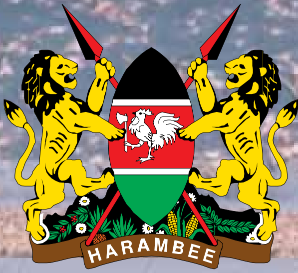

BARINGO COUNTY HIV AND AIDS STRATEGIC PLAN

(BCASP 2015 – 2019)

maisha!

NATIONAL AIDS CONTROL COUNCIL

BARINGO COUNTY

HIV AND AIDS STRATEGIC PLAN

(BCASP 2015 – 2019)

Re-orienting HIV and AIDS response in a devolved system of government

Location of Baringo County

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Acronyms and Abbreviations

AAC	Area Advisory Council
ACU	AIDS Control Unit
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
ANC	Antenatal Clinic
ART	Anti-Retroviral Treatment/Therapy
ARV	Anti-Retroviral Drugs
BCASP	Baringo County Aids Strategic Plan
BCC	Behaviour Change Communication
BCG	Baringo County Government
CACC	County AIDS Coordinating Committee
CASCO	County AIDS & STI Coordinating Officer
CBO	Community-Based Organization
CCC	Comprehensive Care Clinic
CDH	County Department of Health
CD4	Cluster of Differentiation (4)
CEC	County Executive Committee
COBPAR	Community-Based Participation Reports
CHAs	Community Health Assistants
CHVs	Community Health Volunteers
CSO	Civil Society Organization
CU	Community Units
DACCs	District AIDS Control Councils
DHIS	District Health Information System
DICs	Drop-In Centres
DTC	District Technical Committee
EBI	Evidence-Based Intervention
e-MTCT	Elimination of Mother-to-Child Transmission
FBOs	Faith-Based Organizations
FBP	Food By Prescription
FGM	Female Genital Mutilation
FSW	Female Sex worker
GBV	Gender-Based Violence
HBC	Home-Based Care
HBTC	Home-Based Testing and Counseling
HCBC	Home and Community-Based Care
HCW	Healthcare Worker
HIV	Human Immuno-deficiency Virus
HMIS	Health management Information System
HRBA	Human Rights-Based Approach
HRIO	Health Records and Information Officer
HTC	HIV testing and Counselling
HTS	HIV Testing Services
ICC	Inter-Coordinating Committee
IEC	Information, Education and Communication
IGA	Income Generating Activities
KAIS	Kenya AIDS Indicators Survey
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic and Health Survey
KEMRI	Kenya Medical Research Institute
KNBS	Kenya National Bureaus of Statistics
M & E	Monitoring and Evaluation
MCA	Member of County Assembly
NACADA	National Agency for Control of Alcohol and Drug Abuse
NACC	National AIDS Control Council
NASCOP	National AIDS & Sexually Transmitted Infection Control Programme
NEPHAK	National Empowerment Network of People living with HIV/AIDS in Kenya

NGO	Non -Governmental Organization
NPLHS	Network of People Living with HIV and AIDS
OVC	Orphaned and Vulnerable Children
PACCs	Provincial AIDS Control Councils
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PwD	Persons with Disabilities
PwP	Prevention with Positives
SCACC	Sub-County AIDS Coordinating Committee
SRH	Sexual and Reproductive Health
STI	Sexually-Transmitted Infections
TWG	Technical Working Group
USAID	United States Agency for International Development
VMMC	Voluntary Male Medical Circumcision

Foreword

Baringo County is categorized as a low HIV-burden county with a HIV prevalence of 3%. However, HIV and AIDS still contribute to high morbidity and mortality hence burdening households and straining the County health systems.

Baringo County AIDS Strategic Plan (BCASP) which is aligned to the Kenya AIDS Strategic Framework (KASF) seeks to address HIV response. It also acknowledges the critical role of a multi-sectorial approach in responding to HIV and the various roles and expected actions outlined for each of the actors.

In Baringo, the response in HIV interventions is led by a multi-sectoral County HIV Coordinating Committee (HCC) and it seeks to bring together all the stakeholders and actors. At the national level, coordination and governance is spearheaded by the National AIDS Control Council (NACC).

This strategic plan emphasizes on leadership in the HIV response and effective prioritization and comprehensive interventions in the County. The Strategic plan outlines innovative ways of mobilizing resources, increasing access to universal healthcare for those living with HIV and ultimately to reduce the County's burden for HIV prevention and treatment. These resources will be mobilized from within and outside the County.

Various departments in the County Government shall progressively increase budgetary allocation and resource mobilization in the County. Therefore, the County Government of Baringo is committed to facilitating achievement of the results outlined in this strategic plan.

H.E. Benjamin Cheboi
Governor, Baringo County

This strategic plan emphasizes on leadership in the HIV response and effective prioritization and comprehensive interventions in the County.

