DEPARTMENT OF HEALTH SERVICES

KERICHO COUNTY

COUNTY HIV & AIDS STRATEGIC PLAN

My County, My Responsibility

maisha!
National AIDS Control Council

2014/15 – 2018/19

KERICHO COUNTY

HIV & AIDS STRATEGIC PLAN

2014/15 – 2018/19

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Kericho County

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County Executive Member for Health, Hellen Ng'eno flagging off a procession to mark World AIDS Vaccine Awareness Day.

County Executive Member for Health, Hellen Ng'eno leading the procession to mark World AIDS Vaccine Awareness Day.

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ACUs	Aids Control Units
ANC	Antenatal Care
ART	Anti-Retroviral Treatment/Therapy
ARV	Anti-Retroviral (drugs)
BCC	Behavior Change Communication
BMI	Body Mass Index
CACC	County AIDS Control Committee
CASCO	County AIDS and STI Coordinator
CBO	Community Based Organizations
CCP	County Chief Pharmacist
CCSF	County Community Strategy Focal Person
CD4	Cluster Differentiation 4
CDH	County Director for Health
CEC	County Executive Member for Health
CGSS	County Gender and Social Services
CDH	County Director of Health
CHC	County HIV Committee
CHPO	County Health Promotion Officer
CHRIO	County Health Records Information Officers
CHMT	County Health Management Team
CHW	Community Health Worker
CIDP	County Integrated Development
CMLT	County Medical Lab Technologist
COAC	County AIDS Coordinator
CSFP	Community Strategy Focal Person
CRHC	County Reproductive Health Coordinator
CSO	Civil Society Organization
CU	Community Units
DHIS	District Health Information System
DOS	Dean of Students
EBI	Evidence Based Interventions
EHPT	Essential Health Products and Technologies
EMR	Electronic Medical Records
EMTCT	Elimination Mother-to-Child Transmission of HIV
FSW	Female Sex Workers
GBV	Gender-Based Violence
GF	Global Fund
GIPA	Greater Involvement of People living with HIV & AIDS

HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPT	Health Products and Technologies
HR	Human Resources
HTC	HIV Testing and Counseling
ICT	Information Communication Technology
IEC	Information, Education, Communication
IRC	Inter-Religious Council
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KEMRI	Kenya Medical Research Institute
KCASP	Kericho County AIDS Strategic Plan
KDHS	Kenya Demographic and Health Survey
KPs	Key Populations
KYC	Kericho Youth Centre
LWC	Live With Hope Centre
LMIC	Lower Middle Income Countries
M&E	Monitoring and Evaluation
MC	Male Circumcision
MoH	Ministry of Health
MOT	Mode of Transmission
MSM	Men having Sex with Men
NACC	National AIDS Control Council
NCDs	Non-Communicable Diseases
NGO	Non-Government Organization
OI	Opportunistic Infection
OSHA	Occupational Safety and Health
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counseling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PwD	People with Disability
RHC	Regional HIV Coordinators
RH	Reproductive Health
RTWG	Research Technical Working Team
SD	Strategic Direction
SRH	Sexual Reproductive Health
TWG	Technical Working Group
VMMC	Voluntary Medically Assisted Male Circumcision
WRP	Walter Reed Project

Foreword

The development and subsequent launch of the Kericho County AIDS Strategic Plan (KCASP), covering the period 2014/15 to 2018/2019, is the culmination of many weeks of preparation by the County Department of Health, working in collaboration with development and implementing partners, to deliver a better framework for a strengthened County HIV response.

This collaborative approach emphasizes the growing awareness among all stakeholders that the challenges of HIV in Kericho County can only be successfully addressed by working together. It is my strong conviction that the participation by individuals from all sectors, representing a wide range of organizations, will ensure dynamic County action that yields desirable results in HIV interventions in Kericho County.

This Strategic Plan will guide our HIV interventions over the next five years. It is an expression of our commitment and determination to face HIV and AIDS not only as a medical and health challenge, but also as cultural, social and economic challenge that affect all sectors of our society and every family. It also addresses the complexities of our sexuality, our relationships, our culture, beliefs and attitudes that influence the transmission of infections, our reactions to infection and illness, whether and how we support, stigmatize and discriminate against each other. This Strategic Plan is therefore, about us, and is for us, as a community and a County. Let us now, and in the years ahead,come together to ensure that the plan is translated into concrete, focused and sustained action and results.

In conclusion, I would like to thank the County Technical Drafting Team for spearheading this process. I also reiterate the commitment and support of the County Government of Kericho in ensuring successful implementation of this Strategic Plan.

H. E. PROF. PAUL CHEPKWONY
GOVERNOR
KERICHO COUNTY

Acknowledgement

Kericho County Government would like to take this occasion to express its deep appreciation and sincere thanks to all who participated in the development of the KCASP 2014/15-2018/19. The County Government of Kericho, Health Department has worked closely with partners on HIV and AIDS activities. This has seen the County make great strides in HIV prevention, Care and Treatment of those that are infected and affected in order to ensure that not just days but also quality life is added to their days.

The County Government of Kericho, Health Department has worked closely with partners on HIV and AIDS activities. While the County has had breakthroughs in management of HIV and AIDS, there is a great need to ensure that the gains that have been made over the years are not reversed. There is therefore need for concerted efforts to have zero new infection rates. This framework encompasses the various components of management and the actual actionable county specific items that need to be implemented so as to prevent new infections and mitigate the effects of the disease.

This framework has been put together through the efforts of various actors; National AIDS Control Council (NACC) has played a key role in ensuring proper coordination and has also provided technical input. Other partners, notably the PEPFAR/WRP made an immense contribution in terms of technical and financial input. The County Health Department staff worked extra hard to ensure that this framework was completed on time.

The KCASP development process was mainly coordinated through the County Technical Drafting Team that met and provided their input and advice. The team was composed of representatives from all groups of stakeholders involved in HIV response, namely; civil society organizations, private sector partners, development partners (WRP, PEPFAR) and units within MoH.

We thank all partners for their active participation in the development process of the KCASP, and more broadly for their precious and continuous contribution towards the fight against HIV and AIDS in the County and in Kenya at large.

HON. HELLEN NGENO
CEC HEALTH
KERICHO COUNTY

Executive Summary

The Kericho County AIDS Strategic Plan (KCASP 2014/15-2018/19) is a five-year plan developed to provide strategic guidance to inform the planning, coordination, implementation, monitoring and evaluation of the county multi-sectoral HIV and AIDS response. The county HIV prevalence stands at 3.4% with a total number of 18,124 people living with HIV. Anti-Retroviral Treatment/Therapy (ART) coverage in the county stands at 120% (County Estimates, 2014), a situation arising from the difference between ART need and ART uptake in the county. This is addressed by the County Plan which aims at achieving zero new infections, zero discrimination and zero AIDS related deaths which in turn compliments the national response.

The development of the County Plan took cognizance of the national values of citizen participation and therefore involved a wide range of stakeholders in the County. The process began with the launch and dissemination of the Kenya AIDS Strategic Framework (KASF 2014/15-2018/19) which is the blueprint against which this plan is developed. A county drafting team that was constituted undertook the development of the plan, a process which lasted a period of seven (7) months. This process was further supported by the NACC and a Technical Support Team consisting of key partners.

In developing the Strategic Plan the county has been guided by a number of principles; human rights, evidence-based planning and results-based management approaches, gender dimensions and equity. The plan further promotes the principle of Greater and Meaningful Involvement of PLHIV (MIPA) thereby enhancing Positive Health Dignity.

This plan is aligned to both national and international strategies, instruments and commitments such as the KASF 2014/15-2018/19, the Constitution of Kenya 2010, the Health Sector Strategic Plan (HSSP), UN High Level Meeting Commitments and Regional HIV frameworks such as those of IGAD and EAC.

The vision of the KCASP is 'County free of new HIV infections, stigma & discrimination and AIDS related deaths'.

To achieve this, four key objectives have been outlined:

1. Reduce new HIV infections by 50%
2. Reduce AIDS related mortality by 40%
3. Reduce HIV related stigma and discrimination by 50%
4. Increase domestic financing of HIV response to 40%

The strategic plan further identifies priorities and strategies that will be put in place in order to contribute to the anticipated impact and outcome results. The plan further indicates priority areas of research to be implemented to ensure the County has county specific data and information with regard to stigma and discriminations, key drivers of the epidemic among other priorities.

The plan also outlines the implementation framework clearly indicating the different roles by key stakeholders in order to deliver on its mandate and promote transparency and accountability. It further provides costing for the plan indicating resources needed for its implementation. The Kericho county plan also, has detailed a results framework that will guide monitoring of the County response. The Matrix indicates the results to be achieved in the lifespan of the plan with clear targets and outlines responsibility for each of the key areas. A risk and mitigation plan has been developed that identifies potential sources of risk and how to mitigate them in the lifespan of the Strategic Plan.

CHAPTER 1

Background Information

1.0 Demography and Population Set Up

Kericho County is located in the Rift Valley. It borders the following counties: Nandi to the North, Uasin Gishu and Baringo to the North East, Nakuru to the East and South East, Bomet to the South, Nyamira and Homa-Bay to the South West and Kisumu to the West and North West. Its headquarters is Kericho town.

The county population in 2014 was estimated to be 877,975 and was projected to rise to about 907,915 by the year 2015. The number of males was estimated to rise to 444,878 while that of females was to be 463,037 which is a ratio of 49:51 as per the Kenya Bureau of Statistics estimates. Fertility rate and poverty index stand at 3.1% and 30.6% respectively (CIDP Kericho County).

Kericho County is an agricultural area with tea being the main cash crop and income earner for the population. Most farms are small holder plots measuring 5 acres on average though there are large scale tea farms owned by multinational tea companies. Majority of the residents are small scale farmers and casual labourers in the tea farms who depend on their little earnings to support households of approximately 5.5 persons on average.

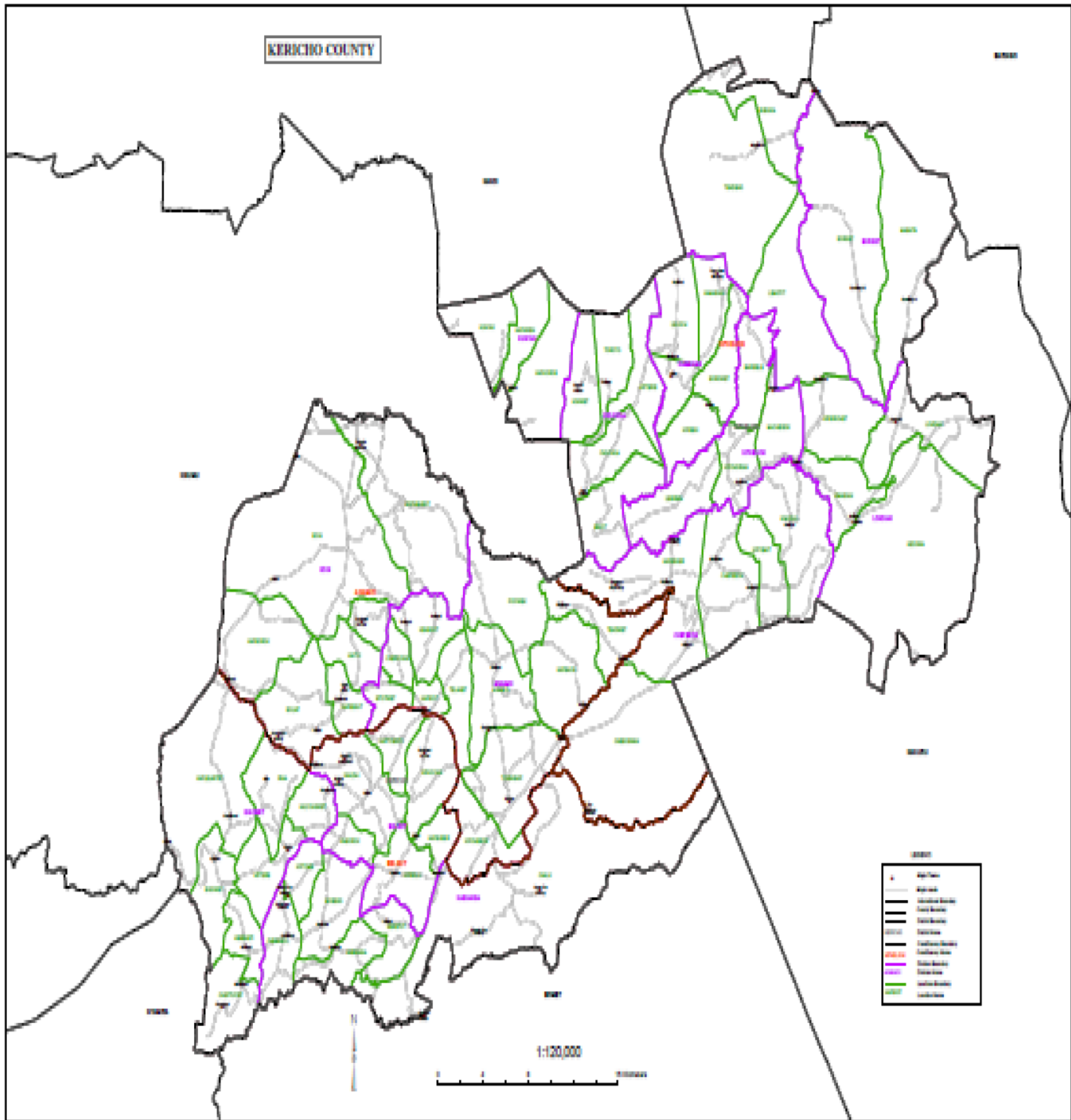
The Kericho County AIDS Strategic Plan is a five-year plan (2014/15 to 2018/2019), multi-sectoral framework developed to inform and guide the county response towards achieving zero new infections of HIV, zero discrimination and zero AIDS related deaths which in turn compliments the national response. In developing this Strategic Plan, Kericho County has adopted human rights, evidence – and results-based planning and management approaches. Gender dimensions have been mainstreamed in the results and strategies of the plan.

The Strategic Plan has identified county priorities and strategies that have the potential to contribute to the anticipated impact and outcome results. Its multi-sectoral and decentralized design provides meaningful opportunities for diverse stakeholders participation based on their mandate, technical capacity and comparative advantage.

1.1 Political and administrative set up

The County covers an area of 2,479 sq. km and is made up of six sub-counties namely; Ainamoi, Belgut, Buret, Sigowet/Soin, Kipkelion West and Kipkelion East. These are further subdivided into 35 administrative wards, comprising 85 locations and 209 sub-locations.

