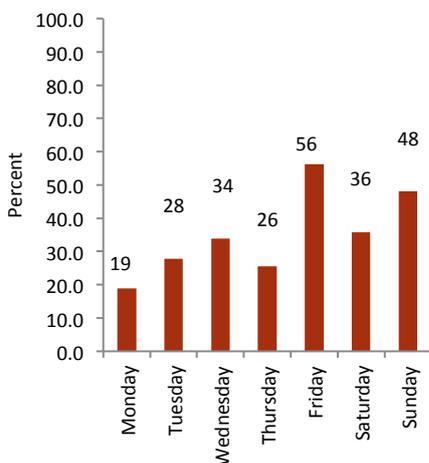
Figure 31: Peak times of hotspots
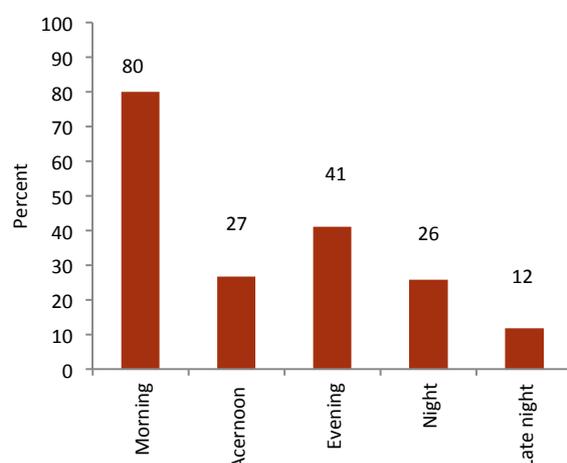
3.4.3 Estimated PWID on a normal day

Estimates of PWID at hotspots in the mapped counties during a normal day ranged from 9,045 to 14,653, with a mean of 11,849 (Figure 32).

Figure 32: Range and mean of PWID normal-day estimates
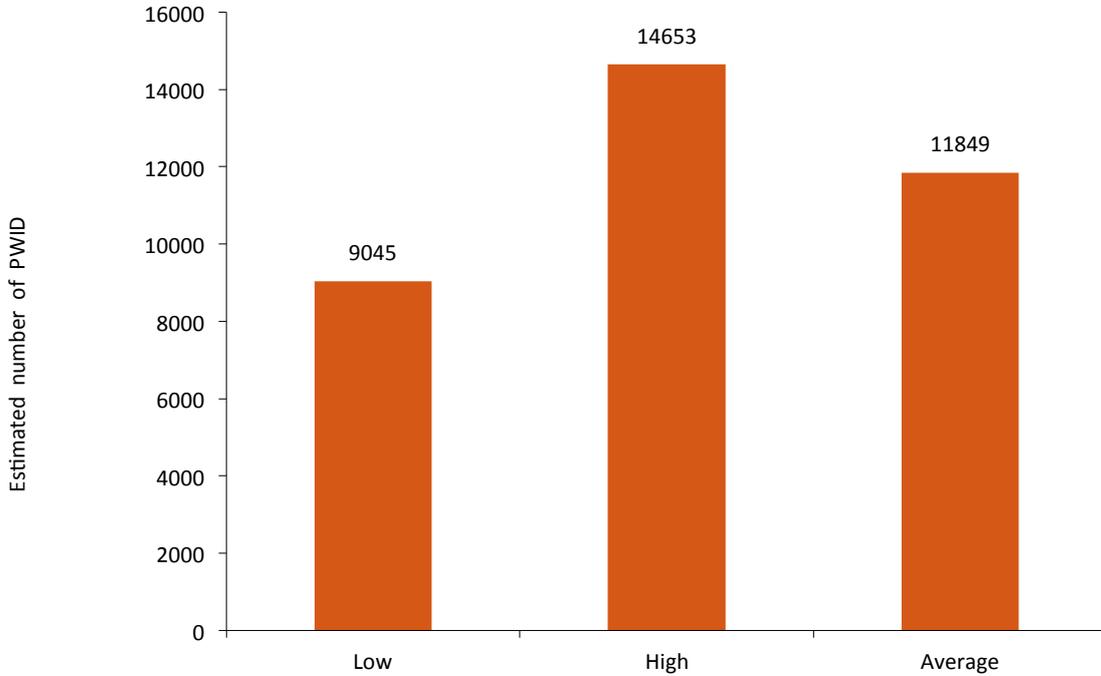
3.4.4 Peak-day estimates

The estimated PWID in the hotspots in the 15 mapped counties on a peak day ranged from 12,426 to 19,691. This meant that, on average, about 16,063 PWID were at the hotspots on a peak day (Figure 33). The mean number of PWID per hotspot ranged from 31 to 49, with a mean of 40 PWID per hotspot. The peak-day estimate (16,063) of PWID at the hotspots was 36% higher than the normal-day estimate (11,849).

Figure 33: Range and mean of PWID peak-day estimates
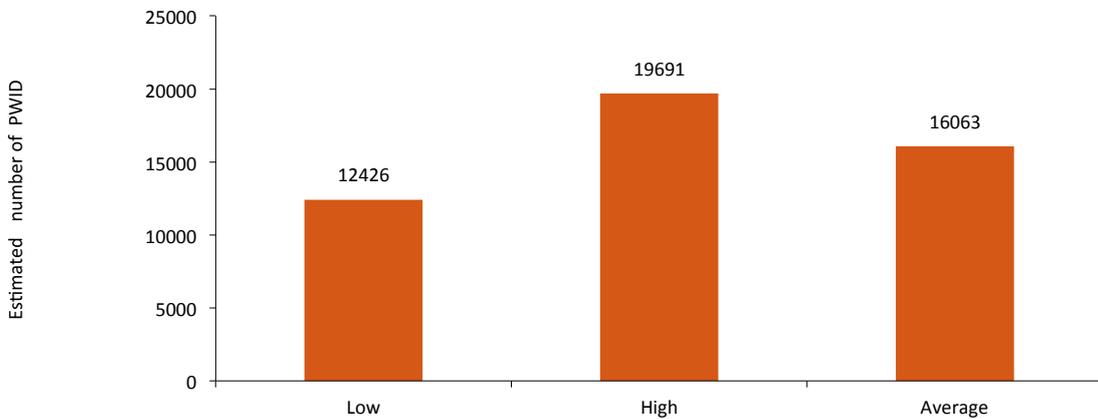
3.4.5 Distribution of PWID by hotspot characteristics

Injecting dens accounted for the largest share (8,166/16,063, 51%) of the estimated number of PWID and also had the highest average number (63) of PWID per hotspot, followed by street/highways, which had 31% (4,913/16,063) of the estimated PWID and, on average, 32 PWID per hotspot (Figure 34).

Figure 34: Distribution of PWID by type of hotspot
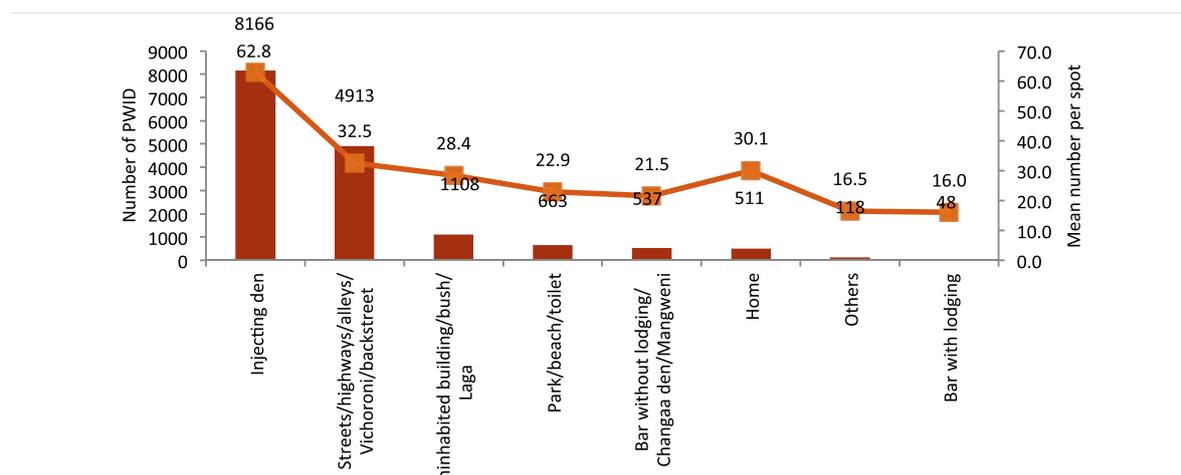
3.4.6 Estimates of PWID younger than 18

Size estimates of PWID younger than 18 were also mapped at PWID hotspots in the 15 counties. Estimates of PWID younger than 18 ranged from 1,229 to 2,433, with the mean being 1,831 (Figure 35). Overall, 11% (1,831/16,063) of the total estimated PWID were younger than 18.

Figure 35: Estimated range and mean of PWID younger than 18
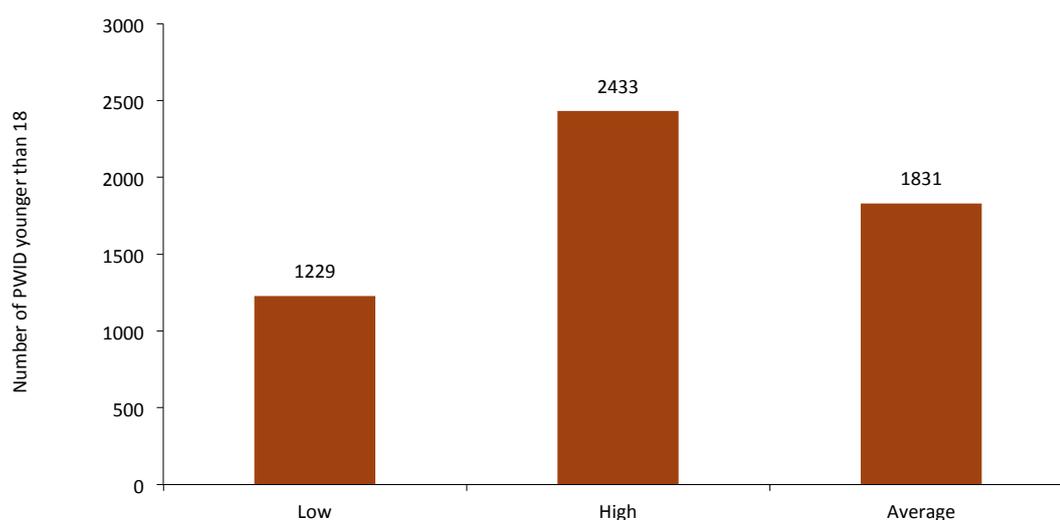
3.4.7 Estimates of PWID younger than 18 by hotspot characteristics

The greatest share (732/1,831, 40%) of PWID below the age of 18 inject drugs in injecting dens. Homes had the highest average number (29) of PWID younger than 18 per hotspot (Figure 36).