Preface

Baringo County AIDS Strategic Plan (BCASP) 2015 - 2019 marks a milestone in the County's response to HIV and AIDS. In developing this strategic plan, the County has taken cognizance of the new governance structure that envisages a strategic, effective and sustainable response. This requires that all actors take cognizance of the paradigm shift brought about by the social, behavioural, cultural, biomedical, scientific and technological development that will influence the progress in HIV prevention, treatment and impact mitigation.

In line with the Kenya AIDS Strategic Framework (KASF), the main objectives of the County in the next five years include the following:

1. Reduce new HIV infections by 75%.
2. Reduce AIDS-related mortality by 25%.
3. Reduce HIV-related stigma and discrimination by 50%.
4. Increase County financing of the HIV response to 50%.

By working together, we can realize strengthened, effective and sustained response in HIV interventions and a county free of HIV infections, stigma and AIDS-related deaths.

Dr. Andrew Kwonyike
County Executive Committee Member,
Department of Health Services

Acknowledgements

It is with delight that we launch the Baringo County AIDS Strategic Plan (BCASP) 2015 – 2019 which provides the direction for responding to HIV and AIDS in the County, taking cognizance of the devolved system of governance. This will also provide leadership to guide all the stakeholders in HIV programming in the County and it draws lessons learnt from previous approaches that provide an opportunity to design and implement HIV programmes that will enable the County to achieve the set goals and objectives.

In particular, we thank the NACC for their engagement, support and consultations. We thank the County leadership; Office of the Governor, County Secretary, County Executive Committee Member for Health and the Chief Officer for Health for their support. We also thank the Office of Baringo County First Lady for her unwavering effort in resource mobilization and support in the overall HIV response initiative by all the counties First Ladies.

We also extend our gratitude to the County AIDS Coordinating Committee (CACC), the County AIDS & STI Coordinator (CASCO), FBOs, PLHIV, CBOs, drafting and technical teams among other development partners. The County HIV Coordinating Committee is committed to strengthening, coordination and collaboration to facilitate delivery of a successful HIV response.

Mr Richard Koech
Chief Officer, Department of Health Services

Executive Summary

BCASP 2015 -– 2019 is a strategic guide for the County's HIV response which is aligned to the national policies and guidelines.

The plan leverages on evidence and results-based multi-sectoral approach. It also mainstreams gender and human rights in all aspects of response planning and service delivery.

This plan provides strategic policy planning and implementation guidance and leadership for a coordinated multi-sectoral response to HIV in the County.

The plan is aligned to the "Three Ones" principle – one strategic plan, one coordinating body, one M&E framework - that guide the country's authorities and their partners and investment case approach with emphasis on geographical areas, population and intervention prioritization, feasibility and sustainability for impact. Moreover, BCASP is aligned with the national and international obligations, commitments and targets related to HIV and AIDS.

VISION

A county free of new HIV infections, stigma and AIDS-related deaths.

MISSION

To reduce HIV transmission and mitigate its impact in Baringo County

CORE VALUES

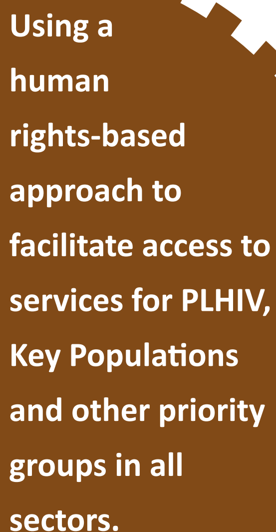
Inclusiveness, diversity, innovativeness, caring and accountability.

OBJECTIVES

1. Reduce new HIV infections by 75%.
2. Reduce AIDS-related mortality by 25%.
3. Reduce HIV-related stigma and discrimination by 50%.
4. Increase domestic financing of the HIV response to 50%.

The **Strategic Directions** for BCASP 2015 – 2019 are as follows:

1. Reducing new HIV infections.
2. Improving health outcomes and wellness of all people living with HIV and AIDS.
3. Using a human rights-based approach to facilitate access to services for PLHIV, Key Populations and other priority groups in all sectors.
4. Strengthening integration of health and community systems.
5. Strengthening research and innovation to inform BCASP goals.
6. Promoting utilization of strategic information for research and monitoring and evaluation to enhance programming.
7. Increasing County financing for a sustainable HIV response.
8. Promoting accountable leadership for delivery of the BCASP results by all sectors and actors.



Using a human rights-based approach to facilitate access to services for PLHIV, Key Populations and other priority groups in all sectors.