Figure 1.1: Kericho County Administrative and Political Units



CHAPTER 2

Situational Analysis

2.0 Overview of HIV and AIDS in the County

The County has an overall HIV prevalence of 3.4% and is ranked position 25 countrywide. HIV prevalence among women in the County is higher (4.8%) than that of men (2.9%), while the number of annual new infections stands at 1272 for adults and 58 for children. AIDS-related mortality is estimated at 1028 deaths – 902 adults and 126 children (County Estimates, 2014). This may be associated with socio-cultural factors that marginalize women in negotiating for safer sex and property ownership hence making them more vulnerable. Approximately 55% of individuals had their first experience of sexual intercourse before the age of 15, an indication of early sexual debut (KAIS, 2012). In addition, females aged between 15 to 19 years are 3 times more likely to be HIV infected than their male counterparts. It has been shown that cash transfer programs can reduce the risk of contracting HIV by delaying sexual debut, pregnancy and early marriage among beneficiaries aged between 15 and 25 (KAIS, 2012). Generally, there is a low rate of condom use with regular and non-regular sexual partners (Kenya HIV County Profiles, 2014).

The UNAIDS 90-90-90 strategy (2014) outlines an ambitious plan to end the AIDS epidemic by 2020. The strategy targets to have 90% of people living with HIV knowing their HIV status; 90% of all people diagnosed with HIV receiving sustained ART; and 90% of all people receiving ART achieving viral suppression.

In Kericho County, 85% and 74% of women and men respectively had ever tested for HIV (KDHS, 2014). Figure 2.1 below shows the uptake of HTC services in the 5 sub-counties of Kericho County in 2014/15.

Table 2.1: HIV Testing Services for Year 2014/2015

Sub-County	Total Tested (including MCH)	Total Positive	% Positivity
Belgut	36,665	1,278	3.5
Buret	53,944	1,760	2.7
Kericho	63,394	2,930	4.3
Kipkelion	5,040	365	7.2
Londiani	24,761	826	0.6
TOTAL	**293,314**	**6,859**	**2.3**

Source: DHIS, Calendar Year 2015

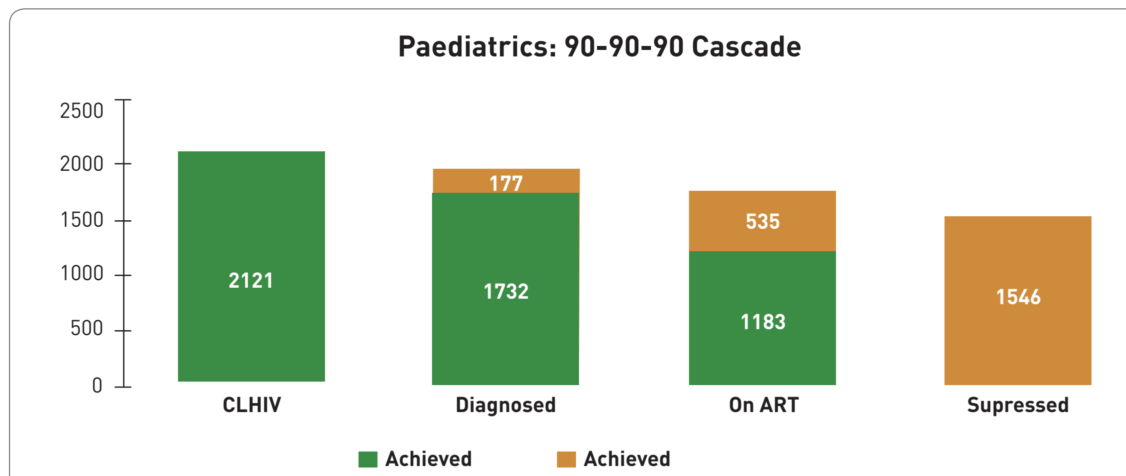
According to the Kenya HIV County Estimates Report, 2014, 18,124 people were estimated to be living with HIV. The approximate number of adults living with HIV is 15,800 and the number of children is 2,324. ART coverage estimates in the County stand at 120% and 51% for Adults and Paediatrics respectively (County Estimates, 2014), with a viral suppression of 42%. These figures show that there is need for more effort to attain the 90-90-90 UNAIDS strategy. Tables 2.2 and 2.3 and Figures 2.1 and 2.2 below show the current achievements and gaps in the 90-90-90 cascade.

Table 2.2: 90-90-90 Cascade (Paediatrics (< 15 yrs)

	Achieved	Gap	Achieved (%)	Gap (%)	Uptake (%)
CLHIV	2121				
Diagnosed	1732	177	91%	9%	100%
On ART	1183	535	69%	31%	68%
Suppressed		1546	0%	100%	0%

Source: DHIS, Calendar Year 2015

Figure 2.1: Paediatrics 90-90-90 Cascade



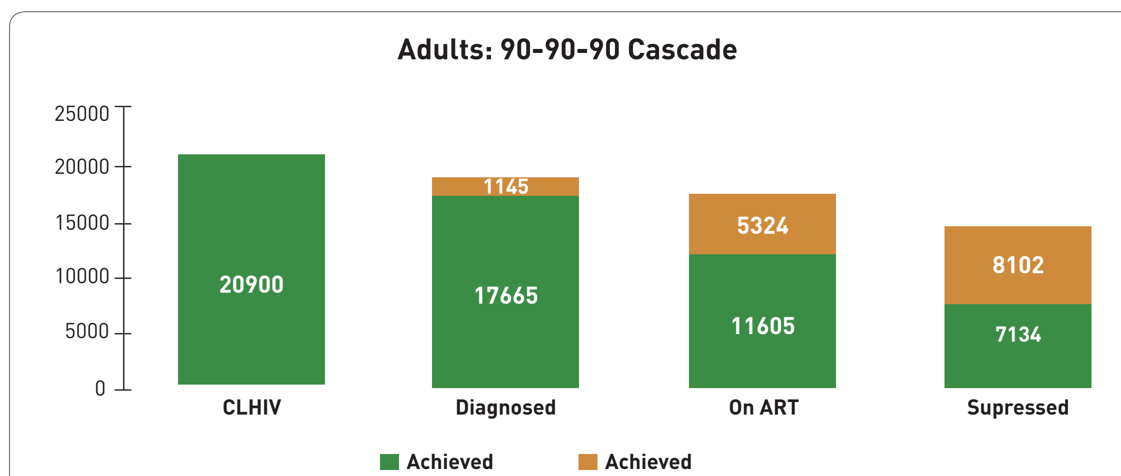
Source: DHIS, Calendar Year 2015

Table 2.3: 90-90-90 Cascade (Adults (> 15))

	Achieved	Gap	Achieved	Gap (%)	Uptake (%)
Cumulative LHIV	20900				
Diagnosed	17665	177	94%	6%	100%
On ART	11605	535	69%	31%	66%
Suppressed	7134	1546	47%	53%	61%

Source: DHIS, Calendar Year 2015

Figure 2.2: Adults 90-90-90 Cascade



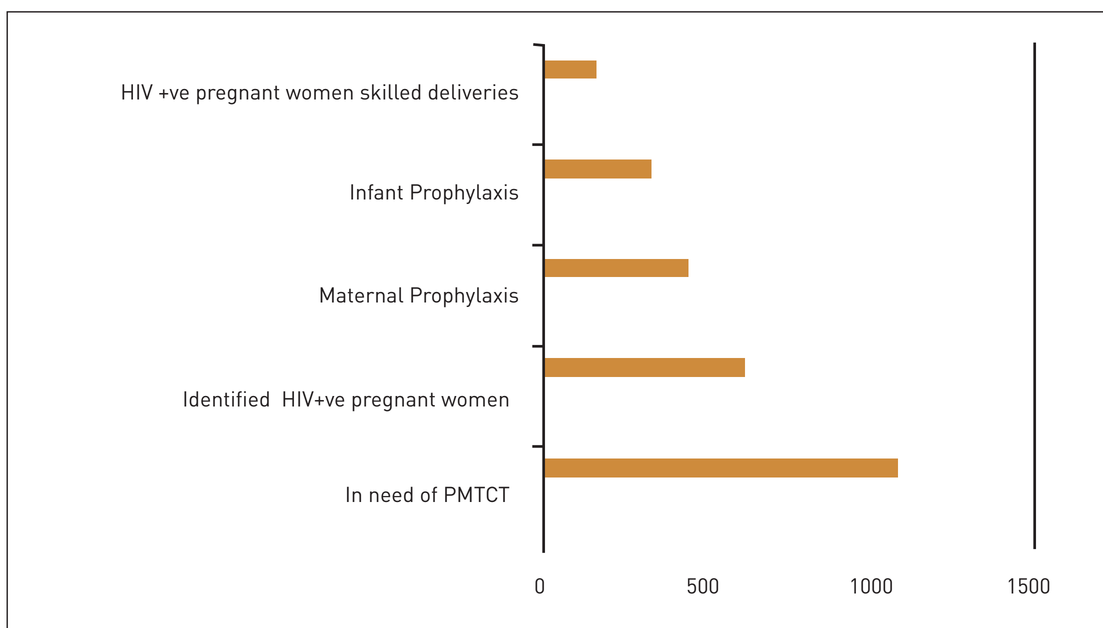
Source: DHIS, Calendar Year 2015

The Mother-to-Child Transmission (MTCT) rate is 8.1% (DHIS, 2015). Although 62.2% of pregnant women in Kericho County deliver in a health facility (KDHS, 2014), only 26.1% of HIV positive pregnant women deliver in a medical facility (Kenya HIV County Profiles, 2014). In addition, 41% of pregnant women attend the recommended four antenatal visits (DHIS, 2015). PMTCT maternal prophylaxis county estimates is at 71.7% while infant prophylaxis is at 53.8% (Kenya HIV County Profiles, 2014). Figure 2.3 below shows the Kericho County PMTCT cascade in 2014.

Data Set	No.	% Coverage
In need of PMTCT	1079	100
Identified HIV+ve pregnant women	617	57.18258
Maternal prophylaxis	443	71.79903
Infant Prophylaxis	332	53.80875
HIV+ ve pregnant women by skilled deliveries	161	26.094

Source: DHIS, Calendar Year 2015

Figure 2.3: Kericho County Maternal Cascade Year 2014



Source: KDHS 2014

The County has a stigma index of 35 and HIV incidence rate of 0.5%. Stigmatization and discrimination of people living with HIV still remains a challenge that needs concerted efforts from all partners.

HIV transmission in the County mirrors the national picture.

The MOT study indicates the transmission levels as follows:

Heterosexual unions	**44.1%**
Casual heterosexual sex	**20.3%**
Sex workers and their clients	**14.1%**
MSM and prison population	**15.2%**
Health facility related	**2.5%**

The main drivers of new HIV infections include the long distance truck drivers who stop over in the upcoming towns of Londiani, Chepseon, Brooke, Kapsoit, Kipsitet and Litein, Londiani FortTernan along the highway. Sex workers and their clients have also settled in these hotspots (MOT, 2012). Emerging possible drivers of new infections are generally thought to be migrant mobile tea pluckers, sugarcane workers and the Boda boda riders and their clients. A study should however be conducted to establish this assertion.

Male circumcision reduces the risk of female-to-male transmission of HIV infection by approximately 60% . Most communities in Kericho County traditionally circumcise men, with over 95% of men who participated in the 2014 Kenya Demographic Health Survey reporting that they had been circumcised. Even in traditionally circumcising communities, the practice should be carried out under safe and hygienic conditions and encouraged before sexual debut. Table 2.4 shows the uptake of VMMC services in the sub-counties of Kericho.

Table 2.4: VMMC Uptake per Sub-County

Sub-County	No. Circumcised	Targets	% Achievements
Belgut	994	1000	99
Buret	0	0	0
Kericho	1985	1500	132
Kipkelion	893	1000	89
Londiani	0	0	0
TOTALS	**3872**	**3500**	**110**

Source: DHIS, Year 2014/2015

People can accidentally be exposed to HIV through healthcare work or through exposures outside healthcare setting, for example, through unprotected sex or sexual assault. Antiretrovirals (ARVs) have been used to prevent infection in case of accidental exposures for many years. This intervention is called Post-Exposure Prophylaxis (PEP) and involves taking a 28-day course of ARVs. PEP should be offered, and initiated as early as possible, for all individuals with an exposure that has the potential for HIV transmission, and ideally within 72 hours. If started soon after exposure, PEP can reduce the risk of HIV infection by over 80%. Adherence to a full 28-day course of ARVs is critical to the effectiveness of the intervention. Recent evidence shows PEP uptake has been low: only 57% of the people who were initiated on PEP completed the full 28 days course – the rates were as low as 40% for victims of sexual assault. Table 2.5 and 2.6 below show the PEP uptake in Kericho County by type of exposure and by sub-county.

Table 2.5: Post-Exposure Prophylaxis (PEP) Uptake by Type of Exposure per Sub-County

SUB-COUNTY	NUMBER PROVIDED PEP BY EXPOSURE STATUS		
	Occupation	Sexual Assault	Other Reason
	2014/2015	**2014/2015**	**2014/2015**
Belgut	4	8	57
Buret	25	48	71
Kericho	14	76	52
Kipkelion	2	25	10
Londiani	2	31	34
TOTALS	**47**	**190**	**224**

Source: DHIS, Year 2014/2015

Table 2.6: PEP Uptake per Sub-County

Sub County	Total Exposure	Total Pep	% Coverage
	2014/2015	2014/2015	2014/2015
Belgut	69	69	100
Buret	144	141	98
Kericho	142	141	99
Kipkelion	39	37	94.9
Londiani	67	66	98.5
TOTALS	**461**	**454**	**98.5**

Source: DHIS, Year 2014/2015

BIOMEDICAL INTERVENTIONS

SERVICE	MAJOR CHALLENGE/ GAP	HOW KCASP ADDRESSES IT
EMTCT	Lack of a proper tracing system of patients to reduce loss of follow-up (mother-infant pair in EMTCT, discordant couples, key population group). Low male involvement in EMTCT.	Training of healthcare providers, integrated supervision and mentorship to maximize enrollment and retention of PLHIV eligible for ART under the treatment as prevention strategy Integration of early infant diagnosis with other immunization services Carry out Community sensitization on the importance of EMTCT
HTC	Limited access to HIV Testing Services (HTS) to young people and key populations. Current PITC strategies are mainly partner/donor supported leading to sustainability challenge.	Scale up mobile and moonlight HIV Testing Services in the hotspot areas. County government to allocate more resources for recruiting, training and retaining HTC service providers
Alcohol and other drug addiction	Unavailability of a rehabilitation centre. Weak inter-agency partnership. Limited number of trained service providers and peer mentors.	Establish a viable rehabilitation centre for alcohol and drug addicts. Strengthen multi-sectoral collaboration in management of alcohol and drug abuse. Capacity building of service providers and peer mentors.
Gender Based Violence	Lack of a recovery centre for victims of GBV. Inadequate data on the magnitude of GBV in the County.	Establish and operationalize a GBV recovery centre. Conduct a baseline survey on GBV.
ART	Gap between HIV testing entry points and enrollment into the Care and Treatment program. Low disclosure of HIV status among family members and partners attributed to stigma.	Strengthen linkage and referral between HIV testing and enrollment to the Care and Treatment program. Reduce stigma and discrimination through campaigns. Enhance support groups.
	Low paediatric ART coverage (< 50%). Missed opportunities for OVC testing.	Increase paediatric ART coverage by active search for HIV-positive children using index clients. Intensify testing of OVCs.
	Inadequate targeted strategies for children and adolescents by caregivers.	Targeted case tracing will be conducted to identify HIV-positive children in need of treatment. Training of healthcare providers and caregivers for adapted counseling for adolescents on ART.
HIV care and support	Poor nutritional support and services for PLHIV	The County Nutrition Program to be scaled up as part of the strengthening of the general healthcare system.