Figure 36: Distribution of PWID younger than 18 by type of hotspot
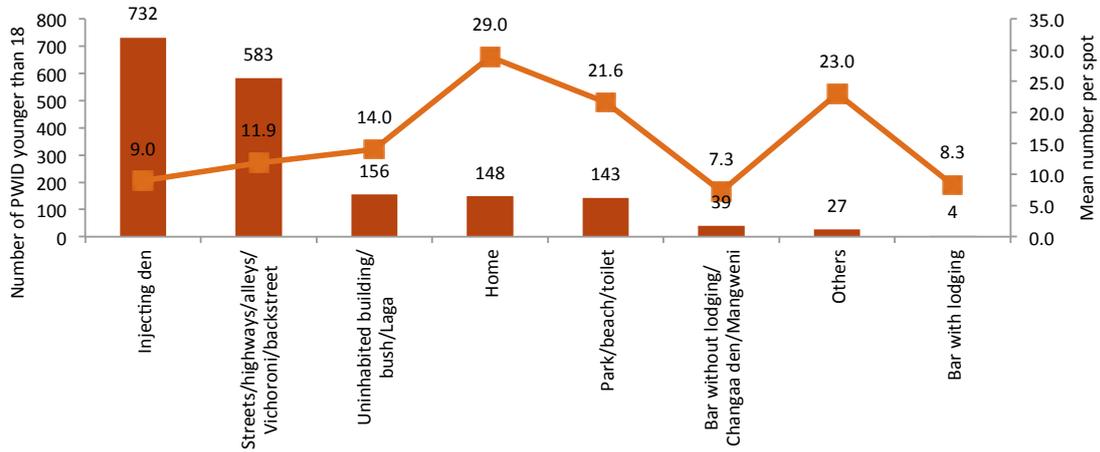
3.4.8 Estimates of WWID

Overall, 15% (2,405/16,063) of PWID were women. Estimates of WWID in the 15 mapped counties ranged from 1,647 to 3,158, with a mean of 2,405 (Figure 37).

Figure 37: Range and mean of WWID estimates
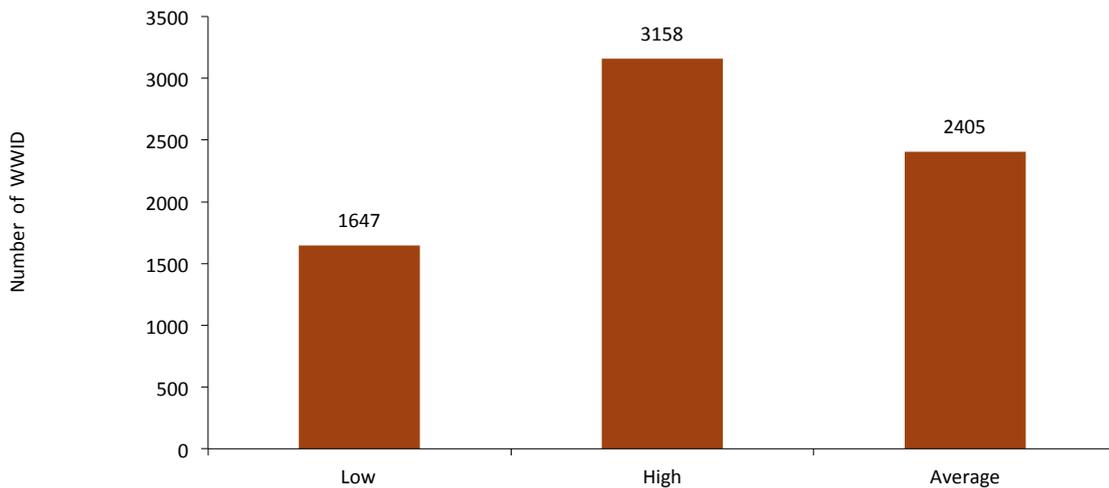
3.4.9 Distribution of WWID by hotspot characteristics

The greatest share of WWID (1,203/2,405, 50%) inject drugs in injecting dens. Bars with lodging had the highest mean number (60) of WWID per hotspot (Figure 38).

31

Figure 38: Distribution of WWID by type of hotspot
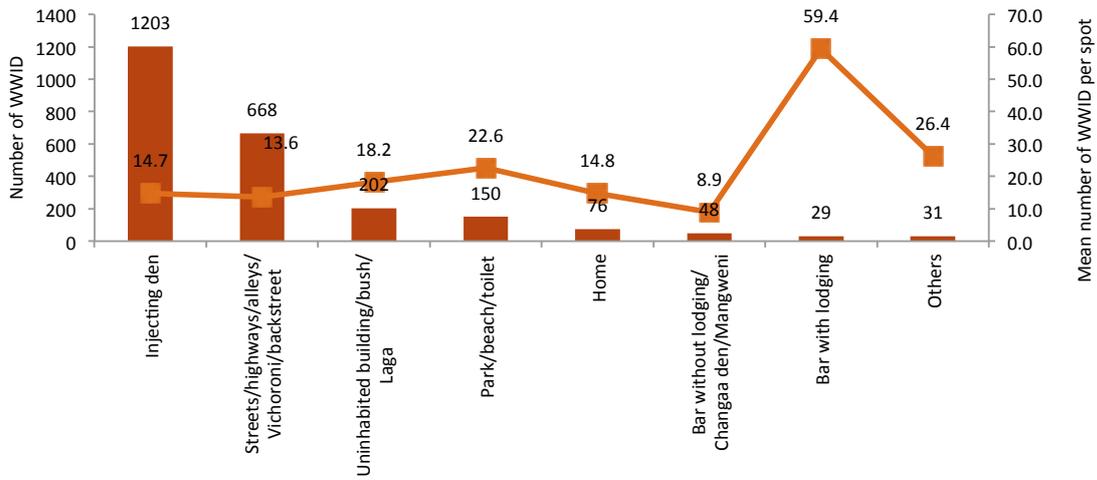
3.4.10 Estimates of PWUD

Estimates of PWUD in the PWID hotspots ranged from 8,160 to 13,742, with a mean of 10,951 (Figure 39). On average, there were about 27 PWUD per spot.

Figure 39: Range and mean of PWUD estimates
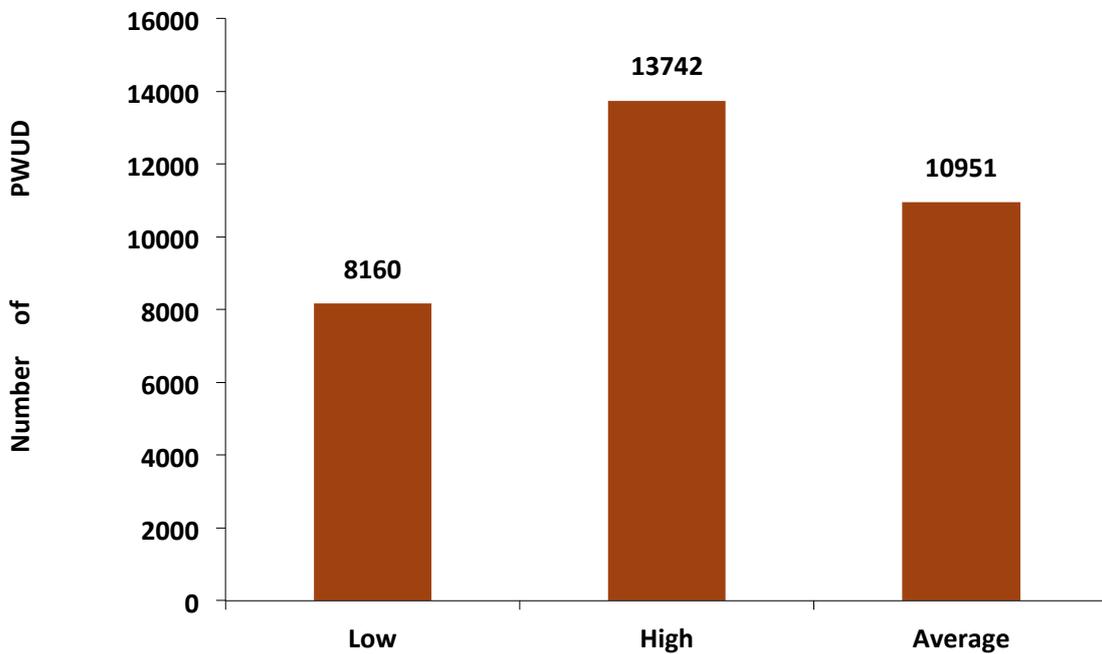
3.4.11 Estimated number of PWID versus PWUD in hotspots

There were about 16,063 PWID (12,4266–19,691) in the mapped counties. In addition, there were also about 10,951 PWUD (8,160–13,742) in the mapped hotspots (Figure 40).

Figure 40: Estimated number of PWID versus PWUD
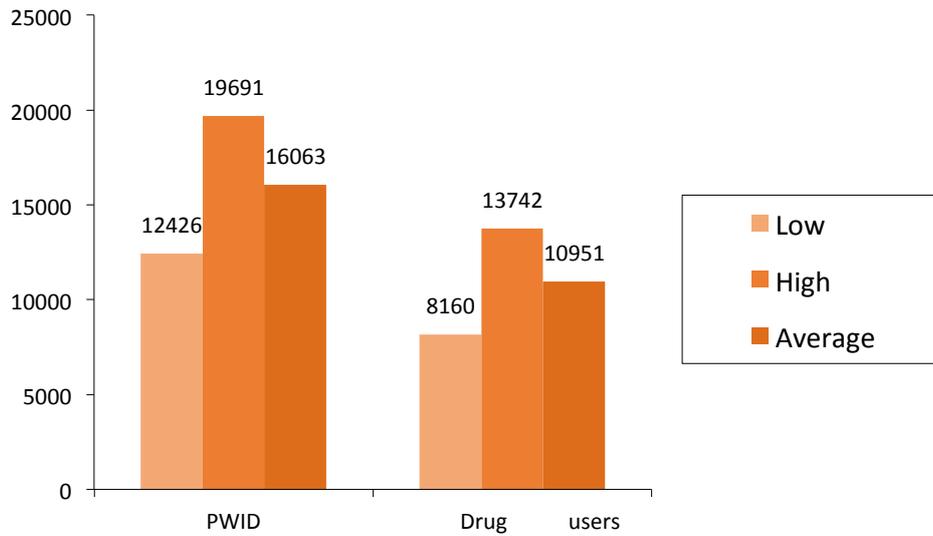
3.4.12 Estimated PWID and PWUD by type of hotspot

As with PWID, the greatest share of PWUD (5,709/10,951, 52%) were reported at injecting dens, followed by streets/highways (3,543/10,951, 32%) (Figure 41).