Chapter 1

Background information on Baringo County

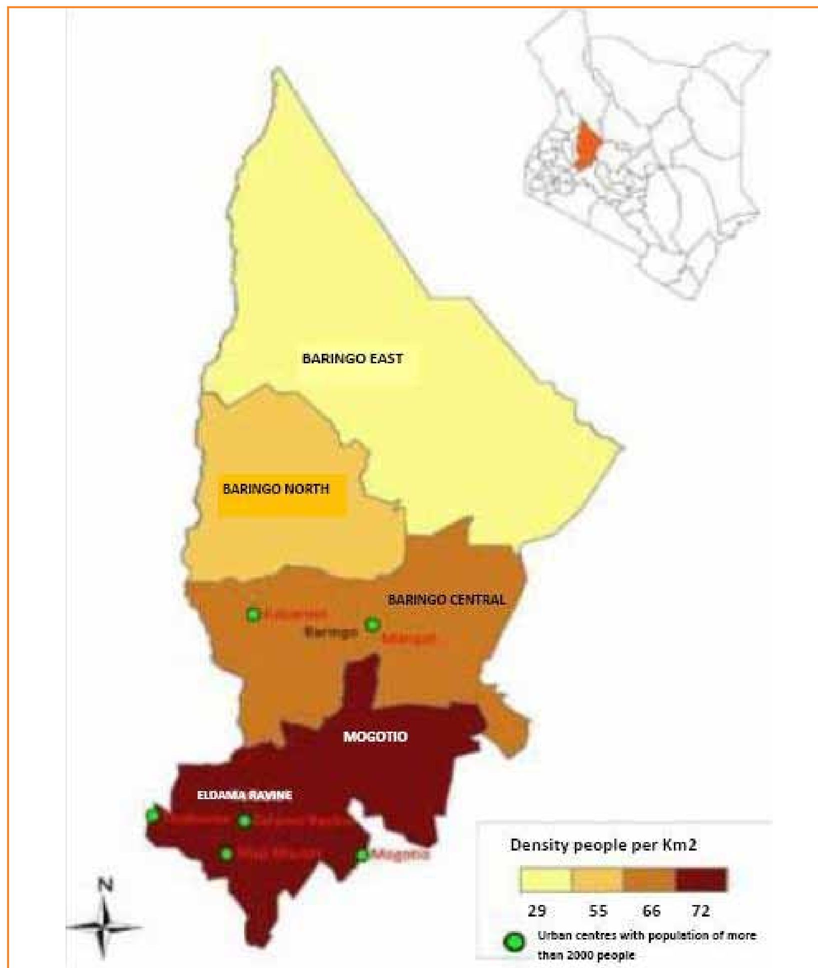
Baringo County is one of the 47 counties created through the devolved system of government by the Constitution of Kenya 2010. The county has a diverse background comprising urban and rural set-ups as well as a rich ethnic and cultural diversity composition with the dominant ethnic groups being the Pokots, Tugens, Endorois and Ilchamus. Pokots and Tugens are linguistically related groups of the larger Kalenjin tribe (*www.Kenya-information-guide*).

1.1 Location

Baringo County is located in the former Rift Valley Province and has an estimated area of 11,015.3 Km^2 with 165 Km^2 covered by surface water. The County borders eight counties, namely: Elgeyo Marakwet to the West, Turkana to the North and North East, West Pokot to the North West, Samburu and Laikipia to the East, Nakuru County to the South, and Kericho and Uasin Gishu to the South West (*www.Kenya-information-guide*).

The County has six constituencies, namely; Baringo Central, Baringo North, Baringo South, Mogotio, Eldama Ravine and Tiaty, Each is represented by a Member of Parliament. The County has 30 Wards each represented by elected Members of the County Assemblies (*www.Kenya-information-guide*).

The County HIV Coordinating Committee is committed to strengthening, coordination and collaboration to facilitate delivery of a successful HIV response.



Source: Kenya Mpya, 2012

Figure 1.1: Map of Baringo County

1.2 Demographic Information

Baringo County is home to 632,588 people (male - 50% and female - 50%), according to the 2009 National Census. These communities mainly keep livestock, although the people living in highlands usually practise subsistence farming - mainly growing maize and beans. Other communities living in Baringo County include Turkana, Kikuyu, Meru, Luhyia, Kamba and Luo. Most of these people live in Baringo's urban centres and most of them are engaged in business or are in formal/ informal employment (*KNBS, 2009*).

These communities mainly keep livestock, although the people living in highlands usually practise subsistence farming - mainly growing maize and beans.

1.3 Economic Activities

Agriculture is the backbone of the economy of Baringo County. In the highlands, cash crop farming of coffee and cotton is the main economic activity, although food crops such as maize and beans are also grown. In the lowlands, livestock keeping is carried out to supplement crop farming. Animals kept include cattle, goats, sheep and camels. Bee keeping and aloe vera plant cultivation are the emerging economic activities in Baringo County. These products are processed locally, with the aloe vera factory in Koriema being the only one in Kenya. Tourism is a major income generating activity in Baringo due to many tourist attractions located within the County. Attractions such as Lakes Baringo and Bogoria draw many domestic and foreign tourists, thereby earning the County good revenue (www.Kenya-information-guide).

1.4 Religion and Traditional Culture

Christianity is the major religion in the County, although there is a small number of residents who still adhere to traditional beliefs. The people of Baringo speak the Kalenjin language, specifically Tugen. Most speak Kiswahili and English too. Traditionally, the people of Baringo believed in a god called *Asis*, who is represented in the form of the sun. Today, most Kalenjins have abandoned their traditional beliefs for Christianity. Popular Christian denominations in Baringo include the African Inland Church (AIC), Roman Catholic and the Anglican Church of Kenya (ACK). Other religions such as Islam, Hinduism also exist but are mainly subscribed to by foreigners (www.Kenya-information-guide).