BEHAVIORAL INTERVENTIONS

Service	Major Challenge/ Gap	How KCASP Addresses it
IEC, BCC in general population	Inadequate targeted IEC and BCC messages. Inadequate community M&E system	Develop targeted IEC and BCC messages for the different subpopulations Improve the community-based HIV M&E system
Stigma and Discrimination	Inadequate data on the magnitude of stigma and discrimination Inadequate anti-stigma and discrimination campaigns	Undertake a baseline survey on stigma and discrimination Employ a multi-sectoral approach to scale up stigma reduction
Key Populations	Minimal outreaches targeting key and vulnerable populations	Need to increase outreaches targeting KPs based on geographical location Prioritization and scaling up of combination prevention interventions for vulnerable youth and key populations Establish KP friendly service provision centers
School Health programs	Insufficient targeting of schools for HIV programs	Initiate and scale up Comprehensive Sexuality Education to target adolescent and youth in schools
Youth-friendly services	Low quantity and quality of youth-friendly centers Inadequate technical and financial support for out-of-school youth programs	Target to establish one youth-friendly center per ward Train healthcare providers for youth-friendly service provision Lobby for County and partner support out-of-school youth programs

STRUCTURAL INTERVENTIONS

SERVICE	MAJOR CHALLENGE/ GAP	HOW KCASP ADDRESSES IT
Human resources	A high turnover rate which necessitates continuous training for the high number of healthcare providers required.	Strengthen human resource planning to improve recruitment, equitable deployment, training, supervision, mentorship and better working conditions for the healthcare workers. .
Health financing	Projected decrease in donor funding	Prioritization of high impact and cost-effective interventions. Promote Public-Private Partnerships in health services. Lobby for increased domestic funding
Procurement, distribution and management	Occasional stock-outs in HIV essential commodities	Strengthen procurement, distribution and management of essential commodities based on needs assessment
Linkage between health facilities and community	Weak community health systems attributed to few Community Units (CUs) and weak linkages between CUs and CSOs.	Strengthen community health system strategy. Improve the coordination of joint interventions between health facilities and community-based organizations through the County health management team.
PLHIV services	Inadequate information on legal rights of PLHIV. Low level of awareness among the community on enforcement and rights protection of PLHIV. Limited access of the HIV and AIDS tribunal by PLHIV and the general population. Few trained paralegals on HIV and AIDS issues.	Sensitize PLHIV and the community on the legal rights of PLHIV. Decentralize the functions of the HIV and AIDS tribunal to the counties. Train more paralegals on HIV and AIDS issues.
OVC services	Weak coordination mechanism at County and sub-county levels between the Children's Department, civil society implementers and decentralized structures monitoring child protection.	The County health management team members will participate in the County OVC committee in charge of overseeing OVC service provision. Strengthen inter-agency collaboration in OVC management.
Gender equity	Non-participation of young women, including HIV-positive women, in the planning, design, and implementation of HIV prevention events targeting them.	Scale up protection of vulnerable girls and women who are part of the key population. Target groups will be trained and supported to participate in HIV planning and coordination meetings at national and district level.
HIV Co-morbidities management	Frequent stock outs of OIs drugs and lab reagents	Allocate sufficient funds for drugs and lab reagents
Key populations	Hidden key populations due to high levels of stigma. Few peer educators reaching out to key populations. Limited targeted programs for Boda boda riders. Limited data on KPs. Inadequate equipment for drug resistance surveillance.	Create an enabling legislative framework to encourage roll out of interventions. Peer educators training and integration in combination prevention packages and linkage with clinical services (including treatment as prevention). Initiate programs targeting Boda boda riders. Redefine key populations to be County specific. Procure equipment and reagents.

CHAPTER 3

Rationale, Strategic Plan Development Process and the Guiding Principles

3.0 Purpose

The KCASP has been developed to:

i. Provide a strategic framework that will guide and inform the planning, coordination, implementation, monitoring and evaluation of the County multi-sectoral and decentralized HIV and AIDS response with the aim of achieving zero new infections, zero discrimination and zero AIDS related deaths.

ii. Articulate county priorities, results and targets that all stakeholders and partners will contribute to.

iii. Provide the basis for consolidating strategic partnerships and alliances especially with civil society organizations, public and private sector and development partners.

iv. Establish the basis for the County to consolidate its efforts in developing sustainable financing mechanisms for HIV and AIDS response

3.1 Process of Developing the KCASP

The process of developing the KCASP was participatory. It involved a wide range of stakeholders including public and private sector institutions, civil society organizations (NGOs, FBOs and CBOs) with PLHIV representation and development partners. This process was informed by the development, launch and dissemination of Kenya AIDS Strategic Framework (KASF) 2014/15-2018/19 which is an overarching national guiding strategy for the HIV response.

A Technical Working Group was established to initiate the process of developing the KCASP. With the leadership of the County Department of Health, several consultative meetings were organized to increase stakeholder participation. With the support of NACC and other key partners, the development and validation process took place between April, 2015 and April, 2016.

3.2 Alignment with other National and International Strategic Frameworks

HIV and AIDS remains the greatest sustainable human development challenge for Kericho County. Its impact has

increasingly become complex affecting economic and social sectors. The impacts range from declining life expectancy, economic productivity, and investment in education, health, agriculture and human capital development. The epidemic has compromised the knowledge pool and skills necessary to sustain livelihoods.

HIV is threatening the traditional community coping mechanisms, food security and long-term social economic development by contributing to deepening poverty, reducing individuals' ability to save and invest financial resources. It is evident that the epidemic is spreading along the fault lines of economic development as evidenced by social and structural drivers of the epidemic – poverty, gender inequality, migrant workers, transporters and sex work.

These challenges can only be addressed adequately if the response is properly anchored in the broad national, regional and international frameworks. It is also anticipated that other non-health sectors will equally mainstream HIV and AIDS responses in their work place and development projects.

The KCASP is based on:

i. Kenya AIDS Strategic Framework which outlines the country's strategies in addressing HIV and AIDS.
ii. Vision 2030 which identifies health as a key building block for the transformation of Kenya into a successful middle income country.
iii. Health Sector Strategic plan (HSSP): KCASP outlines that health and community systems development priorities ensure effective health service delivery.
iv. UN High Level Meeting Commitments: KCASP aims at enabling the County to meet its international commitments to achieve universal access to HIV services and to reverse the impact of the epidemic.
v. Regional HIV frameworks that contribute to the objectives of the regional bodies including IGAD, East African Community and the African Union Global Commitment on HIV, Tuberculosis and Malaria.

3.3 KCASP Guiding Principles

The following principles will guide the County HIV and AIDS response:

Respect and fulfillment of basic human rights: Respect and fulfillment of human rights is a pre-requisite for an efficient and effective HIV and AIDS response. Efforts will be made to ensure that duty bearers and other service providers respect and fulfill their obligations to provide quality and comprehensive services to all people. Rights holders (beneficiaries) will be empowered to access and utilize such services.

Equity: Access to services is a basic human right. During the KCASP efforts will be made to ensure equitable distribution, availability and access to services by all people especially those most at risk and other key populations.

Evidence-based planning and results-based management: The planning and management of the County response will be informed by empirical qualitative and quantitative evidence and implementation will focus on measurable impact, outcome and output results.

Integrated service delivery: The KCASP will support services integration as a strategy to improve synergy between interventions, complementarity and optimized use of resources.

Meaningful involvement of people living with HIV (MIPA): PLHIV involvement will improve services uptake and address the challenges of stigma and discrimination, among other barriers to services uptake. The involvement of PLHIV will also enhance efforts on positive health living, dignity and prevention.

Best practices: Stakeholders will be encouraged to replicate the practices that have proven effective.

Kericho County will continue the application of the "Three Ones" principle of having one county coordinating authority, one county strategic plan and one monitoring and evaluation system.

Gender sensitivity and responsiveness: KCASP strategies will address gender inequality in county response including services uptake.

Creating an enabling environment: An enabling environment is premised on the existence of appropriate and effective policies, laws, operational guidelines and standards, and more importantly the respect and fulfillment of human rights. During the KCASP period, policies and legislations will be reviewed and strengthened. Monitoring of stakeholders compliance with such policies and legislation will be intensified

CHAPTER 4

Vision Goal & Objectives of the KCASP

Vision

**"County free of new HIV infections,
Stigma and Discrimination,
and AIDS related deaths".**

Goal

Prevent new HIV infections and provide comprehensive care and treatment for people living with HIV.

Objectives of KCASP

1. **Reduce new HIV infections by 50%.**
2. **Reduce AIDS related mortality by 40%.**
3. **Reduce HIV related stigma and discrimination by 50%.**
4. **Increase domestic financing of HIV response to 40%.**

4.0 Summary of Key Interventions & Strategic Directions

4.1 Strategic Direction 1: Reducing New HIV Infections

The goal of this Strategic Direction (SD) is to reduce the susceptibility of the population to new HIV infections. This is in recognition of the fact that the annual estimated number of new infections among adults and children is 1214 and 58 respectively (County Estimates, 2014). In this regard, a number of highly effective combination prevention strategies have been identified for implementation. In addition, given the concentration of the epidemic among some populations, specific interventions have been developed for key population groups.

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS

KASF objective	KCASP Results	Key Activity	Sub-Activity/Intervention	Target Population	Geographic Areas by County/Sub- county	Responsibility
Reduce new HIV infections by 75%	Reduced new HIV infections among adults by 50%	Reducing new HIV infections cases	Link those testing HIV positive to care and early ART initiation.	PLHIV	County	CASCO, PEPFAR
			Offer gender-based violence care services including PEP for survivors.	GBV survivors	County	Dept of Health (R.H), POLICE, DSDGO, Dept of Gender (C.G)
			Provide post- exposure prophylaxis.	General population	County	CASCO, PEPFAR, HANDS
			Provide key commodities including lubricants, condoms and other appropriate contraceptives to key and vulnerable populations.	KPs	County	CASCO, RHC
			Promote consistent and correct condom use and disposal.	General population	County	CASCO, KYC, LWC, RHC
			Offer HTC to partners and families of all HIV positive clients.	Partners and families of PLHIV	County	CASCO, PEPFAR
			Innovate culturally acceptable safe and early male circumcision before sexual debut.	Young boys	County	CASCO, FOL, PEPFAR
			Implement cash transfer programs to keep vulnerable children in schools.	Vulnerable children	County	Dept of Children CDFC, CBC
			Implement programs that will delay sexual debut among young people.	Young people	County	Implementing partners
			Conduct regular outreaches to key populations.	Key Populations	County	CSOs, KYC, FOL
			Strengthen workplace protection policies.	Workplaces	County	Relevant HR units
			Scale up STI management in all health facilities.	General population	All health facilities	CASCO
			Establish and maintain youth friendly centres in all major facilities and learning institutions.	Youth	Major health facilities and institution	Dept of Health and Youth, DOS
			Scale up facility based PITC.	General population	County	CASCO
			Integrate ANC, early infant diagnosis with immunization services.	Pregnant, lactating mothers and infants	County	CRHC
			Upscale ART uptake to all HIV+ pregnant, lactating mothers and infants.	HIV + pregnant and lactating mothers	County	CDH, CASCO
		Reduced HIV transmission rates from mother to child from 8.1% to less than 5%	Integrate EMTCT with MNCH services including beyond zero mobile clinics.	Sites with MNCH	County	CNO, CRHO

4.2 Strategic Direction 2:

Improving Health Outcomes and Wellness of all People Living with HIV

HIV prevalence in the County stands at 3.4% which translates to 18,124 people living with HIV, and is higher among the adult females (4.8%) when compared to male adults (2.9%). It is estimated that 902 HIV-related deaths occur in the County annually. Currently, adult ART coverage is 120% while coverage for children is 51%. However, 1635 people in the County are in need of ART (County Estimates, 2014). The goal of this SD is to ensure universal access to treatment, care and support for all persons living with HIV in the county. It also recognizes treatment as a means of prevention of new HIV infections, which is a critical component contributing to SD 1.

STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF ALL PEOPLE LIVING WITH HIV						
KASF Objective	**KCASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic Areas by County/Sub-county**	**Responsibility**
Reduce AIDS related mortality by 25%	Reduce AIDS related mortality by 40%	Implement the 90- 90-90 Strategy Increase enrollment to care within 3 months of HIV diagnosis to 90% for children, adolescents and adults	Strengthen facility and community linkages with inter- and intra- facility referral protocols and linkage strategies	PLHIV	County	CDH, CASCO
			Ensure the identified gaps in HIV prevention and treatment cascade are addressed immediately.	PLHIV	County	CDH
			Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services.	Expectant mothers/nursing infants	County	CDH, CASCO
			Scale up integrated youth friendly services.	Youth (15-24)	County	CDH, CRHC
			Utilize peer support and networks of adolescents living with HIV.	Adolescents living with HIV	County	CRHC
			Enhance peer mobilization strategies for recruitment, enrollment and retention in care and extend flexible timings for care.	Key and vulnerable populations	County	KYC
			Integrate alcohol and drug dependence reduction strategies in care services.	Key and vulnerable populations	County	CDH
			Strengthen supply systems and ensure continuous availability of quality HIV commodities at the point of service delivery.	Health facilities	County	CDH

KASF objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic areas by County/sub-county	Responsibility
			Implement periodic monitoring for adherence and disclosure.	ART sites	County	CASCO
			Strengthen laboratory networks.	Health facilities with labs	County	CDH, CMLT
			Put in place systems to assure quality and monitor adherence to laboratory protocols.	Health facilities with labs	County	CMLT
			Reduce turnaround time for results and feedback.	Health facilities with labs	County	CMLT
			Use innovative mobile and web-based technology to increase adherence and follow up options (HIT SYSTEM, EMR).	PMTCT sites, ART sites	County	CDH
			Scale up use of people living with HIV peer support strategies.	PLHIV	County	CHC, NEPHAK
			Provide screening and diagnostic equipment for TB, NCDs, malnutrition, opportunistic infections together with those for HIV.	PLHIV	County	CASCO, PEPFAR
			Scale up prevention interventions for TB, OIs and other co-morbidities, water and sanitation related diseases, vaccinations for preventable diseases.	PLHIV	County	CASCO, PEPFAR
			Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies.	Health care workers	County	CASCO, PEPFAR
			Use integrated and decentralized HIV delivery models that increase access to care and treatment at community and other non-ART service points.	PLHIV	County	CASCO, PEPFAR
			Enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure interventions with full involvement of Civil Society and communities, especially PLHIV.	PLHIV	County	CASCO, PEPFAR, FOL, HANDS, KYC

4.3 Strategic Direction 3: Using a Human Rights Approach to Facilitate Access to Services for PLHIV, KPs and other Priority Groups in all Sectors

The Kenya Stigma Index Survey Report (2014) estimates the County's stigma index at 35% which is slightly lower than the national index (45%). However, there is need to mainstream and integrate into common knowledge, societal attitudes and caring behaviours around HIV in the society. A number of strategies therefore have been identified both at the facility and community levels to address stigma and discrimination targeting the different sub-populations.