Figure 41: Distribution of PWID and PWUD by type of hotspot
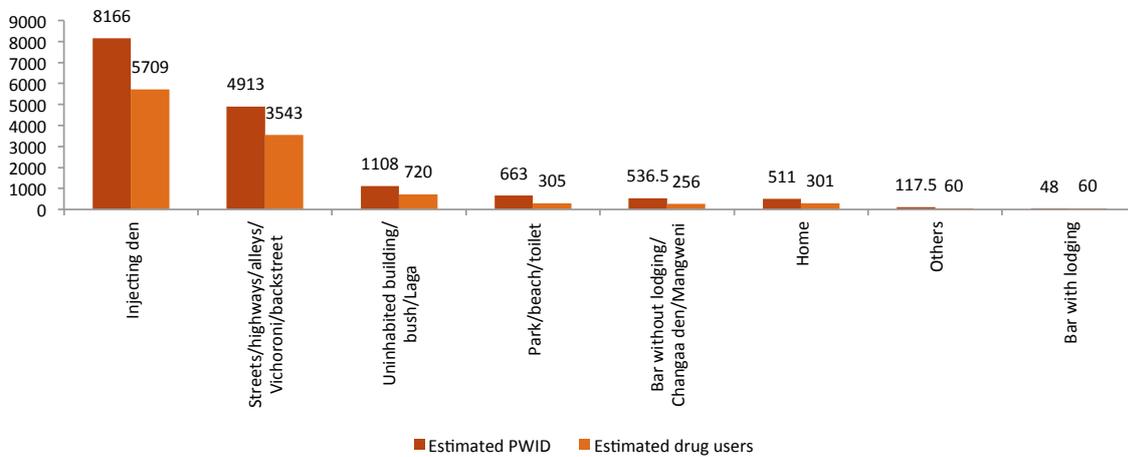
3.4.13 County-wise PWID size estimates

Of the 15 counties mapped for PWID and PWID hotspots, Kilifi contained 29% (116/402) of the hotspots, followed by Nairobi (73/402, 18%), Mombasa (56/402, 14%) and Kisumu (40/402, 10%). Nairobi had the largest share (5,024/16,063, 31%) of the estimated PWID, followed by Kilifi and Mombasa, which had 27% (4,308/16,063) and 16% (2,591/16,063) of the estimated PWID respectively. The county-wise PWID size estimate data are presented in Table 4.

Table 4: PWID county-wise estimates

County	Number of spots	Estimated PWID	Mean PWID per spot	Estimated PWID below 18 years	Mean per spot	Estimated WWID	Mean WWID per spot	Estimated PWUD	Mean PWUD per spot
Total	402	16,063	40.0	1,831	4.6	2,405	6.0	10,951	27.2
Kilifi	116	4,308	37.1	406	3.5	619	5.3	1,657	14.3
Nairobi	73	5,024	68.8	625	8.6	923.5	12.7	3,317	45.4
Mombasa	56	2,591	46.3	323	5.8	436.5	7.8	3,696	66.0
Kisumu	40	491	12.3	66	1.7	143	3.6	331	8.3
Kiambu	28	1,230	43.9	142	5.1	91	3.3	464	16.6
Kwale	21	1,736	82.7	100	4.8	49.5	2.4	571	27.2
Siaya	16	110	6.9	2	0.1	7.5	0.5	75	4.7
Migori	15	202	13.5	113	7.5	71	4.7	184	12.3
Homa Bay	12	91	7.6	8	0.7	15	1.3	111	9.3
Kajiado	6	63	10.5	15	2.5	24	4.0	145	24.2
Meru	6	75	12.5	9	1.5	14	2.3	51	8.5
Kisii	5	36	7.2	9	1.8	0	0.0	29	5.8
Machakos	4	57	14.3	2	0.5	0.5	0.1	25	6.3
Uasin Gishu	3	30	10.0	12	4.0	6.5	2.2	17	5.7
Nakuru	1	23	23.0	3	3.0	3.5	3.5	8	8.0

3.4.14 Progressive coverage of PWID by county

Four counties (Nairobi, Kilifi, Mombasa and Kwale) collectively accounted for 85% of the estimated PWID (Figure 42).

Figure 42: Progressive coverage of PWID by county
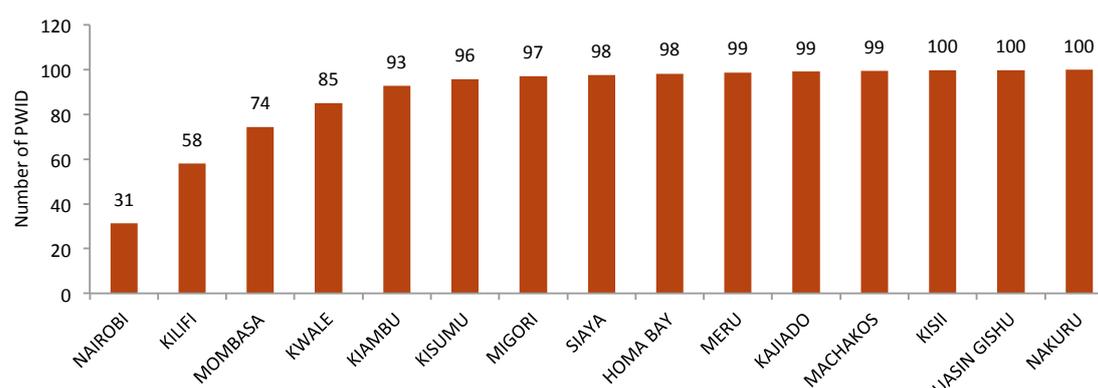
3.4.15 Progressive coverage of PWID younger than 18 by county

Nairobi county had the greatest share (34%) of the PWID younger than 18 in the 15 mapped counties. Three counties (Nairobi, Kilifi and Mombasa) accounted for 74% of the PWID under 18 (Figure 43).

Figure 43: Progressive coverage of PWID younger than 18 by county
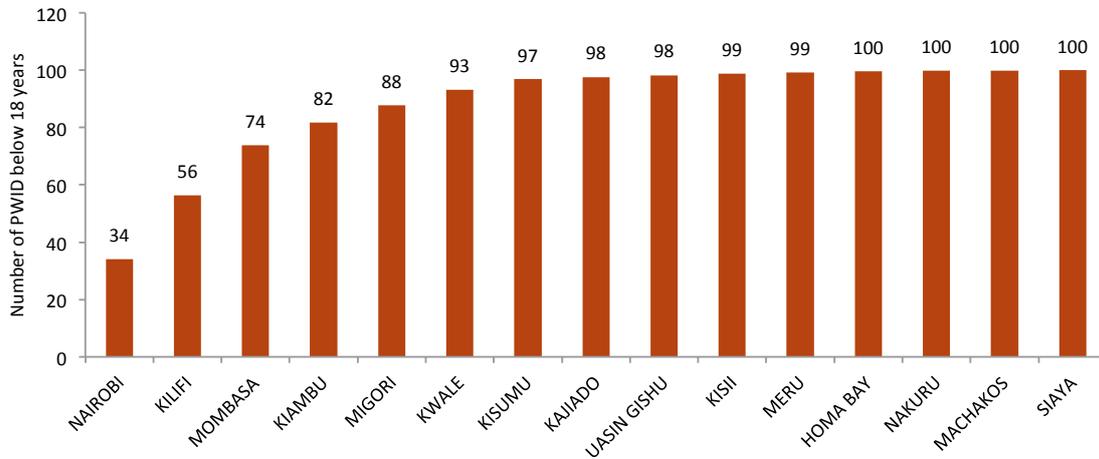
3.4.16 Progressive coverage of WWID by county

Nairobi county accounted for 38% of the total estimate of PWID in the 15 mapped counties. Nairobi, Kilifi, Mombasa, and Kisumu counties collectively accounted for 88% of WWID (Figure 44).

Figure 44: Progressive coverage of WWID by county
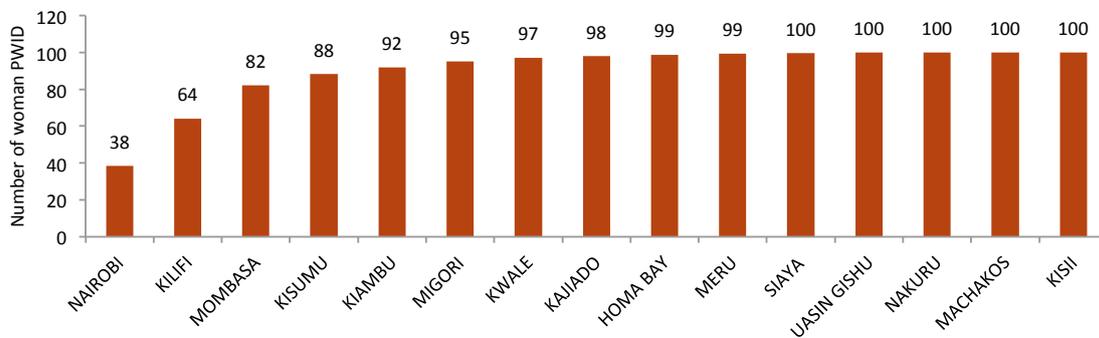
3.4.17 Comparison of 2018 size estimate with previous size estimates

The number of mapped PWID hotspots decreased from 919 in 2012 to 402 in 2018. The PWID size estimate also decreased, from 18,327 to 16,063. This reduction could be attributed to the methadone programme, through which PWID transition from injecting drugs to methadone.