Livestock, especially cattle, is an important feature of the Baringo culture. It is a major source of wealth and serves as a form of traditional currency used to negotiate for wives and dowry payment. As such, it is common for the Pokot people and other ethnic groups to raid their neighbouring communities - especially the Turkana - to enlarge their herds. Among the Kalenjins, men are traditionally responsible for looking after livestock and protecting their families from external aggressors. Women are tasked with taking care of children, working in the farm and performing domestic duties such as cooking and fetching water. Children usually look after goats and sheep, but in the modern lifestyle, most of them attend school and have attained formal education (*www.Kenya-information-guide*).

Traditionally, the people of Baringo believed in a god called *Asis*, who is represented in the form of the sun.

Chapter 2

Situational Analysis

2.1 HIV Epidemiology

Kenya has the fourth highest HIV burden globally with a prevalence of 5.6% and an estimated 1.6 million Kenyans living with HIV by 2014 (KAIS, 2012). Baringo County is a low HIV and AIDS-burden County with a prevalence of 3% with males at 2.6% and females at 4.3%. The estimated population living with HIV is 10,553 as at the end of 2014. There are 9,200 adults and 1,353 children living with HIV. There are 575 pregnant and breast feeding mothers living with HIV. The County is rated 13th in terms of the total number of People Living with HIV (PLHIV) and 20th in annual new adult HIV infections rate, out of 47 counties in Kenya (*Kenya HIV County Profiles, 2014*).

Table 2.1: HIV and AIDS burden in Baringo County

Indicator	No / %
Total Population (2013)	632,588
HIV adult prevalence (overall)	3.0%
HIV prevalence among women	4.3%
HIV prevalence among men	2.6%
Number of adults living with HIV	9,200
Number of children living with HIV	1,353
Total number of people living with HIV	10,553
New HIV infections	764
AIDS-related deaths	666
% of people never tested for HIV by 2009	73%
% of HIV positive pregnant women who do not deliver in a health facility	38%
Women receiving PMTCT	70%
Pregnant women attending recommended antenatal clinics	41%

(Source: Kenya HIV County Profiles, 2014)

There exists HIV and AIDS hotspots in the County such as Marigat Township, Mogotio Township, Timboroa, Eldama Ravine and Kabarnet town due to some activities that promote new infection including commercial sex workers among other factors.

There exist some potential hotspots in the County such as East Pokot and Marigat due to some cultural practices including widow inheritance and Female Genital Mutilation (FGM). This is further aggravated by migrant labour and livestock traders. There is also high level of stigma.

2.2 HIV Treatment in the County

It is worth noting that the County has an adequate number of health facilities (187). However, not all are able to provide comprehensive HIV-related services. There are 36 ART care and treatment sites and 96 PMTCT sites in the County. The number of people accessing ART care and treatment are 200 adolescents, 2406 adults and 345 children (*Kenya HIV County Profiles, 2014*).

Table 2.2: Baringo County HIV treatment access annually

Indicator	Number / %
Adults in need of ART	4,498
Adults receiving ART	2,406
County ART adult coverage	53%
County ranking of ART coverage among adults*	33
Children in need of ART	954
Children receiving ART	345
Adolescence receiving ART	200
County ART children coverage	36%
National ART children coverage	42%
County ranking of ART coverage among children	26

**In this ART coverage ranking, the county with the highest coverage is position 1 while the county with lowest coverage is 47.*

(Source: Estimation and Projection Package)

2.3 HIV/TB Co-infection

HIV/TB co-infection is a concern in the County because there has been an increase in the co-infection rate for the last four years. This could be attributed to delay in HIV diagnosis, poor adherence to ART, better reporting and integration among other factors. The co-infection rates are as shown below.

Table 2.3 HIV/TB co-infection rates in Baringo County

Year	Tested	HIV+ and TB+	Co-infection rate
2015	564	159	28%
2014	528	130	24%
2013	573	143	24%
2012	624	150	24%

(Source: National Tuberculosis and Leprosy Programme (NTLD), 2016)

2.4 Nutritional Status in the County

Baringo County has 29.5% of children under the age of five years who are stunted in growth, 20.1% are underweight and 6.9% are wasted. So far there is little or no improvement of nutritional status in Baringo (Baringo Department of Health Services, 2015). An estimated 23,000 children are stunted, which is a serious national and county development concern as these children will never reach their full physical and mental potential (*KDHS 2014*). In addition, the proportion of wasted and underweight children is negatively correlated with the level of education, health and nutrition status of the mother. The County has a high stunting level 29.5%, while one sub-county, East Pokot, has 34%. This is a serious concern given that about 1,353 (12% of the total number of PLHIV) children are living with HIV and these need nutritional supplements as an intervention to improve their health wellness (*Kenya HIV County Profiles, 2014*).