STRATEGIC DIRECTION 3:

USING A HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KPS AND OTHER PRIORITY GROUPS IN ALL SECTORS

KASF Objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/Sub-county	Responsibility
An enabling legal and policy environment necessary for a robust HIV response at the national and county levels to ensure access to services by persons living with HIV	Reduced reported stigma by 50 %	Sensitization of general and targeted population with anti-stigma awareness messages	The facility in charges to sensitize health care workers on reducing stigmatizing attitudes in healthcare settings.	Healthcare workers	County	CDH, COH
			Conduct and adapt stigma-free HIV campaigns.	General population	County	CCFP, CHPO, CACCs
			Conduct targeted stigma reduction campaigns.	KPs, PLHIV	County	County First Lady, CSOs
	Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 50%		Implement programs aimed at reducing stigma and discrimination against priority populations	Priority populations	County	CASCO, Implementing partners
			Encourage religious leaders to promote acceptance of priority groups as part of their community.	Religious leaders	County	IRC

KASF Objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/Sub-county	Responsibility
			Engage the religious leaders to intergrate their religious teachings with HIV information and service up take.	Religious leaders	County	IRC, CASCO, COAC
			Strengthen linkage between community units and supports groups to share information on HIV. Barazas to should be utilized by persons living positively to campaign against HIV-related stigma and discrimination through willingly disclosing their status.	General Population	County	CSFP, Implementing partners
			Sensitize and engage religious leaders on KPs stigma reduction campaigns.	Religious leaders	County	IRC, CASCO, COAC
	Reduced self-reported HIV related stigma and discrimination by 50%	Remove barriers to the access of information and services on HIV, SRH and rights in private and public entities	Implement structural interventions that empower PLHIV	Promote PLHIV to enroll in support groups and ensure they register with the Department of Social Services.	PLHIV	County
			Empower women and girls socio-economically to enable them access HIV health services and information.	Women, girls	County	CDGSD
			Establish DICEs to offer HIV services to the key populations.	Key populations	County	County, Implementing partners
			The CEC health to formulate a policy to protect priority populations when accessing HIV and health services.	Key and vulnerable populations	County	CEC Health, CHC

KASF Objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/Sub-county	Responsibility
			Empower communities through various forums and provision of IEC.	General Population	County	County, Implementing partners
			Promote use of peer counselors/educators and mentor mothers to enhance uptake of HIV services.	PLHIV	County	CHC, CASCO
			Male engagement in HIV, SRH programs and interventions and offer them services.	Male partners of women living with HIV and ANC clients	County	CRHC
			Integrate HIV information and encourage service uptake in religious settings.	Religious institutions	County	IRC
			Encourage religious leaders to confirm faith healings through scientific tests.	Religious leaders	County	CASCO, COAC, IRC
			Sensitize lawmakers on the need to enact non-discriminatory regulations and services.	County Assembly members	County	CEC (Health)
			Develop and disseminate population specific and user friendly information including Braille in Kiswahili and Kalenjin.	General population	County	CHC
			Engage the regional religious leaders to integrate their religious teachings with HIV information and service uptake.	General population	County	IRC

KASF Objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/Sub-county	Responsibility
			Utilize county publications and local media channels to disseminate HIV information. (County Journal, County News).	General population	County	CHC
	Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 50%	Sensitization of communities on the SGBV rights	Educate communities on gender and legal issues.	Communities	County	Implementing partners
			Educate communities on legal, rights and gender issues during barazas and social gatherings.	General population	County	CSFP, CHPO
			Utilize community units to discourage negative traditional beliefs and practices.	General population	County	CSFP
		Improve county legal and policy environment for protection and promotion of the rights of priority populations, key populations and PLHIVs	Sensitize County Assembly members and executives on the need to enact laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support.	County Assembly members and executives	County	CHC, CEC Health, CASCO
			The County Assembly to review the existing laws and execute the existing policies to ensure they positively impact the response to HIV. These should be consistent with the constitution, national laws and policies.	County Assembly members and executives	County	CHC, CEC Health
			Sensitize law makers and law enforcement agencies on HIV issues and the consequences of their implementation and implementation of laws in the provision of HIV services to priority populations.	County Assembly members and, executives	County	CHC, CEC Health

KASF Objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/Sub-county	Responsibility
			Enroll PLHIV, OVCs, Key Populations and other priority groups into the social protection programmes.	PLHIV, OVC, Key Populations and other priority groups	County	Social services department, CSOs, SCACC
			Facilitate discussions and negotiations among HIV service providers, those who access services and law enforcement agencies to address law enforcement practices that impede HIV prevention, treatment, care and support services.	General population	County	CHC, CSOs
			Implement HIV workplace programs for lawmakers and enforcers.	General population	County	CHC, CSOs
			Sensitize individual healthcare workers, administrators and regulators on their own human rights and the skills and tools necessary to ensure patient rights are upheld.	Healthcare workers, administrators and regulators	County	COH
			Hold the county government accountable for their constitutional and statutory obligations.	County govt. Administrators	County	CHC, CSOs
			Advocate for decentralization of the HIV Tribunal to the counties.	HIV Tribunal	County	HIV Tribunal
			In collaboration with other stakeholders, non-state actors to implement programs aimed at upholding the rights of their priority populations.	General population	County	CHC
			Sensitization of police, health care workers, Civil Societies and legal groups on SGBV support	Police, health care workers, Civil Societies, and legal groups	County	CSOs and Public entities, CRHC

KASF Objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ Sub-county	Responsibility
			Strengthen linkages with psychosocial support groups for SGBV survivors.	SGBV survivors		CASCO, COAC
			Link SGBV survivors to gender response units within the County	SGBV survivors		CACC, CSOs,
	Reduce and monitor stigma and discrimination, social and SGBV		Conduct stigma index survey in both health care settings and in the community.	PLHIV	County	CHC, NEPHAK
			Conduct a County baseline survey to document the magnitude and nature of human rights violation and gender disparities in the context of HIV.	PLHIV	County	CHC
			Educate communities on gender and legal issues affecting HIV.	Communities	County	CDGSS

4.4 Strategic Direction 4: Strengthening Integration of Health and Community Systems

Kericho County has 37 Community Units out of the expected 180 units – this translates to an achievement of 20%. The existing units are linked to 33 health facilities out of the expected 174 health facilities. The key gaps that ail community strategy are: inadequate funding, skewed distribution of the existing CUs to 3 sub-counties out of six, unmotivated staff due to lack of remuneration, limited capacity, and lack equipments and essential commodities.

This Strategic Direction focuses on four key intervention areas, namely: provide a competent, motivated and adequate workforce; strengthen the health service delivery system; improve access to and rational use of essential HIV products. The identified strategies will seek to ensure that county staffing ratio attains the minimum requirements and will ensure enhanced linkages between the health and community systems.

STRATEGIC DIRECTION 4:
STRENGTHENING INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS

KASF Objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ Sub-county	Responsibility
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	Improved health workforce for the HIV response in the County by 35%	Provision of a competent, motivated and adequately staffed health workforce	Recruitment of staff by the County government to improve the overall staff: population ratio in line with the Kenya Staffing Norms, with a special focus on ensuring availability of adequate, competent and skilled health personnel in all tiers of health care.	Health care workers	County	COH
			Redistribution of staff by the County government to ensure availability of appropriate and skilled health personnel in line with Kenya Staffing Norms.	General population	County	CCFP, CHPO, CACCs
			Develop and implement a health staff retention policy that takes into account the additional HIV burden.	Healthcare workers	County	COH
			Integration of HIV referral and linkage services into mainstream health services.	Health facilities	County	CDH
			Empower communities and workplaces to ensure improved capacity and capability to take charge of their health.	Workplace, communities	County	CDH
			Institute mechanisms for task sharing and mentorship for skills transfer to ensure delivery of the health package, including HIV prevention, treatment and care services.	Healthcare workers	County	COH

KASF Objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ Sub-county	Responsibility
			Improve the human resource performance management system to ensure efficient and effective use of the available human resource in the delivery of health services, including HIV services.	Healthcare workers	County	COH
			Support the development /revision of the Health Resource Development Plan to guide HR needs of the health sector, taking into account additional needs to provide HIV prevention, treatment and care.	Healthcare workers	County	COH
			Develop and implement a health staff retention policy that takes into account the additional burden of HIV.	Healthcare workers	County	COH
			Develop and implement a system of caring for caregivers especially in areas with a high burden of HIV.	Healthcare workers	County	COH
		Strengthen the health service delivery system for the provision of HIV service integrated in the essential health package	Create incentives for health staff in terms of training, remuneration and other rewards, with particular focus on the high HIV burdened and disadvantaged areas.	Healthcare workers	County	COH
			Integrate and improve capacity building in HIV management and leadership in general in-service health training.	Healthcare workers	County	COH

KASF Objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ Sub-county	Responsibility
			Support the development / revision of the Health Resource Development Plan to guide HR needs of the health sector, taking into account additional needs to provide HIV prevention, treatment and care.	Healthcare workers	County	COH
			Adoption and implementation of Kenya HIV Quality Improvement Framework (KHQIF) as well as implementation of health workforce interventions that improve HIV technical skills and competencies.	Health care workers	County	COH
			Adoption of strategies to make comprehensive HIV services more accessible to key populations.	Health care workers	County	COH
			Integration of HIV services in primary health care services, including hospital services, to allow meaningful and routine engagement of all cadres of health personnel in HIV prevention, treatment and care service provision.	Healthcare workers	County	COH
			Integration of HIV referral and linkage services into the mainstream health service referral and linkage network including community linkages.	Healthcare workers	County	COH
			Upgrading of health facility infrastructure to meet basic standards for HIV services provision.	Healthcare workers	County	COH

KASF Objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ Sub-county	Responsibility
			Adapt a legal framework that creates an enabling environment to enhance access to HIV services by KPs.	Healthcare workers	County	COH
	Strengthened HIV commodity management	Improve access to and promote rational use of quality essential health products and technologies	Strengthen HIV commodity management and supply chain monitoring at county and health facilities levels including pharmacovigilance (drug safety) and Post Marketing Surveillance (PMS).	Healthcare workers	County	COH
			Promote timely forecasting and quantification and periodic supply/ procurement planning for HIV commodities.	Healthcare workers	County	COH
			Promote procurement efficiency for HIV commodities.	Healthcare workers	County	COH
			Infrastructural support for effective distribution and appropriate storage at county and health facility level.	Healthcare workers	County	COH
			Promote appropriate prescription practices and rational use of HIV commodities.	Healthcare workers	County	COH
			Develop a robust LMIS to facilitate timely collection and transmission of quality commodity consumption and stock status data integrated into the HMIS.	CHRIO	County	COH

KASF Objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ Sub-county	Responsibility
			Provision of adequate and functional HIV diagnostic equipment (VL, CD4) that are well maintained (service contracts) in conjunction with partners.	Healthcare workers	County	COH
			Introduction of facility based IT systems to manage and monitor HPT supplies and linked to national and county MoH information systems.	Healthcare workers	County	COH
			Establishment of county systems for coordinating and managing EHPT investments.	Healthcare workers	County	CHMT
			Review and strengthen laboratory systems for effective diagnosis and monitoring of ART, especially for early toxicities and treatment failure.	Healthcare workers	County	CMLT, PEPFAR
			Decentralization of HIV services including laboratory networks to all health facilities especially the lower level tiers.	Healthcare workers	County	COH, CMLT, PEPFAR
	Strengthened community-driven HIV response	Strengthened community and workplace service delivery system at County level for the provision of HIV prevention, treatment and care services	Strengthen governance and leadership for community and workplace health actions at all levels.	General population	County	CSFP, CASCO
			Enhance human resource capacity for development and implementation of community and workplace health at all levels.	General population	County	CSFP, CASCO

KASF Objective	KCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ Sub-county	Responsibility
			Strengthen institutional capacity for implementation of community and workplace actions and services at all levels.	CUs, workplaces	County	CSFP, CASCO
			Adopt national standards for guiding community and workplace health implementation and practice.	General population	County	CSFP, CASCO
			Empower communities and workplaces to ensure improved capacity and capability to take charge of their health.	General population	County	CSFP, CASCO
			Articulate an integrated, comprehensive and quality community and workplace health package for HIV prevention, treatment and care.	General population	County	CSFP, CASCO
			Strengthened AIDS control units in learning institutions with resources being allocated for behaviour change communication (BCC) programs.	Learning institutions	County	CHC
	Reduce and monitor stigma and discrimination, social and SGBV		Mainstream HIV and AIDS activities into community strategy and map CSOs capacities.	CUs,	County	CSFP, COAC
			Conduct a County baseline survey to document the magnitude and nature of human rights violation and gender disparities in the context of HIV.	PLHIV	County	CHC
			Educate communities on gender and legal issues affecting HIV.	Communities	County	CDGSS

4.5 Strategic Direction 5:

Strengthening Research, Innovation and Information Management to meet KCASP Goals

Kericho County has participated in various national researches, surveys and studies including the Kenya Demographic Health Surveys, Kenya AIDS Indicator Surveys, Kenya National AIDS Spending Assessment and various researches by KEMRI/WRP. Given the existence of research and tertiary learning institutions in the County, there are opportunities for research that the County can leverage to further its research agenda. Moreover, there is a research committee in place whose mandate needs to be expanded to include conducting and coordination of research.

Still, there is limited capacity to conduct research, limited research funding and inadequate dissemination of the research findings. While there are HIV related surveys and studies conducted at the national level, there is need for Kericho County specific studies on stigma and discrimination and on the effect of cultural practices and gender norms on HIV and AIDS. Also, research to understand the drivers of the epidemic by populations and geography is necessary.