3a. Number of People Who Inject Drugs (PWID) mapped at county level, from the KPSE data

Number of PWID by County, 2018 KPSE Data

- 2,501 - 5,024
- 501 - 2,500
- 51 - 500
- 22 - 50
- Counties not covered by KPSE
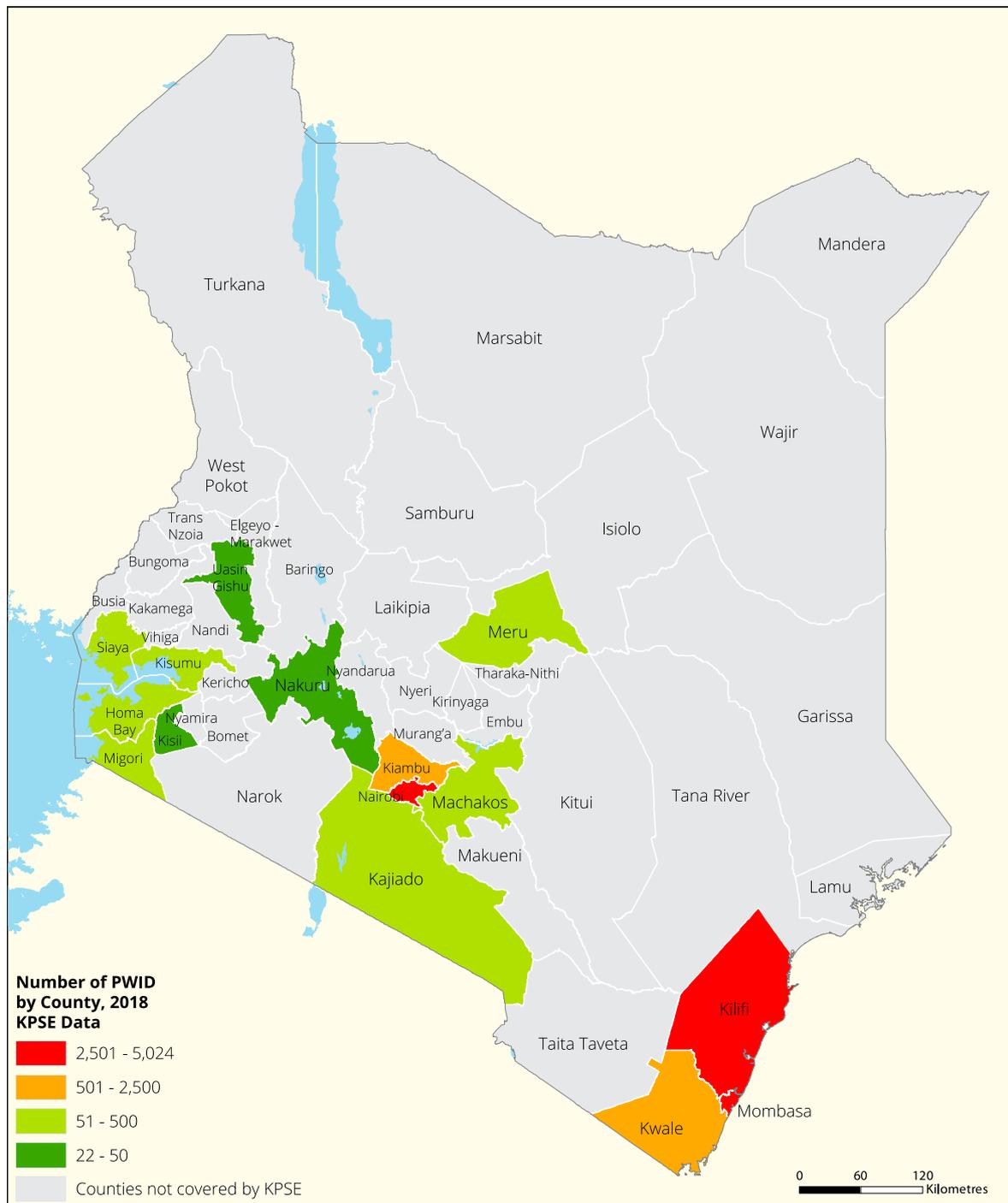
3.5 Transgender Population

During this size estimation exercise, we included the transgender population as a separate KP subgroup.

3.5.1 Size estimates of the transgender population

A total of 1,218 FSW and MSM hotspots that the transgender population use were identified.

Estimates of the size of the transgender population in the 34 mapped counties ranged from 2,826 to 5,783, with an average of 4,305 (Figure 45). The exercise did not map any separate, exclusive hotspot for the transgender population.

Figure 45: Range and mean of the transgender population estimates
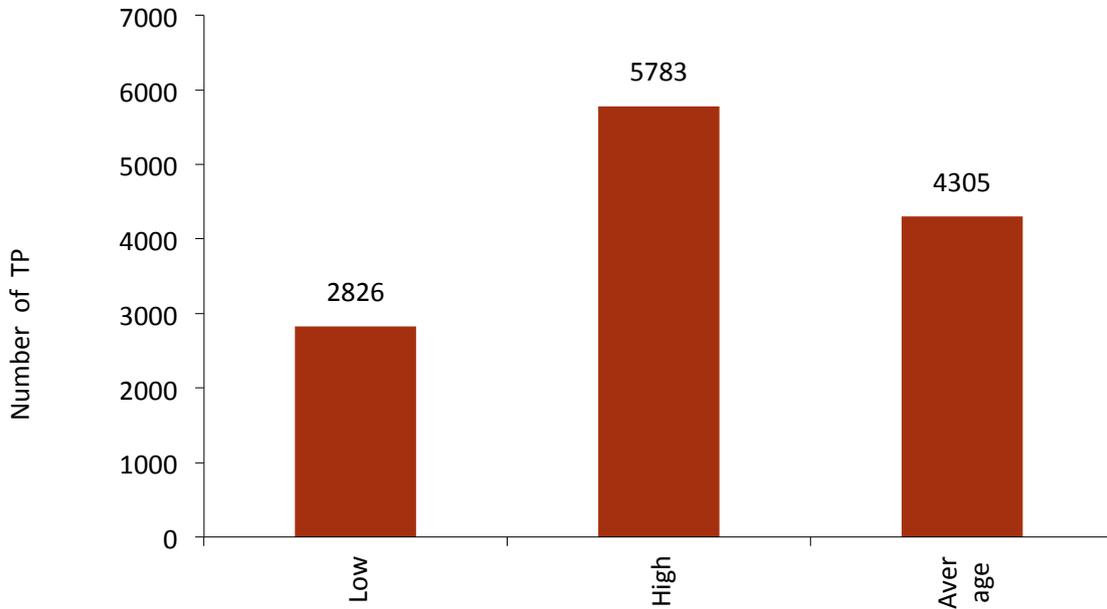
3.5.2 Distribution of the transgender population by type of hotspot characteristics

Two-thirds of the transgender population were reported to use bars with lodging (1,455/4,305, 34%) or bars without lodging/Changaa den/Mangweni (1,409/4,305, 33%). Little variation existed in the average number of transgender individuals per hotspot, ranging from two per "other" hotspot to four per uninhabited building/bush/laga hotspot (Figure 46).

Figure 46: Distribution of the transgender population by type of hotspot
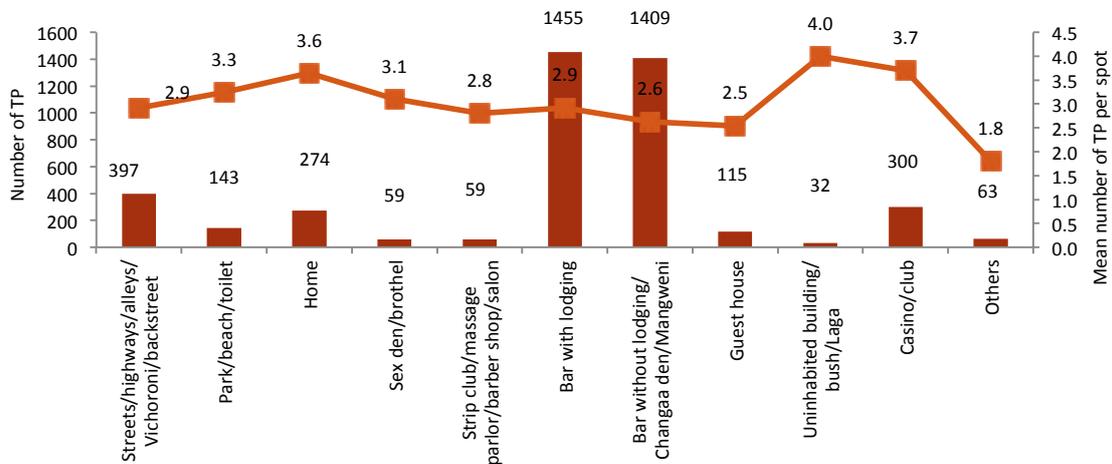
3.5.3 Estimated transgender population by county

Nairobi county had the greatest share (1064/4305, 25%) of the transgender population, followed by Bungoma (518/4,305, 12%), Mombasa (435/4,305, 10%) and Kilifi (341/4,305, 8%) counties (Figure 47). County estimates of the transgender population ranged from 1,064 in Nairobi to none in Busia, Embu, and Makueni counties. County-wise data are presented in Table 5.

Figure 47: Distribution of the transgender population by county
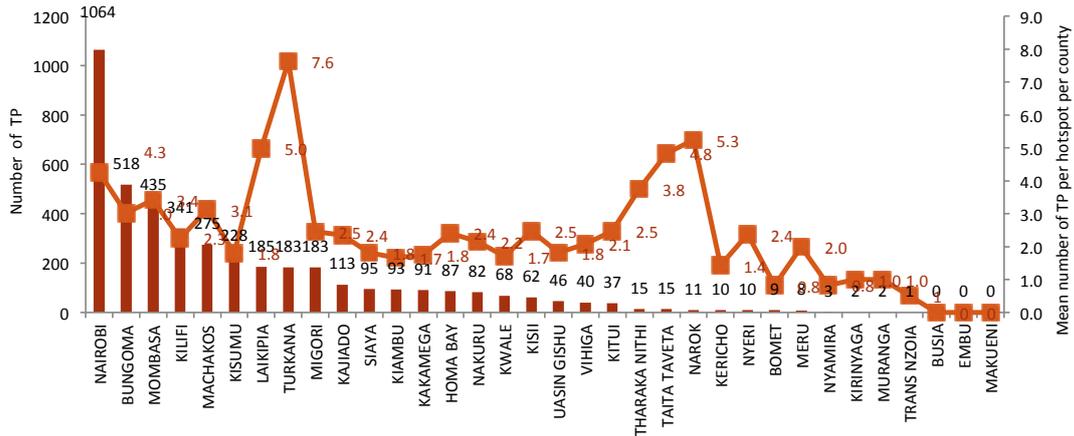
3.5.4 Progressive coverage of the transgender population by county

In the 34 mapped counties, 10 counties collectively accounted for about 82% (3,525/4,305) of the total estimated transgender population (Figure 48).