2.5 Drivers of HIV Epidemic in the County

The modes of HIV transmission in Baringo are primarily heterosexual and mother-to-child transmission. The most predisposing factors include the following:

- Livestock trading which is the buying and selling of livestock at designated market points often involves spending days away from home and engaging in illicit sex and moving from market to market.
- Migrant labour working in flower firms, sisal farms, irrigation farms and geothermal plant involves workers staying away from their families for long periods of time thus exposing them to sex with fellow workers and the host community.
- Military personnel undergo field training for long periods away from their families and engage in sex with sex workers who track them, school children and the host community.
- Tourists who come to view sceneries at lakes Bogoria, Baringo, 94 and Kamnarok National Reserve, and cultural festivities sometimes engage in sex with the community members in the process.
- Early sexual debut among adolescents compounded by poor social life skills.
- Tertiary learning institutions such as Kenya Medical Training College, teachers training college and the universities where students

engage in misuse of alcohol, high turnover of sex partners and unprotected sex.

- Retrogressive cultural practices such as FGM, polygamy and early marriages.
- Trans-generational relationships which involve older men with young girls, due to poverty, expose them to multiple-partner sex cycles which can lead to HIV infection.
- Informal settlements in Kambi Turkana in Marigat, Bondeni and Shauri in Ravine and Kaptimbor in Kabarnet have porous social boundaries leading to illicit sex, resulting in exposure to HIV in some cases.
- A large proportion of the population does not know its HIV status, is asymptomatic and sexually active.
- Stopovers for highway truck drivers in Timboroa, Makutano and Equator lead to their engaging in unprotected sex with the members of the local community, thereby exposing them to the risk of contracting the disease since the drivers are a vulnerable group.

2.6 HIV Policy, Coordination and Financing in the County

The national HIV and AIDS response has evolved over time in planning, coordination and policy formulation. The NACC provides policy and a strategy for mobilizing and coordinating resources for the multi-sectoral HIV response in Kenya.

The first Kenya National AIDS Strategic Plan 2000 – 2005 was developed to guide the implementation of all HIV and AIDS activities by different stakeholders. The activities were coordinated by Provincial AIDS Control Councils (PACCs) and District AIDS Control Committees (DACCs). The Kenya National AIDS Strategic Plans II and III were developed covering up to the year 2013. In cognizance of the promulgation of the current Constitution and structures of governance in 2010, the Kenya AIDS Strategic Framework (KASF) was developed to guide response at national and county levels.

Baringo County HIV and AIDS response activities were under the leadership of the defunct District Technical Committee (DTC) chaired by District Commissioner, four Constituency AIDS Committees (CACCs) patronized by the area Member of Parliament and technically supported by the District AIDS and STI Coordinators.

Financing of HIV and AIDS control activities in Baringo has mainly been from the central government through the NACC for community-based activities, the Ministry of Health (MoH) through National AIDS and STI Control Programme (NASCOP) for commodities (HIV testing kits, condoms and medicines), technical support through capacity building and human resources, that has since been taken over by the county governments. NGOs and community-based organizations (CBOs) have also been active in the County through donor-funded projects in different locations of the County. Such partners include USAID through APHIA Plus, World Vision, AMREF, Christian Child Fund (CCF), Action Aid, Mother Child Survival Programme (MCSP) and Dandelion Africa.

The County Government is now supporting HIV and AIDS control services as an integrated health service. This is done through allocation of 1% of each department's funds to HIV response. However, these funds are not consolidated in one pool for a more harmonized HIV response.

2.7 Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

In developing this strategy, a SWOT analysis was undertaken. This was meant to examine the status of the past HIV and AIDS response in the County in order to develop more responsive strategies or interventions.

2.7.1 Strengths

The implementing partners can assist with resource mobilization, capacity building of staff, employing staff, providing reporting tools, supporting PLHIV networks, purchase of equipment and commodities. Trained personnel are available to offer health services. There are also standard policies and guidelines in place, developed nationally. There is also an M&E system from the facility to the sub-county to the county level (DHIS).

2.7.2 Weaknesses

The County experiences a perennial shortage of health personnel. Apart from their core functions, they are also tasked with other roles and responsibilities that overburden them; thus not enabling them to provide comprehensive HIV services at the same time. The vastness and terrain of the County, coupled with poor health seeking behaviour hinder access and utilization of health services. Shortage of consistent and quality data hampers programme planning and implementation.

2.7.3 Opportunities

There is a presence of supportive partners and stakeholders. There are investment opportunities in the County that make her attractive for investors who can be engaged to support the HIV response. The community is receptive and willing to engage in HIV response-related activities. PLHIV on care and treatment can be engaged in sensitization activities and psychosocial support, which helps to address stigma-related issues. The commitment of the leadership of the County can be tapped in order to prioritize resource allocation towards the HIV response. Devolution as provided in the Constitution provides for public participation. The community can therefore actively participate in advocacy, sensitization, implementation and evaluation of HIV programming.