STRATEGIC DIRECTION 5:
STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT TO MEET KCASP GOALS

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/Sub-county	Responsibility
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Increased evidence-based planning and programming by 20%	Establish and operationalize a Research Technical Working Group	Expand the mandate and membership of the existing Ethics and Research TWG	Research TWG	County	CEC
	Increased capacity to conduct HIV research in the County by 50%	County HIV Research Agenda	Conduct operational research in the County on various thematic areas of HIV.	Research stakeholders	County	PEPFAR/WRP
			Strengthen County HIV research capacities including epidemiological surveillance, good laboratory, clinical practice and ethics.	Research stakeholders	County	PEPFAR/WRP

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/Sub-county	Responsibility
			Priority research areas for the County include (but not limited to):- •Stigma and discrimination •Drugs and substance abuse in relation to HIV •The drivers of the epidemic among the key populations •The use of technologies that pre-dispose people to HIV infection •Determinants of socio-behavioural factors that enhance the spread of the epidemic •Development of effective HIV prevention technologies.	Research TWG	County	CEC
		Conduct County dissemination forum of HIV research	Establish an interactive web-based County HIV research hub.	Research stakeholders	County	CEC
			Disseminate the identified County research priority areas to mobilize resources.	Research stakeholders	County	CEC, CHC
			Hold bi-annual dissemination of research findings and quarterly review meetings by different actors including publication of abstracts.	Research stakeholders	County	CEC
		Mobilize resources for the HIV research agenda	County Assembly in partnerships with research institutions to develop policies to attract public, private partnerships in HIV research funding.	Research stakeholders	County	CEC, CHC
			Advocate for resource allocation from the consolidated funds across the relevant sectors in the County and National budget.	Research stakeholders	County	CEC, CHC
			Promote partnerships with learning institutions to prioritize HIV sector research needs.	Research stakeholders	County	CEC, CHC
			Put in place a sustainable financing for HIV M&E planned activities.	Research stakeholders	County	CEC, CHC
		Utilization of research findings	Encourage research and utilization of its findings.	Research stakeholders	County	CEC, CHC
			Promote implementation of the identified research gaps/ priorities.	Research stakeholders	County	CEC, CHC

4.6 Strategic Direction 6:

Promote Utilization of Strategic Information for Research and Monitoring and Evaluation to Enhance Programming

As the regular monitoring and evaluation systems in the County become more accessible, a renewed focus on improving data quality, demand and use of data for decision making will be given priority. This has now been further strengthened by the Constitution that requires participation of the people in decision making, transparency and accountability.

The County has M&E systems and structures which are borrowed from the then national Ministry of Health. The County uses the District Health Information Systems (DHIS2) which hosts the facility based data. The system has been able to capture most of the HIV facility based data within the County. However, the system is not designed to capture data for the specific groups of interest, i.e. key population data.

The community based HIV programs captured by the COBPAR system hosted by NACC is not easily accessible by the interested parties. Further, development partners, NGOs and some CBOs have developed their own parallel M&E systems which are not in the spirit of the "Three Ones" principle.

The County Monitoring and Evaluation systems are characterized by the following features: Lack of clear and defined functional monitoring and evaluation framework; insufficient monitoring and evaluation tools on HIV and AIDS at the County and Sub-county levels; lack of Monitoring and Evaluation Technical Working Groups (TWGS); insufficient funds for Monitoring and Evaluation activities in the County and Sub-county.

In this regard, there is need to strengthen the existing County level monitoring and evaluation systems so as to make it more flexible to respond to the data needs of both the County and National governments and to facilitate generation of high quality and timely strategic information for HIV response at all levels.

STRATEGIC DIRECTION 6:

PROMOTE UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION TO ENHANCE PROGRAMMING

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/Sub-county	Responsibility
To improve data quality, demand, access and use of data for decision making at the County and National levels	M&E Information Systems strengthened at County level and providing comprehensive information package for decision making	Strengthen the County HIV M&E system	Conduct M&E capacity assessment and development in the County. Integrate County M&E systems. Revise and update M&E reporting tools. Harmonize M&E information hubs at County and Sub-county levels.	M&E system	County	CDH, CHC

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/Sub-county	Responsibility
			Establish a functional multi-sectoral HIV M&E co-ordination structure and partnerships at County and Sub-county level.	Implementation partners	County	CHC
			Conduct periodic data quality audits, verification and support supervision.	Implementers	County	CHC
			Procure and distribute reporting tools to health facilities on a timely basis.	Health facilities, Implementing partners	County	COH
		Data management and reporting	Strengthen and align County M&E systems to the new governance structure with involvement of other implementing partners.	Implementing partners	County	CDH, CHC
			Establish a M&E department to conduct capacity assessment and development at County level in terms of personnel, infrastructure , comprehensive HIV M&E systems, guidelines, tools and SOPs.	Health facilities and partners	County	CDH, CHC
			Strengthening on-line reporting, other data transmission technologies and utilization of electronic medical records.	Implementing partners	County	CDH, CHC
			Improve data quality in terms of timeliness and completeness of M&E reports from various sub-systems.	M&E department	County	CDH, CHC

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/Sub-county	Responsibility
		Coordination of data flow	All actors to adhere to County HIV reporting obligations.	Implementing partners	County	CDH, CHC
			Enhance regular M&E supervision.	Implementing partners	County	CDH, CHC
			Promote routine and non-routine HIV information systems.	Implementing partners	County	CDH, CHC
			Scale up coverage of on-going HIV programs, surveillance and surveys.	Implementing partners	County	CDH, CHC
			M&E department to strengthen periodic data quality audits and verify, ,harmonize and create linkage between data collection tools and databases.	M&E department	County	CDH, CHC
	Increased utilization of strategic information to inform HIV response at all levels	Establish a multi-sectoral and integrated real-time HIV platform to provide updates on HIV epidemic response accountability	Promote data demand and use of HIV strategic information to inform policy and programming.	Implementing partners	County	CDH, CHC
			Establish a multi-sectoral HIV programming web-based data management system.	Implementing partners	County	CDH, CHC
			Expand the mandate of the County HIV&AIDS Committee mandate to review and track performance of the plan to inform mid-term review. Conduct mid-term and end-term review of the KCASP.	Implementing partners	County	CHC
			Hold biannual stakeholder feedback forums.	Implementing partners, General population	County	CHC
			Report the progress on County HIV response through the Governor's journal.	General population	County	CHC

4.7 Strategic Direction 7:

Increasing Domestic Financing for Sustainable HIV Response

The County HIV response is largely donor funded. According to the Kenya National AIDS Spending Assessment report of 2014, Kericho County is estimated to have spent USD 11.19m and 10.30m during the financial years of 2009/10-2011/12 respectively (KNASA, 2014). An estimated 18% of these funds are from domestic financing which translates to USD 1.93m. In view of the dwindling resources available for HIV programming, there is need to increase this to USD 4.3m. This strategic direction therefore focuses on three key intervention areas, namely: maximize efficiency of existing delivery options, promote innovative and sustainable domestic HIV financing options and align resources/ investment to strategic framework priorities.

STRATEGIC DIRECTION 7:

INCREASING DOMESTIC FINANCING FOR SUSTAINABLE HIV RESPONSE

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/Sub-county	Responsibility
Increase domestic financing of HIV response to 50%	Increased county-driven domestic financing for HIV response to 40%	Establish a County-driven domestic financing kitty for HIV response (Domestic resource mobilization)	Operationalize a committee to lobby for a County HIV fund kitty.	CHC, Lawmakers	County	CDH, CHC
			Create strategic Public-Private Partnerships in support of HIV programs in the County.	Governor, COAC	County	CEC Health, CHC
			Advocate for a specific HIV kitty/ vote head in the County.			County
			The County to create a HIV fund kitty to streamline collection of HIV levies/donations from the private sector/industry.			

			Introduce HIV charity marathon.			
			Initiate an annual AIDS lottery program.			
			Develop a partnership accountability framework at County level to ensure alignment of resources to County HIV response priorities.	Stakeholders	County	CHC
			Enhance CSOs capacity to source for funding.	CSOs	County	SCACCS, CHC
		Ways of increasing coverage and productivity of the existing service delivery options for increased money value and better results with the available funds.	Integrate HIV services with other health services in the facilities.	General population	County	CEC Health, CHC
			Encourage the use of EBIs.	Implementing organisations	County	CEC Health, CHC
			Conduct a cost-benefit analysis.	HIV program implementers	County	CEC Health, CHC
			Conduct a County AIDS spending assessment.	HIV program implementers	County	CEC Health, CHC
			Strengthen monitoring and evaluation systems to effectively track the HIV programs to ensure value for money.	Healthcare workers	County	CEC Health, CHC
			Stakeholders to align their funds and activities to KCASP.	Implementing partners	County	CDH, CHC
			Encourage and enroll HIV and AIDS clients in the NHIF scheme.	PLHIV	County	CEC Health, CHC
			Enhance the capacity of small organizations to source for funding.	CSOs, NGOs, CBOs	County	CHC

4.7.1 Resource Needs

The money required to fully implement the KCASP is estimated to be around USD 59.13 million for the five-year period. The expected implementation cost in the 2014/15 financial year is USD 10.89 million. This figure will rise annually to USD 12.14 million in the final year of the strategic plan due to scaling up of the key HIV interventions. In estimating the resource needs, a macro-costing (down up) approach was employed. The resource needs assessment was based on the current County's HIV burden that stands at 18,124 people. Treatment and care is expected to consume the largest share of HIV allocations followed by HIV prevention. The remaining amount is shared among the other intervention areas.

Table 4.1: Resources required for implementing KCASP 2014/15 – 2018/19 (in USD Millions)

Strategic Directions	Specific KCASP Intervention Areas	% of Resource Dedicated for the Strategy	2014/15	2015/16	2016/17	2017 /18	2018/19	Total
SD1	HIV prevention	25.00%	2.74	3.12	3.52	3.94	4.27	17.59
SD2	Treatment and care	53.00%	3.63	3.97	4.15	4.22	4.17	20.14
SD3	Social inclusion, human rights and gender	7.00%	0.76	0.99	1.23	1.49	1.77	6.24
	Health systems	3.00%	2.42	2.19	1.79	1.61	0.84	8.85
SD4	Community systems	5.00%	0.34	0.31	0.25	0.23	0.12	1.25
SD7 & SD8	Leadership, governance and resource allocation	2.00%	0.54	0.55	0.53	0.50	0.45	2.57
SD6	Monitoring and evaluation	1.84%	0.23	0.23	0.23	0.21	0.19	1.09
SD5	Research	1.00%	0.12	0.14	0.25	0.16	0.17	0. 84
	Supply chain management	1.00%	0.11	0.12	0.14	0.15	0.15	0.67
	Grand Total	100.00%	10.89	11.61	11.99	12.51	12.14	59.24

4.8 Strategic Direction 8: Promoting Accountable Leadership for Delivery of KCASP Results by All Sectors and Actors

Good governance, accountable leadership and ownership of HIV response is a critical component for delivery of this plan. In alignment to the Kenya Constitution, a functional coordination structure is necessary to enhance multi-sectoral response at the County level.

There is good evidence that an HIV epidemic can be contained with strong political will, employment of a pragmatic approach and an effective mobilization of resources. To succeed in dealing with HIV pandemic, the County Assembly needs to have a political

commitment by passing legislation and policies focusing on prevention and management of HIV and AIDS in the County. Leaders at all levels need to be encouraged to keep HIV high on the County agenda and share information about the epidemic with their Wards and Sub-counties. The capacity of the County structures needs to be built to manage HIV programs. There is need also for equitable distribution of resources within the County.

Many agencies and organizations are making valuable contributions to HIV prevention and control but their work is not well coordinated.

In the context of dwindling resources from donors and partners, there is increased call for ownership of the HIV response by the County. The implementation of KCASP will require prudent governance practices that will be responsible and accountable in the leadership of the multi-sectoral HIV and AIDS response. This will go a long way in ensuring effective and efficient resource allocation and subsequently create transparency and accountability. Setting HIV response as a priority and a strategic development issue at all levels in the County, and enforcing its implementation, requires a sustained leadership, commitment and coordination from the executive and other governing bodies.

STRATEGIC DIRECTION 8:

Promoting Accountable Leadership for Delivery of KCASP Results by All Sectors and Actors

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ Sub- county	Responsibility
Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response	Good governance practices and accountable leadership for HIV and AIDS response in the County	Enhance County ownership and engagement	Conduct sensitization forum for the County Assembly and the public to incorporate HIV activities during the public participation forum and the County budgeting process.	County Assembly, Public	County	CHC
	Effective and well-functioning stakeholder co-ordination mechanisms in the County		Conduct advocacy meetings with the County leadership to build and sustain high-level political commitment in HIV response.	County leadership	County	CHC, CSOs
			Mobilize and allocate adequate resources for HIV and AIDS response	Public and Private Institutions	County	CHC, CSOs

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ Sub- county	Responsibility
		Put in place and policies and systems to enhance ownership	Build and sustain high-level political commitment for strengthened County ownership of HIV response to be led by the County Governor.	County leadership	County	CHC, CSOs
			Build a transparent and accountable mechanism in the utilization of HIV funds.	County departments, Implementing partners	County	CHC, CSOs
			Develop policy briefs to strengthen good governance of County HIV response.	County leadership	County	CHC, CSOs
			Disseminate HIV policies and guidelines to the stakeholders.	Implementing partners	County	CHC, CSOs
	80% of HIV stakeholders in the County participating in quarterly stakeholder coordination forums.	Leadership	Quarterly consultative forums to track the implementation of KCASP at the County level.	Implementing partners	County	CHC, CSOs
			Strengthen HIV coordinating mechanism at County level.	Implementing partners	County	CHC, CSOs
			Commitment of resources.	County Government, Implementing partners	County	CHC, CSOs
			Facilitate inclusion of HIV agenda in structured public participation forums.	County Government	County	CHC, CSOs
			Lobby the County leadership to always include HIV agenda in public forums.	Implementing partners, County Government	County	CHC, CSOs
			Hold the County government accountable for their constitutional and statutory obligations.	County Government administrators	County	CHC, CSOs

CHAPTER 5

Implementation Arrangements

5.0 Implementation

The implementation of KCASP shall be multi-sectoral and will involve the public and private sectors, and civil society institutions. Measures shall be put in place to ensure all stakeholders are accountable both financially and programmatically. The County HIV&AIDS committees shall be fully in charge of coordination of the HIV response.