Figure 48: Progressive coverage of the transgender population by county
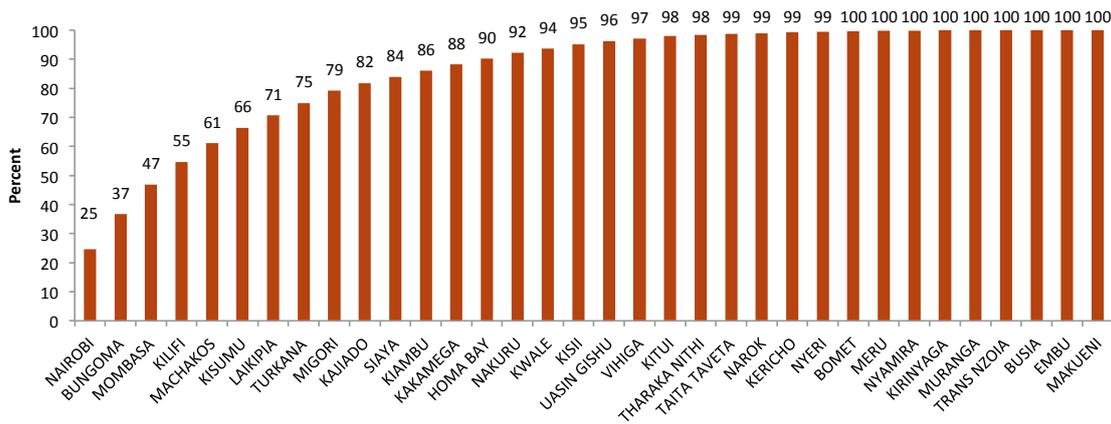
Table 5. Transgender population county-wise estimates

County	Number of spots	Estimated TP	Mean TP per spot
Total	1218	4305	2.9
Bomet	4	9	0.8
Bungoma	170	518	3.0
Busia	0		
Embu	0		
Homa Bay	28	87	2.4
Kajiado	40	113	2.4
Kakamega	45	91	1.8
Kericho	7	10	1.4
Kiambu	32	93	1.7
Kilifi	117	341	2.3
Kirinyaga	1	2	1.0
Kisii	23	62	2.5
Kisumu	90	228	1.8
Kitui	14	37	2.5
Kwale	32	68	1.7
Laikipia	35	185	5.0
Machakos	81	275	3.1
Makueni	0		
Meru	3	8	2.0
Migori	51	183	2.5
Mombasa	104	435	3.4
Muranga	2	2	1.0
Nairobi	187	1064	4.3
Nakuru	33	82	2.2
Narok	2	11	5.3
Nyamira	2	3	0.8
Nyeri	3	10	2.4
Siaya	42	95	1.8
Taita Taveta	3	15	4.8
Tharaka Nithi	3	15	3.8
Trans Nzoia	0	1	0.5
Turkana	23	183	7.6
Uasin Gishu	24	46	1.8
Vihiga	17	40	2.1

Chapter 4: Summary and Conclusion

4.1 Summary

The Phase 1 KP size estimation exercise mapped a total of 14,760 hotspots in 34 counties of Kenya. Of the total 14,760 hotspots, 10,987 hotspots were frequented by FSWs, 2,153 hotspots were frequented by MSM, and 402 hotspots were frequented by PWID. In addition, out of the total FSW and MSM hotspots, 1,218 hotspots were frequented by the transgender population. The estimated numbers of KPs mapped in these hotspots were 167,940 FSWs, 32,580 MSM, 16,063 PWID and 4,305 transgender individuals. About 9% of FSWs (14,809), 9% of MSM (2,949) and 11.4% (1,831) of PWID were estimated to be younger than 18. Some 36% of MSM (11,807) were MSWs, and 15% of PWID (2,405) were female. The exercise also estimated that, in addition to the 16,063 PWID, around 10,951 PWUD were using the PWID hotspots.

Compared with 2012 KP size estimates, FSWs have increased by 26% (from 133,675 to 167,940), MSM have increased by 76% (from 18,460 to 32,580), and PWID have decreased by 12% (from 18,327 to 16,063). The reduction among PWID might be attributed to scale up of the MAT programme in Kenya in the last three years.

Phase 1 of the 2018 size estimation in Kenya had the following limitations:

- Hotspot-based size estimation: The methodology used in Phase 1 estimated the numbers of KPs who visit hotspots to cruise, meet partners or engage in sex. This approach might have not counted KPs who do not visit the hotspots regularly. A recent web-based size estimation conducted by NASCOP in Kenya revealed that about 25% of MSM do not visit hotspots regularly, because they meet their partners over the internet. It could be that such KPs were not included in the estimates.

- KP perceptions: Size estimates were based on the perceptions of key informants who are key population members. Perceptions can be incorrect if KPs appear younger or older than their age, or if transgender individuals do not appear different from their biological sex. Misperception can result in overestimation or underestimation.

- Unknown hotspots: Hotspots that were not known to the programme or to the KPs interviewed may have been left out.

- Some sub-counties and counties were left out of the exercise: As the Phase 1 size estimation exercise was done as part of programme monitoring, some counties and sub-counties were left out of the exercise. That is, the size estimation was conducted only where there were KP programmes.

Phase 2 will include counties and sub-counties that do not have KP programmes. Phase 2's multiple methodologies will provide data for extrapolation in places that were not mapped in Phase 1 and for validating data from places that were mapped in Phase 1. Phase 2 of data collection will also help triangulate the data collected in the first phase and will, together with first phase data, help in developing comprehensive national estimates.

4.2 Conclusion

The first phase of KP size estimation had several advantages. The size estimation was done with the leadership and ownership of the national and county governments. The process was rapid, and data were collected by the PEs and ORWs. All IPs presently reporting to NASCOP

were involved in data collection under the supervision of county governments. The method was simple, and was embedded within the monitoring process of the KP Programme. The process of data collection and management was standardised and supervised, and quality checks were in place across the board. And the exercise collected data from 34 out of 47 counties in Kenya, covering a big geographical area.

However, for a robust size estimation, the county needs to triangulate data from various sources, using different methods. While the Phase 1 data provide a very good indication of where the hotspots are located and how many KPs are in those hotspots, the Phase 2 data will make it possible to triangulate the Phase 1 data and will complement the estimates of Phase 1. These revised size estimation data will provide new targets and resources for the KP Programme in Kenya and will make the government, donors and implementers accountable for reaching the unreached geographies and populations.

Annexure A: County & Sub-County Estimates

County	Sub-County	FSW			MSM				PWID				
		# of spots	Estimated KPs	Estimated KPs below 18 years	# of spots	Estimated KPs	Estimated MSWs	Estimated KPs below 18 yrs	# of spots	Estimated KPs	Estimated women PWID	Estimated KPs below 18 yrs	Estimated PWUD
BOMET	BOMET CENTRAL	59	888	82	4	39	4	0					
	BOMET EAST	43	786	97	2	8	0	0					
	CHEPALUNGU	50	825	52	2	6	0	0					
	KONOIN	24	241	0	0								
	SOTIK	64	570	20	6	68	15	0					
BUNGOMA	BUMULA	0			9	96	50	52					
	KABUCHAI	46	925	172	11	266	118	101					
	KANDUYI	90	1456	420	37	1084	490	290					
	KIMILILI	38	604	60	1	36	18	7					
	MT. ELGON	2	34	7	1	18	7	8					
	SIRISIA	2	38	8	2	36	17	16					
	TONGAREN	28	310	0	0								
	WEBUTE WEST	20	307	21	0								
	WEBUYE EAST	18	228	29	1	28	15	11					
BUSIA	BUDALANGI	13	138	2	0								
	BUTULA	16	171	0	0								
	MATAYOS	32	515	51	21	303	26	38					
	NAMBALE	21	340	15	0								
	TESO NORTH	64	820	0	0								
	TESO SOUTH	72	985	33	18	270	30	17					
EMBU	MANYATTA	105	846	50	13	117	44	3					
	MBEERE NORTH	27	256	60	0								
	MBEERE SOUTH	49	397	13	0								
	RUNYENJES	55	353	4	1	15	7	0					

County	Sub-county	FSW # of spots	FSW Estimated KPs	FSW Estimated KPs below 18 years	MSM # of spots	MSM Estimated KPs	MSM Estimated MSWs	MSM Estimated KPs below 18 yrs	PWID # of spots	PWID Estimated KPs	PWID Estimated women PWID	PWID Estimated KPs below 18 yrs	PWID Estimated PWUD
HOMA BAY	HOMA BAY TOWN	79	541	55	17	70	26	6	8	75	13	7	100
	KABONDO KASIPUL	45	207	0	0				0				
	KARACHUONYO	31	190	9	1	6	0	0	0				
	KASIPUL	50	497	61	0				0				
	MBITA	81	840	69	10	74	23	10	4	17	3	1	11
	NDHIWA	27	152	10	1	8	0	0	0				
	RANGWE	48	294	35	0				0				
	SUBA	106	1064	55	12	94	8	0	0				
KAJIADO	KAJIADO CENTRAL	59	1052	16	0				0				
	KAJIADO EAST	61	2299	75	19	474	144	46	0				
	KAJIADO NORTH	0			0				6	63	24	15	145
	KAJIADO SOUTH	52	2967	201	0				0				
	KAJIADO WEST	26	1325	71	0				0				
KAKAMEGA	BUTERE	9	123	10	5	73	31	16					
	IKOLOMANI	5	92	18	5	60	21	12					
	KHWISERO	0			3	36	10	4					
	LIKUYANI	5	76	0	0								
	LUGARI	8	101	28	0								
	LURAMBI	46	573	89	29	192	55	28					
	MALAVA	28	422	11	1	8	7	2					
	MATUNGU	7	52	0	2	25	15	5					
	MUMIAS EAST	8	102	18	8	34	12	3					
	MUMIAS WEST	9	144	17	17	149	59	19					
	NAVAKHOLO	0			2	25	15	7					
	SHINYALU	4	67	6	3	37	16	6					