2.7.4 Threats

Perennial insecurity in the County, which revolves around cattle rustling, causes displacement, closure of health facilities (making them inaccessible) and gender-based violence (GBV). The vastness and terrain of the County, coupled with poor health-seeking behaviour hinders access and utilization of health services. Gender inequality leads to GBV which contributes to poor health-seeking behaviour for survivors of violence. It also affects disclosure of HIV status, especially among young girls and women. Stigma hinders the uptake of HIV testing and counselling and safer sex practices. It prevents PLHIVs from seeking health services and disclosure. It also prevents optimal retention in ART care. Food insecurity affects the outcomes of HIV care. Nomadism affects retention into care. Retrogressive cultural practices such as FGM, polygamy and early marriages are a threat to

Chapter

3

HIV control.

Rationale, Strategic Plan Development Process and the Guiding Principles

3.1 Rationale

The purpose of BCASP is to align HIV and AIDS response with the devolved systems of leadership and governance. Health is one such function that was devolved and this meant that counties need to take more responsibilities in HIV prevention and treatment among other disease burdens. This was in order to develop a progressive and sustainable county response to HIV that is in line with the national and World Health Organization guidelines.

It is with this in mind that the Kenya AIDS Strategic Framework (KASF) 2014/2015 – 2018/2019 was developed and the function of each level of government outlined. Subsequent dissemination and roll out of the KASF to the counties has provided a guideline for devolved units to develop their own specific HIV strategic plans based on the national framework. It is on this basis that Baringo County has developed its own strategic plan to suit the local context.

HIV and AIDS response activities have been on-going in the County and there are systems and structures in place to coordinate the efforts of HIV response, but the development of this BCASP provides an opportunity for the County to assess the activities undertaken in the past to determine and uphold the strengths, review the weaknesses, and seize the available opportunities while recognizing the threats to be addressed by the programme. It will also provide a critical time to establish and re-orient its structure and operations within the devolved system of government.

In the past, implementing partners have been designing and implementing parallel activities which are not in line with the County's priorities and needs. The BCASP therefore seeks to harmonize the activities of the various implementing partners.

3.2 Process of Developing the HIV plan

The plan was developed through a situational analysis of DHIS data and a highly participatory process involving a wide range of stakeholders from the County Government, civil society including NGOs; faith-based organizations (FBOs), networks of people living with HIV, the private sector and development partners in Baringo County. Consultations were done at the sub-county, county and national level leading to the development of the BCASP.

The process of developing the BCASP commenced after the NACC held a KASF dissemination meeting at the Keelu Resort, Iten on the 24th and 25th June, 2015. During the meeting, guidelines for developing the county-specific strategic plan were disseminated and a technical team was formed to spearhead the drafting of the strategic plan.

The dissemination meeting was followed by the technical team's retreat at Kenya School of Government (KSG), Kabarnet. This was supported by the NACC and held on the 7th to 11th December, 2015 where the technical team developed the first draft of the document. This was compiled and circulated to all the members of the technical team for review by the lead facilitator and volunteer.

The second technical team retreat supported by the NACC was held from the 7th to 11th March 2016 at KSG, Kabarnet. During the retreat the team reviewed the 1st draft in plenary. Editing was done and changes made, giving rise to a more polished second draft that was forwarded to NACC for peer review. Comments were received and the final, that is 3rd draft was completed ready for validation among a wider group of stakeholders in the County.

The validation of the BCASP was held on the 25th April, 2016 at the KSG, Kabarnet, where the drafting team, stakeholders and technical support team reviewed the document further. The team noticed that the plan had captured the majority of the critical HIV and AIDS issues in Baringo County. The plan was unanimously validated with a few amendments and recommendations which were incorporated by the technical team and verified by the drafting team, together with the stakeholders.

3.3 Guiding Principles

1. **Cross-county and inter-county HIV response** – the BCASP will target to provide services for residents who cross the different counties. This will call for inter-county collaboration in areas providing HIV services.
2. **Efficient and effective HIV and AIDS response practices** – the HIV programme will scale up and strengthen the implementation of best practices in HIV intervention that include:
   a) Kenya Mentor Mothers Programme
   b) Formation of more support groups for PLHIV
   c) Education For Life Programme in and out of school
   d) Vocational training and youth resource centres.
3. **Evidence-based programming** – the M&E systems in the County need to be strengthened so as to give on-time information for informed

decision making. Operational research shall also be conducted during programming for validation of the outcomes.

4. **Governance and leadership in HIV and AIDS response** – the HIV and AIDS programme shall leverage on the devolved system of governance whereby the County Government shall provide accountable governance and leadership in implementing the BCASP.

5. **HIV response as an integral part of development** – BCASP shall inform the development partners and investors on the responsibility vested upon them in the HIV programming response in the County. The County HIV coordinating committee shall be tasked with ensuring that the policy is adopted and complied with.

6. **Integrated HIV response** – integration of services is key in realization of the BCASP objectives. This should be integrated in all programmes such as TB, Reproductive Health and MNCH among others.