The effectiveness of the County response to the HIV epidemic requires sound management and coordination mechanisms, effective systems and structures. Outlined below are the various committees that will support the coordination of KCASP implementation:

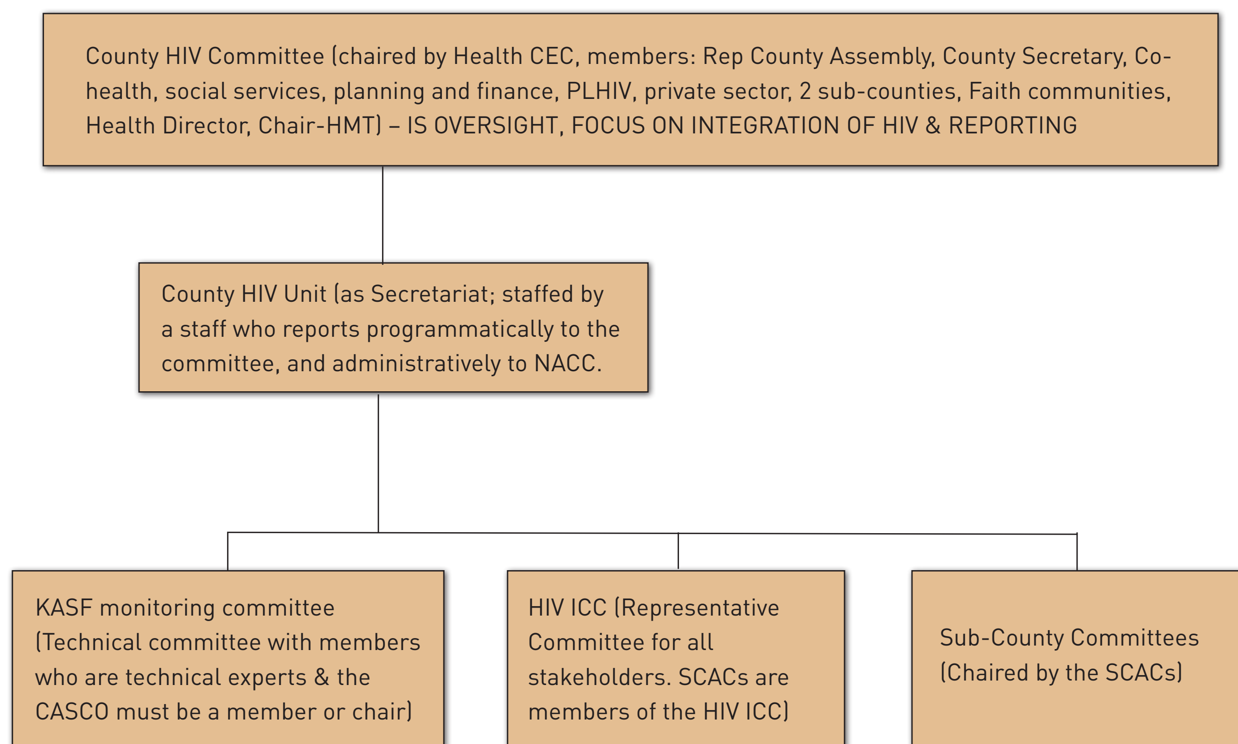
County HIV Committee: Accountable to the County Governor for the performance of their functions and the exercise of their powers on matters relating to HIV. This committee shall be responsible for the effective delivery of the HIV response at the County level. The committee shall be co-chaired by the County Health Executive and the County Director of Health with membership from the Sub-county HIV committees, HIV partners, implementers, PLHIV and the special interest groups in the County.

County HIV Co-ordination Unit: This unit will be the responsibility of the NACC Secretariat at the County level. The unit shall coordinate the day-to-day implementation of the strategic framework and the KCASP and will work very closely with the County Health Management Team and the various ministries departments at the County level with a direct link to the NACC Secretariat at the National level.

KCASP Monitoring: This committee shall comprise sub-committees of the five Strategic Direction areas of Prevention, Treatment, Human Rights, Systems Strengthening and Research. These sub-committees shall themselves comprise technical persons and institutions responsible for different areas. The Public Sector Working Groups (education, agriculture, mining & extractives, tourism, justice, law and order, transport, prisons, universities, labour & social security) shall facilitate and monitor actions and results outlined in the KASF for other sectors. The Performance Contracting mechanism shall be strengthened. In particular, NASCOP shall be responsible for the results of biomedical interventions in the KASF.

HIV ICC Committee: This committee shall be made up of the various Stakeholder Working Groups at the County representing the various constituencies, e.g. CSO, FBOs, Youth, PwD and PLHIV.

Figure 5.1: County HIV Organization Chart



The committees shall convene regular stakeholder forums to share interventions undertaken in the various programmatic and geographical areas. In case of duplication of activities and gaps in other geographical zones, the committee shall recommend and redistribute implementers to ensure equitable distribution of services with more emphasis on high burden zones.

5.1 Sustainability

The cost of HIV and AIDS response in the County is escalating against a backdrop of declining international financial resources for HIV and AIDS. The increase in cost is associated with the scale-up of services, adoption of the new ART treatment guidelines (CD4-500) and the expansion of the County response through sector mainstreaming of HIV. The gap between resource needs and available funding continue to expand raising concerns for overall sustainability of the response. The County Government's commitment to address the issue of sustainable financing for HIV is demonstrated by the development of the Kericho County HIV and AIDS Strategic Plan.

The decline in resources has serious implications on the sustainability of strategic HIV and AIDS interventions including prevention of new infections and sustained provision of ART. The growing resource gap means that Kericho County will continue to face difficulties in financing the County response from donor resources. The consequence is the likelihood of compromising the health outcomes in prevention of new infections, ART, eMTCT and treatment of TB/HIV co-infections through services interruptions. During the implementation of KCASP, efforts to introduce and strengthen sustainable financing mechanisms (i.e. County HIV Levy, Enrolling PLHIV in NHIF scheme, CSR by multinational companies and direct County Government budget allocation) will be accelerated and new strategies developed.

In developing a sustainable financing strategy, the County will adopt a multi-pronged approach premised on the New Investment Framework for HIV proposed by UNAIDS. The strategy will focus on;

i. increasing domestic funding.
ii. strengthening effectiveness and efficiency in the use of financial resources, and in service delivery.
iii. prioritization of the National/County response strategies.
iv. cost reduction in service delivery.

5.2 Capacity Development Plan

The capacity development process will identify and outline the priorities to develop capacity for County program and resource management for HIV, to ensure quality implementation of the program. The purpose of the capacity development process is to enhance the skills and resources of the County Government and civil society organizations to efficiently manage the HIV program.

5.2.1 Strategic Level Capacities

A mapping exercise will be conducted at a senior level in the County and key CSOs to identify the key capacities for County disease management for HIV. These are likely to consist of high level strategic capacities including: Policy, Strategy, Sustainable Financing, Coordination, County Government / CSO relationships, and Communication.

The strategic level capacities will require clear policies and strategies to be in place at the County Government level. These in turn will lead to effective County HIV response structures, clear roles and responsibilities, procedures, plans and resources to allow implementation. The capacity development plan will include strengthening the strategic capacities identified together with the advice and guidance to adapt best practice to the County context together with support and mentoring to put these in place.

5.2.2 Functional Capacities

At the implementation level there are implementation /or functional capacities required to ensure the continuity of services. The functional capacities consist of: Program Management, Financial Management, Procurement and Supply Chain Management, and Monitoring and Evaluation.

The functional capacities require the County Government and key CSO systems to be strengthened to a level where the entities can manage the implementation of County and National disease programs for HIV. The main focus of the capacity development plan is on strengthening the entities implementation systems. The systems will be reviewed and reformed drawing on best practices and taking into account the context to result in 'best fit'. This organizational development will result in appropriate integrated structures being in place, with clear roles, responsibilities and utilizing standard operating procedures to deliver accessible and responsive services in a cost efficient and effective manner. The systems will need adequate oversight to be put in place to increase accountability and mitigate risk.

CHAPTER 6

Research, Monitoring and Evaluation of the Plan

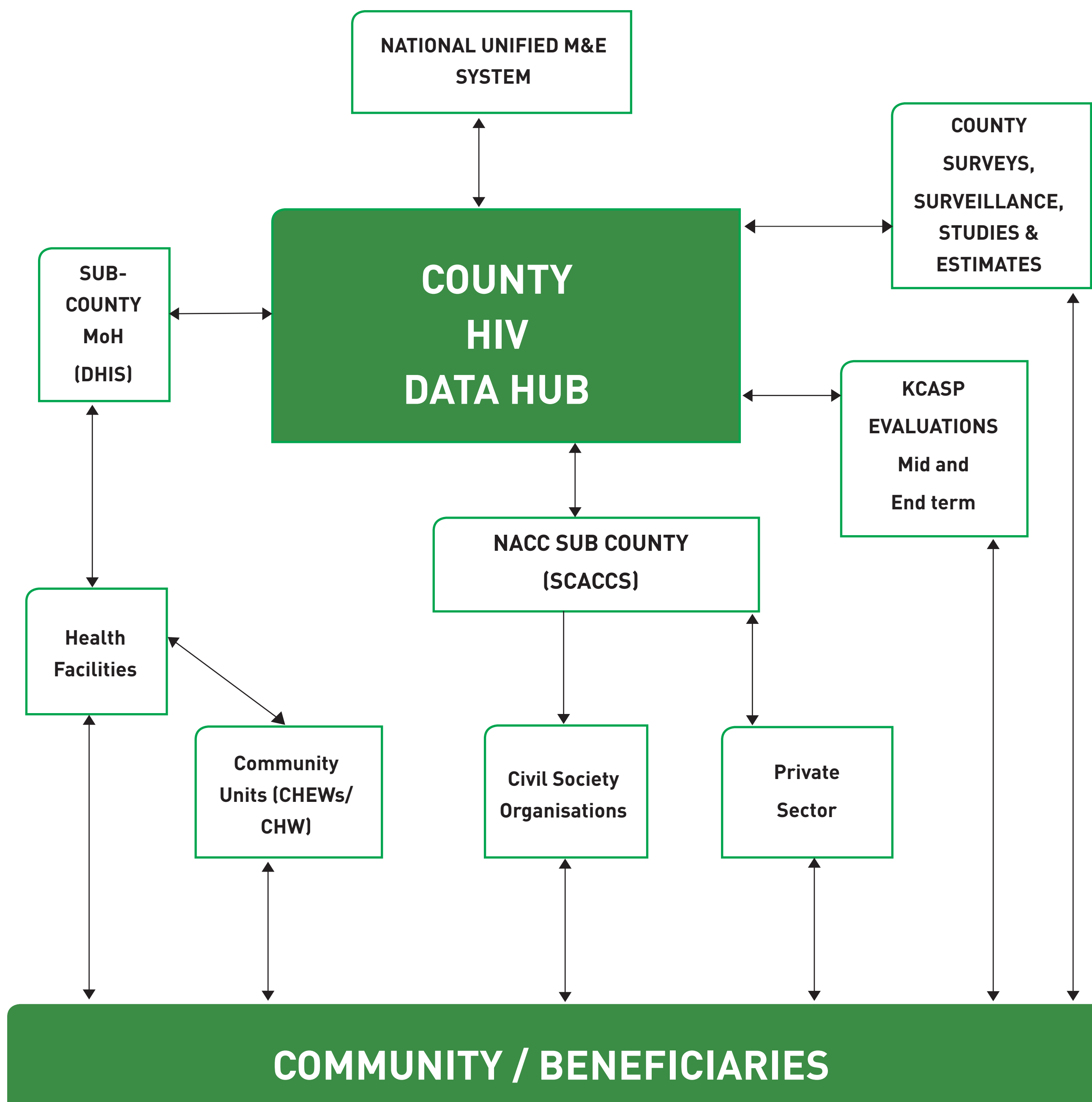
The County M&E system is aligned to the existing national M&E system which outlines the different M&E sub-systems: DHIS, LMIS, and community systems among others. Currently, reports from Community Health Volunteers from Community Units are forwarded to the link facilities who then compile the reports at Level 2 facilities (dispensaries) and report to the Sub-County Health Information Officers (SCHRIO) on a monthly basis. Level 3, 4 and 5 facilities (health centres, sub-county hospitals and the County Referral Hospital) report to the same officer for data entry into DHIS which provides further analysis. This enables all users including the County and National governments and program officers at all levels to generate information for decision making and public health interventions.

However, the existing Health Information Systems are highly fragmented with no linkages with other healthcare providers at various levels. The design and implementation of these systems do not facilitate integration of different sources of health information within the health system. There is poor integration of vertical programs and administrative information into the routine Health Information System. Consequently, there is no sharing of information among healthcare providers in the health system. Hence, there is need to harmonize various reporting systems and strengthen the current DHIS.

Research is a critical component for effective delivery of the KCASP as it will enhance evidence-based decision making. The identified County research priorities need to be implemented to strengthen the existing knowledge management system. Further, access to the national HIV research hub needs to be enhanced for evidence-based policy formulation and programming at the County.

Figure 6.1 shows how data will flow from service delivery points through to County HIV data hub and eventually to the National unified M&E system at the national level.