County	Sub-county	FSW # of spots	FSW Estimated KPs	FSW Estimated KPs below 18 years	MSM # of spots	MSM Estimated KPs	MSM Estimated MSWs	MSM Estimated KPs below 18 yrs	PWID # of spots	PWID Estimated KPs	PWID Estimated women PWID	PWID Estimated KPs below 18 yrs	PWID Estimated PWUD
KERICHO	AINAMOI	38	935	61	0								
	BELGUT	10	162	2	0								
	BURETI	26	352	13	0								
	KIPKELION EAST	26	493	36	0								
	KIPKELION WEST	3	25	0	0								
	SIGOWET/SOIN	16	368	49	0								
KIAMBU	GATUNDU NORTH	4	31	0	11	255	55	0	0				
	GATUNDU SOUTH	8	77	0	2	13	2	0	0				
	GITHUNGURI	11	258	9	13	175	14	2	1	35	2	0	11
	JUJA	53	479	123	16	242	11	0	5	235	25	44	65
	KABETE	2	48	0	1	10	2	0	2	107	7	17	39
	KIAMBAA	0			11	149	13	9	7	386	22	25	151
	KIAMBU	84	735	15	12	185	23	7	0				
	KIKUYU	53	1606	4	6	154	32	5	5	166	8	12	72
	LARI	3	108	0	0				0				
	LIMURU	15	514	0	1	10	2	0	2	52	3	2	28
	RUIRU	16	357	7	18	275	35	0	1	83	4	8	23
	THIKA	81	1600	51	13	197	22	3	5	168	21	36	77
KILIFI	KALOLENI	34	1436	135	0				2	7	0	0	37
	KILIFI NORTH	80	1627	379	79	1827	415	16	28	1166	233	111	791
	KILIFI SOUTH	99	1595	84	4	81	21	2	7	823	149	51	133
	MAGARINI	9	170	8	7	125	43	31	8	229	24	17	114
	MALINDI	64	1684	304	70	835	335	226	67	2074	215	229	453
	RABAI	4	185	16	0				4	10	0	0	130
KIRINYAGA	GICHUGU	136	717	0	1	2	0	0					
	KIRINYAGA CENTRAL	45	203	4	1	5	0	0					
	MWEA	238	1302	13	3	6	0	0					
	NDIA	48	275	0	1	2	0	0					

		FSW			MSM				PWID				
County		# of spots	Estimated KPs	Estimated KPs below 18 years	# of spots	Estimated KPs	Estimated MSWs	Estimated KPs below 18 yrs	# of spots	Estimated KPs	Estimated women PWID	Estimated KPs below 18 yrs	Estimated PWUD
KISII	BOBASI	45	341	18	1	5	0	0	0				
	BOMACHOGE BORABU	62	475	21	0				0				
	BOMACHOGE CHACHE	87	871	58	5	13	9	0	0				
	BONCHARI	114	1385	178	4	41	6	18	1	4	0	0	2
	KITUTU CHACHE NORTH	25	119	0	0				0				
	KITUTU CHACHE SOUTH	166	1818	162	39	386	118	18	3	26	0	8	24
	NYARIBARI CHACHE	75	540	34	1	2	2	0	0				
	NYARIBARI MASABA	75	778	53	2	16	3	6	1	6	0	1	3
	SOUTH MUGIRANGO	20	214	12	0				0				
KISUMU	KISUMU CENTRAL	130	1632	177	180	1448	519	171	28	328	121	52	197
	KISUMU EAST	49	483	75	59	400	140	46	4	56	0	0	16
	KISUMU WEST	32	310	49	20	139	21	8	8	107	23	15	119
	MUHORONI	104	1157	36	37	335	31	3	0				
	NYAKACH	65	856	8	6	60	8	0	0				
	NYANDO	45	490	11	4	21	0	0	0				
	SEME	13	225	0	7	91	49	9	0				

County	Subcounty	FSW # of spots	FSW Estimated KPs	FSW Estimated KPs below 18 years	MSM # of spots	MSM Estimated KPs	MSM Estimated MSWs	MSM Estimated KPs below 18 yrs	PWID # of spots	PWID Estimated KPs	PWID Estimated women PWID	PWID Estimated KPs below 18 yrs	PWID Estimated PWUD
KITUI	KITUI CENTRAL	76	375	7	10	44	8	1					
	KITUI EAST	7	41	0	0								
	KITUI RURAL	69	281	41	0								
	KITUI SOUTH	29	167	6	0								
	KITUI WEST	35	177	3	0								
	MWINGI CENTRAL	82	1175	73	0								
	MWINGI NORTH	42	289	6	0								
	MWINGI WEST	31	353	35	0								
KWALE	KINANGO	8	391	3	0				4	14	5	0	89
	LUNGALUNGA	0			0				1	72	0	72	19
	MATUGA	0			0				7	283	20	23	257
	MSAMBWENI	66	2442	130	50	681	243	59	9	1367	25	5	207
LAIKIPIA	LAIKIPIA EAST	20	368	92	12	138	69	11					
	LAIKIPIA NORTH	20	245	20	0								
	LAIKIPIA WEST	26	541	233	0								
MACHAKOS	KANGUNDO	30	154	0	45	364	163	0	0				
	KATHIANI	16	235	8	16	151	69	8	0				
	MACHAKOS	33	374	77	36	395	220	82	2	11	0	0	4
	MASINGA	13	130	13	5	41	19	0	0				
	MATUNGULU	149	646	20	94	591	341	9	2	47	1	2	21
	MAVOKO	86	2651	207	6	64	30	1	0				
	MWALA	51	475	28	37	358	197	34	0				
	YATTA	26	253	23	29	271	143	22	0				
MAKUENI	KAITI	25	118	0	0								
	KIBWEZI EAST	113	813	28	27	158	28	0					
	KIBWEZI WEST	223	1528	46	24	152	15	0					
	MAKUENI	28	205	3	3	28	0	0					
	MBOONI	18	79	13	0								

County	Sub-county	FSW # of spots	FSW Estimated KPs	FSW Estimated KPs below 18 years	MSM # of spots	MSM Estimated KPs	MSM Estimated MSWs	MSM Estimated KPs below 18 yrs	PWID # of spots	PWID Estimated KPs	PWID Estimated women PWID	PWID Estimated KPs below 18 yrs	PWID Estimated PWUD
MERU	BUURI	19	203	9	0				0				
	CENTRAL IMENTI	10	89	3	0				0				
	IGEMBE CENTRAL	42	734	89	0				0				
	IGEMBE NORTH	15	221	36	0				0				
	IGEMBE SOUTH	39	645	36	0				0				
	NORTH IMENTI	18	269	54	5	55	7	8	6	75	14	9	51
	SOUTH IMENTI	29	297	22	0				0				
	TIGANIA EAST	3	20	0	0				0				
	TIGANIA WEST	5	41	0	0				0				
MIGORI	AWENDO	41	400	0	0				0				
	KURIA EAST	16	159	0	0				0				
	KURIA WEST	93	828	70	5	25	1	0	0				
	NYATIKE	123	1082	190	4	34	22	12	0				
	RONGO	43	442	8	19	115	83	0	3	18	0	0	16
	SUNA CENTRAL	0	0		0				1	17	6	11	9
	SUNA EAST	105	712	31	19	153	53	23	7	106	40	61	95
	SUNA WEST	158	849	14	10	101	33	33	3	55	24	42	57
	URIRI	26	237	0	18	133	36	22	1	7	2	0	7
MOMBASA	CHANGAMWE	45	1278	75	25	566	410	59	8	313	64	28	425
	JOMVU	87	1588	383	11	244	67	55	3	103	8	11	178
	KISAUNI	82	1220	199	59	696	309	128	8	529	105	33	1140
	LIKONI	59	848	43	6	130	73	34	15	663	80	119	923
	MVITA	48	809	201	56	934	484	263	16	527	118	75	754
	NYALI	118	2445	136	17	286	130	55	6	457	64	57	550
MURANGA	GATANGA	4	41	0	0								
	KANDARA	27	317	10	0								
	KIGUMO	19	217	7	0								
	KIHARU	50	1692	48	0								
	MARAGWA	23	267	24	0								

County	Sub-county	FSW			MSM				PWID				
		# of spots	Estimated KPs	Estimated KPs below 18 years	# of spots	Estimated KPs	Estimated MSWs	Estimated KPs below 18 yrs	# of spots	Estimated KPs	Estimated women PWID	Estimated KPs below 18 yrs	Estimated PWUD
NAIROBI	DAGORETTI NORTH	30	708	49	14	859	316	4	5	465	65	50	213
	DAGORETTI SOUTH	223	3993	445	61	2231	795	68	13	416	124	115	368
	EMBAKASI CENTRAL	87	1411	87	3	120	69	0	4	348	63	91	153
	EMBAKASI EAST	93	1547	3	14	200	119	1	0				
	EMBAKASI NORTH	118	2300	207	5	265	120	13	0				
	EMBAKASI SOUTH	31	830	2	8	268	156	9	0				
	EMBAKASI WEST	112	1980	36	19	552	163	14	2	75	24	8	85
	KAMUKUNJI	172	3161	126	33	637	384	110	5	195	37	33	186
	KASARANI	92	1555	94	15	358	147	15	2	190	16	4	93
	KIBRA	102	2956	845	17	358	205	24	0				
	LANGATA	28	499	50	5	104	44	10	0				
	MAKADARA	174	2468	164	1	38	28	0	9	429	74	46	242
	MATHARE	177	3171	236	3	128	42	8	10	1283	292	141	755
	ROYSAMBU	214	4197	527	9	155	93	12	3	915	45	47	345
	RUARAKA	94	1613	405	1	20	9	4	0				
	STAREHE	202	5428	113	78	1474	792	137	11	415	112	70	405
	WESTLANDS	83	1830	30	83	2445	1120	95	9	294	74	22	475
NAKURU	GILGIL	71	2309	303	3	130	28	24	0				
	KURESOI NORTH	30	675	32	0				0				
	KURESOI SOUTH	44	1033	169	0				0				
	MOLO	23	833	117	3	85	5	4	0				
	NAIVASHA	130	3479	97	7	264	32	49	1	23	4	3	8
	NAKURU EAST	48	2272	204	20	975	84	21	0				
	NAKURU WEST	35	2479	136	7	335	27	40	0				
	NJORO	47	1249	23	4	151	3	2	0				
	RONGAI	81	2686	102	3	133	19	5	0				
	SUBUKIA	22	696	12	0				0				