7. **Multi-faceted HIV and AIDS response approach** – considering the diversity in the social cultural background and the County's infrastructural development, this document envisages that target population's specific needs are considered in the HIV and AIDS response programming.

8. **Multi-sector HIV and AIDS response** – the HIV response programme shall have an all-inclusive approach where line ministries and departments and other stakeholders mainstream their planning, prioritization and implementation into BCASP.

9. **Prioritization of the rural areas** – BCASP shall seek to increase access and uptake of HIV services in the rural areas, taking into consideration the social cultural practices and the health-seeking behaviours.

Chapter

4

Vision, Mission, Core Values, Objectives and Strategic Directions of the BCASP

4.1 VISION

A County free of new HIV infections, stigma and AIDS-related deaths.

4.2 MISSION

To reduce HIV transmission and mitigate its impact in Baringo County

4.3 CORE VALUES

Inclusiveness, diversity, innovativeness, caring and accountability.

4.4 OBJECTIVES

1. Reduce new HIV infections by 75%.
2. Reduce AIDS-related mortality by 25%.
3. Reduce HIV-related stigma and discrimination by 50%.
4. Increase domestic financing of the HIV response to 50%.

The county has outlined its vision, mission, core values and objectives building on the Baringo Health Sector Strategic and Integrated Plan and guided by the KASF.

Table 4.1: Strategic directions to be used in HIV and AIDS response

1 SD 1: Reducing new HIV infections	2 SD 2: Improving health outcomes and well-being of all people living with HIV	3 SD 3: Using a human rights-based approach to facilitate services for PLHIV, key populations and other priority groups in all sectors
4 SD 4: Strengthening integration of health services and community systems	5 SD 5: Strengthening research and innovation to inform the Baringo HIV Strategic Plan	6 SD 6: Promoting the utilization of strategic information for research, monitoring and evaluation to enhance programming
7 SD 6: Promoting the utilization of strategic information for research, monitoring and evaluation to enhance programming	8 SD 8: Promoting accountable leadership for delivery of the Baringo County HIV Strategic Plan	

4.4.1 Specific Objectives

1. Reduce new HIV infections from 764 to 259 by 2019.
2. Reduce AIDS-related deaths from 666 to 499 by 2019.
3. Reduce HIV-related stigma and discrimination from 43% to 22% by 2019.
4. Increased domestic funding for County HIV programming through departmental allocations from 1% to 50% and establish HIV kitty.
5. Increase data quality audit from yearly to quarterly by 2019.
6. Reduce wasting rates in children from 6.9% to 5% by 2019.
7. Reduce HIV/TB co-infection from 28% to 20% by 2019.

4.5 Strategic Directions

Strategic Direction 1: Reducing new HIV infections

Baringo County is categorized as a low HIV-burden county with 796 new HIV infections reported annually, and is currently ranked at position 17 nationally with the highest-burden county ranked position 47. The mode of transmission is primarily heterosexual and mother-to-child transmission. Further, 59% of pregnant and breast feeding mothers and 46% of HIV-infected adults are not enrolled in care and treatment thus further escalating new HIV infections (*HIV Estimates, NASCOP, 2014*).

Table 4.2: Vulnerable populations possible for contribution to new HIV infection in Baringo County

Group	Location	Profile
Marginalized	Around the lakes, on the hills, insecurity zones	Low knowledge levels of HIV prevention, remoteness of some areas
Adolescents 15 - 24 years (males and females)	Tertiary institutions Secondary schools	Peer pressure, drug use, economic gain, early marriage, early sexual debut
Adult males and females (above 24 years)	Quarries, sand harvesters, Boda boda operators, fishermen, migrant labour	Continuous supply of money (wages) and possible clients to sex workers
Sex workers	Mogotio, Marigat, Koriema, Kabarnet, Kisanana, Emining	Commercial sex
Military and security personnel	Training zones, camps	Unprotected sex with local community/ Multiple sex partners during training period
Widows, widowers, orphans and vulnerable children, PWD	All over the County	Poverty, GBV hinders safe sex practice
Truck drivers	Stop-overs on highway including Timboroa, Makutano, Karande and Mochongoi	Multiple sexual partners, regular wages, unprotected illicit sex while on transit
Prisoners	Kabarnet GK Prison	Homosexuality, drug injection

(Source: Baringo County HIV Profile, 2016)

Table 4.3: Interventions for reducing new HIV infections

SD 1: Reducing new HIV infections								
KASF Objective	BCASP Result	Key Activities	Sub-Activity / Intervention			Target Population	Geographical Location by County/ Sub-County	Responsibilities
			Biomedical	Behavioural	Structural			
Reduce new infections by 75%	Increase the percentage of persons with knowledge of their HIV status from 27% to 47% Increase in condom use	Increase access to HIV testing services (HTS)	Offer HIV testing and counselling (HTC) to marginalized populations Provision of commodities including lubricants and condoms Screening and management of opportunistic infections Provide pre-exposure prophylaxis services	Peer education and sensitization Sensitization on condom use	Provide mobile clinics to offer HIV services Install condom dispensers	Marginalized	Around the lakes, on hills	CASCO CACC Partners
	Increased percentage of persons with knowledge of their HIV status Increase in condom use	Increase access to HTS	Offer HTS in/ out of school STI screening and referral Index client testing Provide post -exposure prophylaxis services	Establish peer clubs in schools, faith-based institutions and the community Sensitize on sex and reproductive health including condom use	Establish youth-friendly centres Encourage peer support groups Strengthen life skills programmes in schools	Adolescents 15-24 years (males and females)	Tertiary institutions Schools Community	County Government and line ministries Teachers (MoEST) FBOs, CBOs CSOs Area Advisory Council (AAC) CUs, Parents