Figure 6.1: Kericho County HIV & AIDS Response Data Flow Chart Diagram



CHAPTER 7

Risk and Mitigation Plan

Risk Category	Risk Name	Status	Probability (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Risk Average Score	Response	Respon-sibility	When
Technological	Inadequate capacity	Active - inadequacy in terms of equipment, skills, personnel at the moment	medium	4/5 high	3.5/5 High	Mitigate - budget money for training, equipping and recruitment of personnel	County	Y1
Political	Unfavorable political environment and inadequate political goodwill	Passive - County government involved to some extent in HIV response	medium	4/ 5high	3/5 Medium	Community and County sensitization	County	Y2
Operational	Inadequate implementation resources	Active - being monitored	3/5 medium	4/5 high	3.5/5 High	Lobby for resources	County, Implementing partners	Y1-Y5
Legislation	Lack of relevant policies	Active - lack of specific HIV and AIDS related policies	1/5 low	4/5 high	2.5/5Medium	Advocacy to political class	County	Y1-Y5

Annexes

Annex 1: Results Framework Summary

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS						
KASF Objective Strategic Direction	**KCASP Results**	**Key Activity**	**Indicators**	**Baseline & Source**	**Mid Term Target**	**End Term Target**
Reduce new HIV infections by 75%	Reduced new HIV infections among adults by 50%	Reducing new HIV infections cases	HIV incidence in the County	4127 (2013)	30%	50% reduction
		Reduced HIV transmission rates of mother to child from 7.2% to less than 5%	MTCT rate in the County	7.2 % (DHIS)	6%	MTCT < 5%

STRATEGIC DIRECTION 2:

IMPROVING HEALTH OUTCOMES AND WELLNESS OF ALL PEOPLE LIVING WITH HIV

KASF Objective Strategic Direction	KCASP Results	Key Activity	Indicators	Baseline & Source	Mid Term Target	End Term Target
Reduce AIDS related mortality by 25%	Reduce AIDS related mortality by 40%	Implement the 90-90-90 UNAIDS Strategy Increase enrollment to care within 3 months of HIV diagnosis to 90% for children, adolescents and adults	% of newly diagnosed HIV infected persons linked to care within 3 months	85%	88%	90%
			% of children 0-9 years on ART	75%	80%	90%
			% of adolescents 10-19 years on ART	75%	80%	90%
			% of adults on ART	80%	85%	90%
			% of identified HIV infected pregnant women started on HAART	85%	88%	90%
			% of children 0-9 years retained on ART at 12 month	65%	70%	90%
			% of adolescents 10-19 years retained on ART at 12 month	65%	70%	90%
			% of adults retained on ART at 12 month	75%	80%	90%
			% of children 0-9 years virally suppressed	75%	80%	90%
			% of adolescents 10-19 years virally suppressed	75%	80%	90%
			% of adults virally suppressed	80%	85%	90%

STRATEGIC DIRECTION 3: USING A HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KEY POPULATIONS AND OTHER PRIORITY GROUPS IN ALL SECTOR						
KASF Objective Strategic Direction	**KCASP Results**	**Key Activity**	**Indicators**	**Baseline & Source**	**Mid Term Target**	**End Term Target**
An enabling legal and policy environment necessary for a robust HIV response at the national and county levels to ensure access to services by persons living with HIV	Reduced self-reported HIV related stigma and discrimination by 50%	Remove barriers to access of information and services on HIV, SRH and rights information and services in private and public entities	Number of HIV related stigma and discrimination cases reported	35%	25%	50% reduction
	Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 50%		Number of SGBV cases reported disaggregated by population (PLHIV, KPs), gender (women, men), and age	No data		50% reduction

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS						
KASF Objective Strategic Direction	**KCASP Results**	**Key Activity**	**Indicators**	**Baseline & Source**	**Mid Term Target**	**End Term Target**
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	Strengthened community-driven HIV response	Provision of competent, motivated and adequate workforce	Number of functional Community Units and CSOs in place	37 CUs, 180 CSOs	117 (CUs)	180 (CUs)
	Improved health workforce for the HIV response in the County by 35%		% of health workforce trained on HIV management	50%	60%	80%
	Strengthened HIV commodity management		Number of months with HIV commodity stock outs per year	4 months	2 months	0 months

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH INNOVATION AND INFORMATION MANAGEMENT TO MEET KCASP GOALS						
KASF Objective Strategic Direction	**KCASP Results**	**Key Activity**	**Indicators**	**Baseline & Source**	**Mid Term Target**	**End Term Target**
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Increased evidence-based planning and programming by 20%	Establish and operationalize a Research Technical Working Group	A functional TWG in place	80% (HIV Guidelines/	80%	90%
	Increased capacity to conduct HIV research in the County by 50%		% of County staff trained on operation research	5% (Facility-Level research, WRP research)	8%	50%

STRATEGIC DIRECTION 6: PROMOTING UTILISATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION (M&E) TO ENHANCE PROGRAMMING						
KASF Objective Strategic Direction	**KCASP Results**	**Key Activity**	**Indicators**	**Baseline & Source**	**Mid Term Target**	**End Term Target**
To improve data quality, demand, access and use of data for decision making at the County and National levels	M&E information hubs integrated at County level and providing comprehensive information package for decision making	Strengthen the County HIV M&E system	An integrated M&E information hub in place	0	1	1
	Increased utilization of strategic information to inform HIV response at all levels		% of implementing partners/ organisations reporting on HIV response utilization of strategic information in HIV response at all levels	60%	70%	100%

STRATEGIC DIRECTION 7: INCREASING DOMESTIC FINANCING FOR A SUSTAINABLE HIV RESPONSE						
KASF Objective Strategic Direction	KCASP Results	Key Activity	Indicators	Baseline & Source	Mid Term Target	End Term Target
Increase domestic financing of HIV response to 50%	Established County-driven domestic financing kitty for HIV response	Establish a County-driven domestic financing kitty for HIV response	County HIV response kitty established	0	1	1
	Increased county-driven domestic financing for HIV response to 40%		% of total HIV funding resourced domestically	18%		40%

STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF THE KERICHO COUNTY AIDS STRATEGIC PLAN RESULTS BY ALL SECTORS AND ACTORS						
KASF Objective Strategic Direction	**KCASP Results**	**Key Activity**	**Indicators**	**Baseline & Source**	**Mid Term Target**	**End Term Target**
Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response	Good governance practices and accountable leadership for HIV and AIDS response in the County	Establish and operationalize a Research Technical Working Group	A functional TWG in place	80% (HIV Guidelines/	80%	90%
		Enhance County ownership and engagement	Number of initiatives geared towards good governance and accountability	No data	3	5
	100% of HIV stakeholders in the County participating in quarterly stakeholder coordination forums.		Proportion of stakeholders participating in quarterly coordination forums	0	90%	100%

Annex 2: Expected Outputs

Recommended Actions	Geographic areas by County/ Sub- county	Target Population	Targets (Numbers)	Milestones (Years)					Responsibility
				Year 1	Year 2	Year 3	Year 4	Year 5	
SD 1: Reducing New HIV Infections									
Link those testing HIV positive to care and early ART initiation.	County	PLHIV	3890	3890					CASCO, PEPFAR, HANDS
Innovate culturally acceptable safe and early male circumcision before sexual debut.	County	Young boys	104,410	10, 441	25, 663	41,764	16, 101	10, 441	CASCO, HANDS, FOL
Offer gender based violence care services including PEP for survivors.	County	GBV survivors	No data						Dept. of Health (R.H), Police, DSDGO, Dept of Gender (C.G)
Provide key commodities including lubricants, condoms and other appropriate contraceptives to key and vulnerable populations.	County	K.Ps	No data						CASCO, R.H.C,
Scale up STI management in all health facilities.	All health facilities	STI patients	128, 905	12, 891	32, 228	51, 564	19, 331	12, 891	CASCO
Establish and maintain youth friendly centres in all major facilities and learning institutions.	Major health facilities and institutions	Youth	30	15	15				Dept. of Health and Youth DOS
Offer HTC to partners and families of all HIV positive clients.	County	Partners and families of PLHIV	90, 620	9062	22,655	36,248	13,594	9062	CASCO, PEPFAR, HANDS

Provide post exposure prophylaxis.	County	General population								CASCO, PEPFAR, HANDS
Integrate ANC,early infant diagnosis with immunization services.	County	HIV + pregnant and lactating	57	30	27					CRHC
Upscale ART uptake to all HIV+ pregnant, lactating mothers and infants.	County	Sites with MNCH	862	862						CDH, CASCO
Integrate EMTCT with MNCH services including beyond zero mobile clinic.	County	PLHIV	159	15	25	40	60	14		CNO, CRHO
Conduct targeted stigma reduction campaigns.	County	Key Populations	120	24	24	24	24	24		County First Lady , CSOs
Conduct regular outreaches to key populations.	County	School girls	720	144	144	144	144	144		CSOs, KYC, FOL
Implement cash transfer programs to keep girls in school (OVC).	County	Religious leaders								Dept. of Children CDFC CBC
Sensitize and engage religious leaders on key populations stigma reduction campaigns.	County	Workplaces	30	6	6	6	6	6		County Inter-Religious Council
Strengthen workplace protection policies.	County	General population	16	6	10					Relevant HR units
Scale up facility based PITC.	County	Community Units	779730	77973	194933	311892	116960	77973		CASCO
Strengthen community health units.	County		35	15	20					CASCO
Conduct and adapt stigma-free HIV prevention campaigns.	County	Universities a colleges	360	144	144	72				CCSFP,CHPO,CACCs
Undertake HIV prevention activities in all universities and middle level colleges.	County	General and special populations	300	60	60	60	60	60		COAC, MYWO, SEWO, IRC, NEPHAK, YOUTH BUNGE
Scale up the production of relevant IEC materials (frequency of production).	County		NEED BASED							DEAN

Recommended Actions	Geographic areas by County/ Sub- county	Target Population	Targets (Numbers)	Mile-stones (Years)					Responsibility
				Year 1	Year 2	Year 3	Year 4	Year 5	
SD 2: Improving Health Outcomes and Wellness of All People Living With HIV									
Strengthen facility and community linkages with inter- and intra- facility referral protocols and linkage strategies.	County	PLHIV	18, 124	18, 124					
Ensure the identified gaps in HIV prevention and treatment cascade are addressed immediately.	County	PLHIV	5375	5375					CDH
Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services.	County	Expectant mothers/ nursing infants	171	17	25	42	68	19	CDH, CASCO
Scale up integrated youth friendly services.	County	Youth (15-24)	16	6	10				CDH, CRHC
Utilize peer support and networks of adolescents living with HIV.	County	Adolescents [iving with HIV	2500	500	500	500	500	500	CRHC
Enhance peer mobilization strategies for recruitment, enrollment and retention in care and extend flexible timings for care.	County	Key and vulnerable populations	720	200	350	170			KYC
Integrate alcohol and drug dependence reduction strategies in care services.	County	Key and vulnerable populations	720	72	85	160	280	123	CDH

Recommended Actions	Geographic areas by County/ Sub- county	Target Population	Targets (Numbers)	Mile-stones (Years)					Responsibility
				Year 1	Year 2	Year 3	Year 4	Year 5	
Scale up prevention interventions for TB, OIs and other co-morbidities, water and sanitation related diseases, vaccinations for preventable diseases (cervical cancer, hepatitis, pneumococcal).	County	General population	152	15	22	45	60	10	CDH
Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies.	County	Relevant healthcare workers providing clinical care	964	96	145	241	386	96	CDH
Use integrated and decentralized HIV delivery models that increase access to care and treatment at community and other non-ART service points.	County	PLHIV	152	15	22	45	60	10	CSFP
Enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure interventions with full involvement of Civil Society and communities, especially PLHIV. Provide care givers with HIV education, literacy and empowerment.	County	PLHIV	152	15	22	45	60	10	CSFP
Integrate HIV care treatment into youth friendly services.	County	Youth	16	6	10				CRHC

Recommended Actions	Geographic areas by County/ Sub- county	Target Population	Targets (Numbers)	Mile-stones (Years)					Responsibility
				Year 1	Year 2	Year 3	Year 4	Year 5	
Standardize methodologies for disclosure by and to adolescents living with HIV.	County	Adolescents	0	1					CRHC
Scale up key population friendly HIV care and treatment services with peer mobilisation and support.	County	KPs	720	72	108	180	288	72	CASCO
Reduce HIV stigma and discrimination to increase access to care and treatment.	County	PLHIV	No data						CDH
Strengthen capacity to monitor quality of care and utilize care data for decision making.	County	HCWs	964	96	145	241	386	96	CDH
Continuous quality improvement initiatives through health worker training and use of electronic records management systems.	County	Healthcare workers	964	96	145	241	386	96	CDH
Strengthen supply systems and ensure continuous availability of quality HIV commodities at the point of service delivery.	County	Health facilities	152	50	72	30			CDH
Implement periodic monitoring for adherence and disclosure.	County	ART sites	30	30	30	30	30	30	CASCO
Strengthen laboratory networks.	County	Health facilities with Labs	79	15	25	59			CDH,CMLT

Recommended Actions	Geographic areas by County/ Sub- county	Target Population	Targets (Numbers)	Mile-stones (Years)					Responsibility
				Year 1	Year 2	Year 3	Year 4	Year 5	
Reduce turnaround time for results and feedback.	County	Health facilities with labs	79	50	29				CMLT
Use innovative mobile and web-based technology to increase adherence and follow up options (HIT SYSTEM, EMR).	County	PMTCT sites, ART sites	167	60	107				CDH
Scale up use of people living with HIV peer support strategies.	County	PLHIV	18. 124	1812	2719	4321	7448	1824	CHC, NEPHAK

Recommended Actions	Geographic areas by County/ Sub- county	Target Population	Targets (Numbers)	Milestones (Years)					Responsibility
				Year 1	Year 2	Year 3	Year 4	Year 5	
SD 3: Using Human Rights Approach to Facilitate Access to Services For PLHIV, KPs and other Priority Groups in All Sectors									
Promote uptake of HIV pre- and post-exposure prophylaxis among survivors of sexual violence and priority population.	County	SGBV survivors	550	550	550	550	550	550	CASCO
Integrate HIV information and encourage service uptake in religious settings.	County	Religious institutions	120	12	18	35	43	12	IRC
Male engagement in HIV, SRH programs and interventions and offer them services.	County	Male partners of women living with HIV and ANC clients	32, 899	3289	4935	8225	13, 161	3289	CRHC
Educate communities on gender and legal issues.	County	Communities	907,915	90, 791	136. 187	226. 982	36. 3164	90, 791	CDGSS
Sensitize lawmakers on the need to enact non-discriminatory regulations and services.	County	County Assembly members	47	47					CEC (HEALTH)
Conduct stigma index through PLHIV including in healthcare settings and communities.	County	PLHIV	18, 124	1812	2719	4321	7448	1824	CHC, NEPHAK
Empower communities and workplaces to ensure improved capacity and capability to take charge of their health.	County	Workplace and communities	16	6	10				CDH

Recommended Actions	Geographic areas by County/ Sub- county	Target Population	Targets (Numbers)	Mile-stones (Years)					Responsibility
				Year 1	Year 2	Year 3	Year 4	Year 5	
SD 4: Strengthening Integration of Health and Community Systems									
Staff recruitment to improve overall staff: population ratio	County	Healthcare workers	200		30	50	120		COH
Staff redistribution to ensure availability of appropriate competent skilled clinical personnel.	County	Healthcare workers	0	1					COH
Create incentives for health staff in terms of training, remunerations and other rewards.	County	Healthcare workers	0	2	3				COH
Develop and implement health staff retention policy that takes into account the additional HIV burden.	County	Healthcare workers	1						COH
Integration of HIV referral and linkage services into mainstream health services.	County	Health facilities	152	50	70	32			CDH
Empower communities and workplaces to ensure improved capacity and capability to take charge of their health.	County	Workplace and communities	16	6	10				CDH

Recommended Actions	Geographic areas by County/ Sub- county	Target Popu-lation	Targets (Numbers)	Mile-stones (Years)					Responsibility
				Year 1	Year 2	Year 3	Year 4	Year 5	
SD 5: Strengthening Research, and Innovation and Information Management to meet to Inform the KCASP Goals									
Strengthen and operationalize Kericho County Research TWG.	County	Research TWG	1	1					CEC
Conduct operational research in the County on various thematic areas of HIV.	County	Research stake-holders	5	2	3				PEPFAR/WRP
Conduct County dissemination forum of HIV research.	County	HIV stakeholders	20	4	4	4	4	4	PEPFAR/WRP
Strengthen County HIV research capacities including epidemiological surveillance, good laboratory, clinical practice and ethics.	County	Research stakeholders	75%	10%	15%	25%	40%	10%	PEPFAR/WRP