County	Subcounty	FSW			MSM				PWID				
		# of spots	Estimated KPs	Estimated KPs below 18 years	# of spots	Estimated KPs	Estimated MSWs	Estimated KPs below 18 yrs	# of spots	Estimated KPs	Estimated women PWID	Estimated KPs below 18 yrs	Estimated PWUD
NAROK	EMURUA DIKIRR	8	85	8	0								
	KILGORIS	120	1638	67	8	59	5	9					
	NAROK EAST	41	570	1	0								
	NAROK NORTH	22	772	80	0								
NYAMIRA	BORABU	19	92	0	0	0	0	0					
	MANGA	27	226	1	3	12	0	0					
	MASABA NORTH	17	199	0	0	0	0	0					
	NYAMIRA NORTH	48	576	233	0	0	0	0					
	NYAMIRA SOUTH	110	871	39	16	94	0	0					
NYERI	KIENI	35	405	18	4	44	4	0					
	MATHIRA	19	226	1	5	35	8	0					
	MUKURWEINI	4	52	0	0								
	NYERI CENTRAL	3	60	0	0								
	NYERI TOWN	28	394	2	5	44	8	0					
	OTHAYA	13	131	0	0								
	TETU	3	31	0	0								
SIAYA	ALEGO USONGA	76	529	28	12	91	33	6	6	32	2	0	13
	BONDO	80	1182	118	5	149	23	7	4	38	2	2	13
	GEM	49	361	6	9	45	9	0	0				
	RARIEDA	60	736	145	11	152	20	26	3	36	4	0	23
	UGENYA	45	604	2	3	31	1	0	2	2	0	0	18
	UGUNJA	44	617	0	27	196	30	4	1	3	0	0	8
TAITA TAVETA	MWATATE	2	103	0	0								
	TAVETA	11	146	0	0								
	VOI	13	1308	103	0								
	WUNDANYI	1	55	0	0								

County	Sub-county	FSW			MSM				PWID				
		# of spots	Estimated KPs	Estimated KPs below 18 years	# of spots	Estimated KPs	Estimated MSWs	Estimated KPs below 18 yrs	# of spots	Estimated KPs	Estimated women PWID	Estimated KPs below 18 yrs	Estimated PWUD
THARAKA NITHI	CHUKA/IGAMBANG'OMBE	98	1107	80	16	128	11	5					
	MAARA	85	842	118	2	13	6	0					
	THARAKA	50	645	62	0								
TRANS NZOIA	CHERANGANY	15	179	19	0								
	ENDEBES	3	60	34	0								
	KIMININI	44	412	23	0								
	KWANZA	39	337	59	0								
	SABOTI	119	1536	178	0								
TURKANA	TURKANA CENTRAL	79	1460	608	0								
	TURKANA SOUTH	57	770	351	0								
	TURKANA WEST	60	1493	531	16	450	193	9					
UASIN GISHU	AINABKOI	47	738	26	5	45	20	17	3	30	7	12	17
	KAPSERET	22	333	0	1	13	1	0	0				
	KESSES	27	463	21	3	22	5	3	0				
	MOIBEN	27	512	8	0				0				
	SOY	10	222	38	0				0				
	TURBO	23	619	136	2	4	4	3	0				
VIHIGA	LUANDA	0			7	97	41	1					
	SABATIA	26	200	38	21	304	123	10					
	VIHIGA	0			9	126.5	25	0					

Annexure B: Hotspot List (Form A)

FORM A: HOTSPOT LIST

KP Type	Name of IP	IP code	County	County Code	Sub county	Sub county code	Ward	Ward code	Hotspot name	Hotspot address/ landmark	Hotspot Code	Hotspot geo code Lat	Long	Type of spot	Peak day	Peak Time	Estimate	Nearest health facility for KPs	MFL code	Facility geo code Lat	Long
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

Codes:

Col 1: FSW, MSM/TP, PWID

Col 15: 1= Street; 2=Injecting Den; 3=Un-inhabitable building; 4=Parks; 5= Homes; 6=Beach; 7=Casino; 8=Bar with lodging; 9=Bar without lodging; 10=Sex den; 11=Strip Club; 12=Highways; 13=Brothel; 14=Guest House; 15=Massage parlor; 16=Chang'aa den; 17=Barber shop/ Salon; 18=Alleys/Vichochoroni/Backstreet; 19=Bush/ "Laga", 20=Mangweni; 21=Toilet; 22= Club; 23 = Other specify _____

Col 16: SUNDAY=A, MONDAY=B, TUESDAY=C, WEDNESDAY=D, THURSDAY=E, FRIDAY=F, SATURDAY=G

Col 17: MORNING (6:00AM-12:00 NOON)=A, AFTERNOON (12:00 PM-6:00PM)=B, EVENING (6:00PM-10:00PM)=C, NIGHT (10:00PM-2:00AM)=D, LATE NIGHT (2:00AM -6:00AM)=E

Annexure C: Hotspot Validation Form (Form B)

FORM B : HOTSPOT VALIDATION FORM (FSW)

A. IDENTIFICATION	
NAME OF NGO/CSO/IP :_____	CODE OF THE NGO/CSO/IP :
NAME OF PERSON VALIDATING: _____	ROLE IN THE PROJECT : _____

NAME OF HOTSPOT			ADDRESS	
HOTSPOT CODE			COUNTY:	CODE:
SUB COUNTY NAME AND CODE:			WARD NAME:	CODE:
RESPONDENT/S	FSW OTHERS NONE	NUMBER OF GROUP	PARTICIPANTS IN THE	DUPLICATE: YES NO
NATURE OF HOTSPOT	ACTIVE INACTIVE		DATE OF VALIDATION (DD/MM/YY):____/_____/_____ TIME OF VALIDATION (HH/MM): ____/_____ AM/PM	

NOTE: If the site is **INACTIVE** or it is a **DUPLICATE** then go to Section D.

B. SPOT PROFILE		
1	Code the hotspot with the response which best describes it*.	STREET... 1
		INJECTING DEN... 2
		UN-INHABITABLE BUILDING 3
		PARKS 4
		HOMES 5
		BEACH.. 6
		CASINO 7
		BAR WITH LODGING 8
		BAR WITHOUT LODGING 9
		SEX DEN 10
		STRIP CLUB 11
		HIGHWAYS 12
		BROTHEL.. 13
		GUEST HOUSE.. 14
		MASSAGE PARLOR 15
		CHANG'AA DEN... 16
		BARBER SHOP/ SALON....................................... 17
		ALLEYS/VICHOCHORONI/BACKSTREET 18
		BUSH/ "LAGA" 19
		MANGWENI... 20
		TOILET.. 21
		CLUB 22
		OTHER (SPECIFY _____)23
2	At this hotspot, what time of the day we find the maximum number of FSWs (Peak Time)? **CIRCLE AS MANY APPLICABLE**	MORNING (6 AM - 12 NOON)..A
		AFTERNOON (12 PM- 6 PM).. B
		EVENING (6PM-10 PM).. C
		NIGHT (10 PM- 2 AM)..D
		LATE NIGHT (2 AM – 6 AM) .... E
3	At this spot, which day/s of the week, the number of FSWs is more than usual (Peak Day)? **CIRCLE AS MANY APPLICABLE**	SUNDAY .... A
		MONDAY.. B
		TUESDAY C
		WEDNESDAY ....D
		THURSDAY .... E
		FRIDAY .... F
		SATURDAY...G

4	At this moment how many FSWs are at the hotspot?	LOW HIGH
5	On an usual/typical day, how many FSWs visit this hotspot?	LOW.. HIGH
6	On a peak day of the week, how many FSWs visit this hotspot? (Please Refer to Q3)	LOW.. HIGH
7	Among the FSWs visiting the hotspot on the peak day, how many of them are younger than 18 years?	LOW.. HIGH
8	Among the FSWs visiting the hotspot on the peak day, how many of them are TP?	LOW HIGH
9	What kind of sexual activities takes place in this spot? READ THE RESPONSES AND CODE	SEX TAKES PLACE AT THIS SPOT .... 1 SOLICITATION TAKES PLACE AT THIS SPOT .... 2 BOTH 3

C. OTHER HOTSPOTS

10. Do you know of any other hotspots **nearby** where FSWs visit to look for clients or do sex work? **YES   NO**

	HOTSPOT NAME	HOTSPOT ADDRESS	DO YOU LOOK FOR CLIENTS OR DO SEX WORK AT THIS PLACE?			CHECK IF THE NAMED HOTSPOT ALREADY ON FORM A. *IF NOT,LIST IN FORM A AND VISIT THE HOTSPOT AND FILL THE FORM B.***
			RESP 1	RESP 2	RESP 3	
A			YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES NO
B			YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES NO
C			YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES NO
D			YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES NO
E			YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES NO
F			YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES NO

** Please do not fill this column during the group discussion. This will be filled by the Coordinator/M&E at the office.

D. GEO-CODES		
GEO-COORDINATES:	LATITUDE:	LONGITUDE:

FORM B : HOTSPOT VALIDATION FORM (MSM/MSW)

A. IDENTIFICATION	
NAME OF NGO/CSO/IP :_____	CODE OF THE NGO/CSO/IP :
NAME OF PERSON VALIDATING: _____	ROLE IN THE PROJECT : _____
NAME OF HOTSPOT HOTSPOT CODE _____	ADDRESS _____ COUNTY: CODE:
SUB COUNTY NAME AND CODE:	WARD NAME: CODE:
RESPONDENT/S	MSM/MSW OTHERS NONE	NUMBER OF PARTICIPANTS IN THE GROUP	DUPLICATE: YES NO
NATURE OF HOTSPOT	ACTIVE INACTIVE	DATE OF VALIDATION (DD/MM/YY):____/_____/_____ TIME OF VALIDATION (HH/MM): ____/_____ AM/PM
NOTE: If the site is **INACTIVE** or it is a **DUPLICATE** then go to Section D.		