Recommended Actions	Geographic areas by County/ Sub-county	Target Population	Targets (Numbers)	Mile-stones (Years)					Responsibility
				Year 1	Year 2	Year 3	Year 4	Year 5	
SD 6: Promoting Utilization of Strategic Information for Research , Monitoring and Evaluation to Enhance Programming									
Conduct M&E capacity assessment and development in the County.	County	M&E system	1	1					CDH
Establish functional multi-sectoral HIV M&E coordination structure and partnerships at County and Subcounty level.	County	Implementing partners	0	1					CHC
Conduct periodic data quality audits, verification and support supervision.	County	Implementers	0	1					CHC
Procure and distribute reporting tools to health facilities on a timely basis.	County	Health facilities and partners	0						COH
Strengthen a County M&E Information Hub	County	County M&E dept	1	1					CDH, CHC

Recommended Actions	Geographic areas by County/ Sub-county	Target Population	Targets (Numbers)	Milestones (Years)					Responsibility
				Year 1	Year 2	Year 3	Year 4	Year 5	
SD 7: Increasing Domestic Financing for a Sustainable HIV Response									
Operationalize a committee (CHC) to lobby for County HIV fund kitty.	County	CECH, Lawmakers	1	1					CDH
Create strategic Public-Private Partnerships in support of HIV programmes in the County.	County	Governor , COAC	15	5	5	5			CEC Health, CHC
Develop a partnership accountability framework at County level to ensure alignment of resources to County HIV response priorities.	County	Stakeholders	0	1					CHC

Recommended Actions	Geographic areas by County/ Sub-county	Target Popu-lation	Targets (Numbers)	Mile-stones (Years)					Responsibility
				Year 1	Year 2	Year 3	Year 4	Year 5	
SD 8: Promoting Accountable Leadership for Delivery of the KCASP Results By All Sectors And Actors									
Conduct sensitization forum for County Assembly and the public to incorporate HIV activities during the public participation forum and the County budget process.	County	County Assembly, Public	5	1	1	1	1	1	CHC
Conduct advocacy meeting with the County leadership to build and sustain high-level political commitment in HIV response.	County	County leadership	5	1	1	1	1	1	CHC, CSOs
Develop policy briefs to strengthen good governance of County HIV response.	County	County leadership	20	4	4	4	4	4	CHC, CSOs
Mobilize and allocate adequate resources for HIV and AIDS response.	County	Public and Private iInstitutions	15	3	3	3	3	3	CHC, CSOs

Annex 3: M&E Plan

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
SD 1: Reduciung New HIV infections									
Link those testing HIV positive to care and early ART initiation.	Number of newly tested who are initiated on ART	Continuous	DHIS	3890	3890				
Implement strategies for early male circumcision.	Number of infants and young boys who are circumcised	Continuous	DHIS	696	69				71
Offer gender based violence care services including PEP for survivors.	Number of GBV survivors who are initiated to care including PEP	Continuous	DHIS	559	56	84	139	224	56
Provide key commodities including lubricants and condoms.	Number of commodities distributed (condoms and lubricants)	Continuous	DHIS	420,894	420,894	463, 788	510, 167	561, 184	617. 302
Scale up STI management in all health facilities.	Number of health facilities providing STI management	Continuous	MFL/DHIS	172	50	82	40		
Establish and maintain youth friendly centres in all major facilities	Number of youth centres established and maintained	Continuous	MFL/DHIS	16	6	10			
Offer age appropriate contraceptives and condoms.	Number of contraceptives and condoms distributed	Continuous	DHIS	446, 478	44648				
Offer HTC to partners and partners of all HIV positive clients.	Number of partners of HIV positive clients who undertake HIV test	Continuous	County HIV estimates	15800	1580	66,972	111, 620	178, 591	44, 647

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Integrate early infant diagnosis with immunization services.	Number of facilities with integrated early infant diagnosis and immunization services	Continuous	DHIS	57	57	2370	3650	6320	1880
Initiate ART to all HIV+ pregnant, lactating mothers and infants.	Number of pregnant, lactating mothers and infants initiated on ART	Continuous	DHIS	862	862				
Integrate EMTCT with MNCH services.	Number of facilities with integrated EMTCT and MNCH services	Continuous	DHIS	57	57				104
Conduct stigma reduction campaigns.	Number of stigma campaigns conducted	Quarterly	Program data	120	12	18	30	48	12
Conduct regular outreaches to key populations.	Number of outreaches conducted on KPs	Quarterly	Program data	104	114	125	137	151	166
Implement EBIs like sister to sister and healthy choices for a better future.	Number of EBIs implemented	Quarterly	Program data	No data	50	50	50	50	50
Implement cash transfer programs to keep girls in school.	Number of girls enrolled on cash transfer	Monthly	Program data	No data					
Sensitize and engage religious leaders on key populations stigma reduction campaigns.	Number of religious leaders sensitized on stigma reduction among KPs	Annually	Program data	0	120	120	120	120	120
Strengthen workplace protection policies.	Number of workplaces implementing workplace policies	Once	HR report	18	9	9			
Scale up facility based PITC.	Number of facilities offering PMTCT	Monthly	DHIS	172	17	26	43	69	17

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
SD 2: Improving Health Outcomes and Wellness of People Living with HIV									
Strengthen facility and community linkages with inter- and intra- facility referral protocols and linkage strategies.	Number of facility linked	Monthly	DHIS/ MCUL	34	34				
Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services.	Number of sites with integrated services	Monthly	DHIS/ MFL	171	17	25	42	68	19
Scale up integrated youth friendly services.	Number of facilities offering integrated youth friendly services	Monthly	DHIS/ MFL	16	6	10			
Utilize peer support and networks of adolescents living with HIV.	Number of adolescent support groups	Monthly	DHIS	2500	500	500	500	500	500
Enhance peer mobilization strategies for recruitment, enrollment and retention in care and extend flexible timings for care.	Number on KPs enrolled and retained	Monthly	Program data	720	200	350	170		
Integrate alcohol and drug dependence reduction strategies in care services.	Number of strategies with integrated alcohol and drug dependence strategies	Continuous	Program data	720	72	85	160	280	123
Provide screening and diagnostic equipment for TB, NCDs, malnutrition, opportunistic infections together with those for HIV.	Number of facilities offering	Continuous	DHIS/ Program data	152	15	22	45	60	10
Scale up prevention interventions for TB, OIs and other co-morbidities, water and sanitation related diseases, vaccinations for preventable diseases (cervical cancer, hepatitis, pneumococcal) .	Number of facilities with scaled up services	Monthly	DHIS/ MFL	152	15	22	45	60	10

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies.	Number of HCW trained on innovative methods and technologies	Continuous	Program data	964	96	145	241	386	96
Use integrated and decentralized HIV delivery models that increase access to care and treatment at community and other non-ART service points.	Number of community health units using decentralized HIV delivery models	Monthly	DHIS	152	15	22	45	60	10
Enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure interventions.	Number of PLHIV sensitized on treatment literacy and patient support	Quarterly	Program reports	152	15	22	45	60	10
Integrate HIV care treatment into youth friendly services.	Number of youth friendly centres with integrated HIV care and treatment services	Monthly	DHIS	16	6	10			
Scale up the Ministry of Education programme for HIV education and treatment literacy, adherence and retention.	Ministry of Education program on HIV education scaled up	Quarterly	Program reports	No data					
Standardize methodologies for disclosure by and to adolescents living with HIV.	Methodologies for disclosure by and to adolescents living with HIV	Monthly	DHIS	0	1				
Scale up key population friendly HIV care and treatment services with peer mobilization and support.	Key population friendly HIV care and treatment services with peer mobilization and	Monthly	Program reports	720	72	108	180	288	72
Reduce HIV stigma and discrimination to increase access to care and treatment.	Number of PLHIV accessing care and treatment	Monthly	DHIS	No data					

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Strengthen capacity to monitor quality of care and utilize care data for decision making.	Number of HIV programs informed by care data	Quarterly	Program reports	964	96	145	241	386	96
Continuous quality improvement initiatives through health worker training and use of electronic records management systems.	Number of HCWs trained on the use of electronic records management systems	Monthly	County Human Resource database	964	96	145	241	386	96
Strengthen supply systems and ensure continuous availability of quality HIV commodities at the point of service delivery.	Non stock outs of HIV commodities at the point of delivery	Monthly	LMIS	152	50	72	30		
Implement periodic monitoring for adherence and disclosure.	Number of monitoring for adherence and disclosure sessions held	Quarterly	Program reports	964	96	145	241	386	96
Put in place systems to assure quality and monitor adherence to laboratory protocols.	Number of systems put in place to assure quality and monitor adherence to laboratory protocols	Monthly	Laboratory QA/QC	79	15	25	59		
Reduce turnaround time for results and feedback.	Turnaround time for results and feedback reduced	Monthly	Laboratory QA/QC	79	15	25	59		
Use innovative mobile and web-based technology to increase adherence and follow up options (HIT SYSTEM, EMR).	Innovative mobile and web-based technology system developed to increase adherence and follow up options (HIT SYSTEM,EMR)	Monthly	EMR	167	60	107			

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
SD 3: Using a Human Rights Based Approach to Facilitate Access to Services									
Promote uptake of HIV pre and post-exposure prophylaxis among survivors of sexual violence and priority population.	Number of sexual violence survivors receiving Pre/PEP services	Monthly	DHIS	190	190	80	50	30	30
Integrate HIV information and encourage service uptake in religious settings.	Number of religious leaders involved in the fight against HIV	Monthly	DHIS	120	12	18	35	43	12
Male engagement in HIV, SRH programs and interventions and offer them services.	Number of males engaged in HIV, SRH programs and interventions	Monthly	Program reports	32899	3289	4935	8225	13161	3289
Educate communities on gender and legal issues.	Number of people sensitized on gender and legal issues	Quarterly	Program reports	907,915	90791	136187	226982	363164	90791
Sensitize lawmakers on the need to enact non-discriminatory regulations and services.	Number of non-discriminatory regulations and services developed	Quarterly	Program reports	47	47	82	40		
Conduct stigma index through PLHIV including in healthcare settings and communities.	Number of stigma index studies conducted through PLHIV in healthcare settings and communities	Annually	Program reports	18124	1812	2719	4321	7448	1824

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
SD 4: Strengthening Integration of Ccommunity and Health Systems									
Staff recruitment to improve overall staff: population ratio.	Number of new health staff recruited	Annually	County Human Resource Database	200		30	50	120	
Staff redistribution to ensure availability of appropriate competent skilled clinical personnel.	Number of skilled health staff redistributed	Annually	County Human Resource Database	0	1				
Create incentives for health staff in terms of training, remunerations and other rewards.	Incentives for health staff created	Annually	County Human Resource Database/ DHIS	0	2	3			
Develop and implement health staff retention policy that takes into account the additional HIV burden.	Health staff retention policy developed and implemented	Annually	Program reports	1					
Integration of HIV referral and linkage services into mainstream health services.	Number of health facilities with integrated HIV into mainstream heath services	Monthly	DHIS	152	50	70	32		
Empower communities and workplaces to ensure improved capacity and capability to take charge of their health.	Number of communities and workplaces involved in healthcare programs	Quarterly	DHIS	16	6	10			

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
SD 5: Strengthening Research Innovation and Information Management to meet KCASP Goals									
Strengthen and operationalize Kericho County research TWG.	Kericho County TWG strengthened	Once	Program report	0	1				
Conduct operational research in the County on various thematic areas of HIV.	Operational research on various thematic HIV areas conducted	Annually	Program report	0	1	1	1	1	1
Conduct County dissemination forum of HIV research	Number of HIV research dissemination fora conducted in the County	Annually	County Human Resource Database/ DHIS	0	2	3			
	Health staff retention policy developed and implemented	Annually	Program reports	1					
Strengthen County HIV research capacities including epidemiological surveillance, good laboratory, clinical practice and ethics.	Number of trainings on operational research	Yearly	Program reports	5	1	1	1	1	1

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
SD 6: Promoting Utilization of Strategic Information for Research and Monitoring and Evaluation to Enhance Programming									
Conduct M&E capacity assessment and development in the County	Number of County staff trained on M&E	Yearly	Program reports	1	1				
Establish functional multi-sectoral HIV M&E coordination structure and partnerships at County and Sub-county level.	M&E coordination structures established	Once	Program reports	0	1				
Conduct periodic data quality audits, verification and support supervision.	Number of data quality audits supervision conducted	Quarterly	Program reports	120	24	24	24	24	24
Procure and distribute reporting tools to health facilities on a timely basis.	Number of reporting tools procured and distributed	Annually	Program reports	5	1	1	1	1	1
Create a County M&E information hub	M&E information hub established	Once	Program report	1	1				

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
SD 7: Increasing Domestic Financing for a Sustainable HIV Response									
Establish and maintain a committee to lobby for the County HIV fund kitty.	County HIV fund kitty committee established	Once	Program reports	0	1				
Strengthen stakeholders forum for efficient coordination of the HIV program.	Number of stakeholder fora held	Quarterly	Program reports	20	4	4	4	4	4
Prepare a Bill to establish a County HIV Response Fund.	County Bill prepared	Once	Program reports	0	1				
Create strategic Public-Private Partnerships in support of HIV programs in the County.	Number of MOUs for PPP established	Yearly	Program reports	0	1	1	1	1	1
Develop a partnership accountability framework at the County level to ensure alignment of resources to County HIV response priorities.	County accountability partnership framework established	Once	Program reports	0	1				

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
SD 8: Promoting Accountable Leadership for Delivery of the KNCASP Results by All Sectors and Actor									
Conduct a sensitization forum for County Assembly and the public to incorporate HIV activities during the public participation forum and during the County budget process.	Number of sensitization meetings held targeting County Assembly members	Annually	Program reports	5		1	1	1	1
Conduct advocacy meetings with the County leadership to build and sustain high-level political commitment in HIV response.	Number of targeted advocacy meetings held	Quarterly	MoH HMIS	5	1	1	1	1	1
Develop policy briefs to strengthen good governance of County HIV response.	Number of policy briefs developed towards good governance of HIV response	Yearly	MoH HMIS	20	4	4	4	4	4
Mobilize and allocate adequate resources for HIV and AIDS response.	Proportion of County HIV response resources mobilized			15	3	3	3	3	3

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Annex 5: List of Drafting and Technical Review Teams

County Drafting Team

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3. Hillary Ngetich - NACC
4. Joyce Dallu –Jomo Kenyatta Foundation
5. Dennis Marwanga – NACC
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