B. SPOT PROFILE		
1	Code the hotspot with the response which best describes it*.	STREET.. 1 INJECTING DEN .... 2 UN-INHABITABLE BUILDING .... 3 PARKS .... 4 HOMES .... 5 BEACH... 6 CASINO .... 7 BAR WITH LODGING .... 8 BAR WITHOUT LODGING .... 9 SEX DEN .... 10 STRIP CLUB .... 11 HIGHWAYS .... 12 BROTHEL... 13 GUEST HOUSE... 14 MASSAGE PARLOR .... 15 CHANG'AA DEN... 16 BARBER SHOP/ SALON .... 17 ALLEYS/VICHOCHORONI/BACKSTREET .... 18 BUSH/ "LAGA" .... 19 MANGWENI... 20 TOILET... 21 CLUB .... 22 OTHER (SPECIFY _____)....... 23
2	At this hotspot, what time of the day we find the maximum number of MSM (Peak Time)? **CIRCLE AS MANY APPLICABLE**	MORNING (6 AM - 12 NOON)..A AFTERNOON (12 PM- 6 PM) .... B EVENING (6PM-10 PM)... C NIGHT (10 PM- 2 AM).. D LATE NIGHT (2 AM – 6 AM) .... E
3	At this spot, which day/s of the week, the number of MSM is more than usual (Peak Day)? **CIRCLE AS MANY APPLICABLE**	SUNDAY ....A MONDAY... B TUESDAY .... C WEDNESDAY .... D THURSDAY .... E FRIDAY .... F SATURDAY...G
4	At this moment how many MSM are at the hotspot?	LOW HIGH
5	On an usual/typical day, how many MSM visit this hotspot?	LOW.. HIGH

6	On a peak day of the week, how many MSM visit this hotspot? (Please Refer to Q3)	LOW .... HIGH
7	Among the MSM visiting this hotspot on the peak day, how many are MSWs?	LOW .... HIGH
8	Among the MSM visiting the hotspot on the peak day, how many of them are younger than 18 years?	LOW .... HIGH
9	Among the MSM visiting the hotspot on the peak day, how many of them are TP?	LOW HIGH
10	What kind of sexual activities takes place in this spot? READ THE RESPONSES AND CODE	SEX TAKES PLACE AT THIS SPOT .... 1 SOLICITATION TAKES PLACE AT THIS SPOT .... 2 BOTH 3

C. OTHER HOTSPOTS						
11. Do you know of any other hotspots **nearby** where MSM/MSWs visit to look for male sexual partners/ do sex work? YES .... NO						
	HOTSPOT NAME	HOTSPOT ADDRESS RESP 1 RESP 2	DO YOU LOOK FOR SEXUAL PARTNERS OR DO SEX WORKTHIS PLACE?			CHECK IF THE NAMED HOTSPOT ALREADY ON FORM A. *IF NOT,LIST IN FORM A AND VISIT THE HOTSPOT AND FILL THE FORM B.* **
			RESP 3			
A			YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES... NO
B			YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES... NO
C			YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES... NO
D			YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES... NO
E			YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES... NO
F			YES....1 NO....2	YES....1 NO....2	YES....1 NO....2	YES... NO

** Please do not fill this column during the group discussion. This will be filled by the Coordinator/M&E at the office.

D. GEO-CODES		
GEO-COORDINATES (DD):	LATITUDE:	LONGITUDE:

FORM B : HOTSPOT VALIDATION FORM (PWID)

A. IDENTIFICATION	
NAME OF NGO/CSO/IP :_____	CODE OF THE NGO/CSO/IP :
NAME OF PERSON VALIDATING: _____	ROLE IN THE PROJECT : _____
NAME OF HOTSPOT	ADDRESS _____

HOTSPOT CODE					COUNTY:		CODE:	

SUB COUNTY NAME AND CODE: WARD NAME: CODE:

RESPONDENT/S | PWID | OTHERS | NONE | NUMBER OF PARTICIPANTS IN THE GROUP | DUPLICATE: | YES | NO

NATURE OF HOTSPOT   ACTIVE   INACTIVE

DATE OF VALIDATION
(DD/MM/YY):____/_____/_____

TIME OF VALIDATION (HH/MM): ____/_____ AM/PM

NOTE: If the site is **INACTIVE** or it is a **DUPLICATE** then go to Section D.

	B. SPOT PROFILE	
1	Code the hotspot with the response which best describes it*.	STREET.. 1 INJECTING DEN.. 2 UN-INHABITABLE BUILDING .... 3 PARKS .... 4 HOMES .... 5 BEACH.. 6 CASINO .... 7 BAR WITH LODGING .... 8 BAR WITHOUT LODGING .... 9 SEX DEN .... 10 STRIP CLUB .... 11 HIGHWAYS .... 12 BROTHEL.. 13 GUEST HOUSE.. 14 MASSAGE PARLOR .... 15 CHANG'AA DEN.. 16 BARBER SHOP/ SALON .... 17 ALLEYS/VICHOCHORONI/BACKSTREET .... 18 BUSH/ "LAGA" .... 19 MANGWENI... 20 TOILET... 21 CLUB .... 22 OTHER (SPECIFY _____). 23
2	At this hotspot, what time of the day we find the maximum number of PWID (Peak Time)? **CIRCLE AS APPLICABLE**	MORNING (6 AM - 12 NOON)..A AFTERNOON (12 PM- 6 PM).. B EVENING (6PM-10 PM)... C NIGHT (10 PM- 2 AM)..D LATE NIGHT (2 AM – 6 AM) .... E
3	At this spot, which day/s of the week, the number of PWID is more than usual (Peak Day)? **CIRCLE AS MANY APPLICABLE**	SUNDAY ....A MONDAY... B TUESDAY .... C WEDNESDAY ....D THURSDAY .... E FRIDAY .... F SATURDAY..G
4	At this hotspot, what time of the day we find the maximum number of PWID (Peak Time)? **CIRCLE AS MANY APPLICABLE**	MORNING (6 AM - 12 NOON)..A AFTERNOON (12 PM- 6 PM).. B EVENING (6PM-10 PM)... C NIGHT (10 PM- 2 AM)..D LATE NIGHT (2 AM – 6 AM) .... E
5	At this moment how many PWID are at the hotspot?	LOW HIGH
6	On an usual/typical day, how many PWID visit this hotspot?	LOW HIGH

7	On a peak day of the week, how many PWID visit this hotspot (Please Refer to Q3)?	LOW	HIGH
8	Among the PWID visiting the hotspot on a peak day, how many are women?	LOW	HIGH
9	Among the PWID visiting the hotspot on a peak day, how many of them are younger than 18 years?	LOW	HIGH
10	Of all the people visiting the hotspot, how many of them only use drug and do not inject?	LOW	HIGH

C. OTHER HOTSPOTS					
11. Do you know of any other hotspots **nearby** where people visit for injecting drugs?					
YES NO					
	HOTSPOT NAME	HOTSPOT ADDRESS	DO YOU INJECT DRUGS IN THIS PLACE?			CHECK IF THE NAMED HOTSPOT ALREADY ON FORM A. *IF NOT,LIST IN FORM A AND VISIT THE HOTSPOT AND FILL THE FORM B.** *
			RESP 1	RESP 2	RESP 3	
A			YES….1 NO….2	YES….1 NO….2	YES….1 NO….2	YES NO
B			YES….1 NO….2	YES….1 NO….2	YES….1 NO….2	YES NO
C			YES….1 NO….2	YES….1 NO….2	YES….1 NO….2	YES NO
D			YES….1 NO….2	YES….1 NO….2	YES….1 NO….2	YES NO
E			YES….1 NO….2	YES….1 NO….2	YES….1 NO….2	YES NO
F			YES….1 NO….2	YES….1 NO….2	YES….1 NO….2	YES NO

** Please do not fill this column during the group discussion. This will be filled by the Coordinator/M&E at the office.

D. GEO-CODES		
GEO-COORDINATES (DD):	LATITUDE:	LONGITUDE:

Annexure D: Implementing Partners

Implementing Partner	County	Key Population
Sex Workers Outreach Programme – Partners for Health and Development in Africa	Nairobi	FSW, MSM
Bar Hostess Empowerment and Support Programme	Nairobi, Murang'a	FSW
Health Options for Young Men on HIV/AIDS/STI	Nairobi	MSM
Nairobi Outreach Services Trust	Nairobi	PWID
Médecins du Monde	Nairobi	PWID
Ishtar	Nairobi	MSM
Link to Smile	Nairobi	MSM
LVCT Health	Nairobi, Kiambu, Kisumu, Kisii, Migori, Siaya	FSW, MSM, PWID
Support for Addictions Prevention and Treatment in Africa	Nairobi	PWID
HOPE *worldwide* Kenya	Machakos, Makueni, Kirinyaga, Embu, Kajiado, Kitui, Meru, Nakuru, Uasin Gishu, Nyeri, Murang'a and Tharaka Nithi	FSW, MSM , PWID
Kenya AIDS NGOs Consortium	Kilifi, Kajiado and Kakamega	FSW, MSM, PWID
North Star Alliance	Mombasa, Kajiado, Machakos, Makueni, Nakuru, Narok and Uasin Gishu	FSW, MSM, PWID
I Choose Life - Africa	Bomet	FSW, MSM
National Organization of Peer Educators	Machakos, Kiambu, Kericho and Bomet	FSW, MSM
International Rescue Committee	Turkana	FSW
Turkana Pastoralist Development Organization	Turkana	FSW
Kericho Youth Centre	Narok	FSW
Family AIDS Initiative Response	Nakuru and Narok	FSW, MSM
The Kenya National Outreach Counselling & Training Program	Nakuru	FSW
Nakuru Youth Development & Education Support Organization	Nakuru	MSM

Neighbours in Action	Trans Nzoia, Uasin Gishu and Bungoma	FSW
Community Action Network of Africa	Trans Nzoia	FSW
Ace Africa	Bungoma	FSW, MSM
Nyanza, Rift Valley and Western Kenya Coalition	Bungoma, Kakamega and Vihiga	MSM
Survivors Organization	Busia	FSW, MSM
Akukurunat Development Trust	Busia	FSW
Impact Research & Development Organization	Siaya, Kisii, Homa Bay and Nyamira	FSW, MSM, PWID
Elizabeth Glaser Pediatric AIDS Foundation	Turkana and Homa Bay	PWID, FSW, MSM
Keeping Alive Societies Hope	Kisumu and Nyamira	FSW, MSM
Men Against AIDS Youth Group	Kisumu	MSM
University of Maryland	Kisii	FSW, MSM
Minority Persons Empowerment Programme	Kiambu	MSM
AMKENI Kenya	Kilifi	MSM
The Omari Project	Kilifi	PWID
Gold Star Kenya	Kilifi	FSW
Muslim Education and Welfare Association	Kilifi and Mombasa	PWID
International Centre for Reproductive Health	Kilifi, Mombasa, Kwale and Taita Taveta	FSW, MSM
Tamba Pwani	Kilifi	MSM
Teens Watch Centre	Kwale	PWID, FSW
HIV & AIDS People's Alliance of Kenya	Mombasa	MSM
Persons Marginalized and Aggrieved , Kenya	Mombasa	MSM
Kenya Red Cross – Laikipia County	Laikipia	FSW, MSM
Reachout Centre Trust	Taita Taveta, Mombasa and Kwale	PWID, FSW
Empowering Marginalised Communities Kenya	Machakos	MSM

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