SD 1: Reducing new HIV infections								
KASF Objective	**BCASP Result**	**Key Activities**	**Sub-Activity / Intervention**			**Target Population**	**Geographical Location by County/ Sub-County**	**Responsibilities**
			Biomedical	**Behavioural**	**Structural**			
Reduce new infections by 75%	Reduced number of uncircumcised men	Increase access to HTS Offer VMMC Services to uncircumcised men	Voluntary Male Medical Circumcision (VMMC) Offer HTS Increase access to condoms	Sensitization on HIV&AIDS and condom use Promote male involvement in couple testing	Install condom dispensers Establish support centers (alcohol screening and addiction support), linked to health facilities	Male adults	Quarries, towns, shopping centers, lake shores,	Baringo County Government and line ministries CSOs CBOs FBOs NACADA
	Reduced HIV/STI co-infection	Screen for STI and treatment	Increase accessibility to condoms Offer HTS, STI screening and referral Provide post-exposure prophylaxis services	Sensitization on condom use, HTS Strengthen uptake of HIV services already being offered	Install condom dispensers in their camps	Military and security personnel	Training zones, army barracks and camps	Military commanders Security leaders
		Increase access to HTS	Increase access to condoms Provide post-exposure prophylaxis services	Promote safe sex practices	Establish Income-generating activities (IGAs) Register for cash transfers	Widows Widowers, OVCs, PwDs	Across the County	Baringo County Government and line ministries CBOs CSOs
	Reduced HIV burden from Baringo Reduced HIV/STI co-infection	Provide condoms at appropriate sites Screening for STI and HIV co-infection	Increase accessibility to condoms Offer HTS, STI screening and referral Provide post-exposure prophylaxis services	Sensitization on condom use, HTS Strengthen uptake of HIV services already being offered	Install condom dispensers along stop-overs	Truck drivers	Truck stop-overs	Baringo County Government and line ministries CBOs CSOs

SD 1: Reducing new HIV infections								
KASF Objective	BCASP Result	Key Activities	Sub-Activity / Intervention			Target Population	Geographical Location by County/ Sub-County	Responsibili-ties
			Biomedical	Behavioural	Structural			
Reduce new infections by 75%	Reduced HIV transmission among same sex couples	Provide condoms and lubri-cants and conduct campaigns on effects of homo-sexuality	Increase accessibility to condoms and lubricants Offer HTS, STI screening and referral	Sensitization on condom use, HTS and safe sex practices Strengthen uptake of HIV services		Prisoners	Prisons	Baringo County Government and line ministries CBOs CSOs Prison management
	Prisoners have access to conjugal rights	Engage prison authorities so that prisoners can have access to conjugal rights by spouse visits	Provide post-exposure prophylaxis services		Prisons settings to allow for enjoyment of conjugal rights	Prisoners	Prisons	Prison's authority National parliament National Government

Strategic Direction 2: Improving health outcomes and wellness of all people living with HIV

In line with the National Strategic Framework, BCASP aims to have 90% of the people diagnosed as HIV positive being enrolled in care and treatment. This leverages on timely linkage to care, increasing coverage of care and treatment and reduces loss in the cascade of care. At the same time, it scales up interventions to improve quality of care and improves health outcomes. The existing health systems in Baringo are limited in terms of identification of clients, linkage, retention and viral suppression. There is a disproportionately lower coverage of ART in children and adolescents. Human resource inadequacies, poor referral and tracking mechanisms, commodity and supply challenges and limited infrastructure for information management systems exist. Late or lack of HIV diagnosis and suboptimal linkage to care is a big challenge. Quality of care, use of electronic medical records, evidence informed interventions and facility level and viral monitoring need to be enhanced.

Table 4.4: Intervention for improving health outcomes and wellness of all people living with HIV

SD 2: Improving health outcomes and wellness of all people living with HIV								
KASF Objective	**BCASP Results**	**Key Activity**	**Sub-activity/Intervention**			**Target Population**	**Geographical areas by County/Sub-County**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
Reduce AIDS-related mortality by 25%	Increase the percentage of health facilities offering ART from 19% to 80% 100 members of the CSOs sensitized on OVC care.	Provide HTS services to priority population	Increase the number of health facilities offering ART Provide nutrition assessment and supplements	Sensitize the CSOs on OVC care. Sensitize OVC caregivers on uptake of HTS	Establish and strengthen health facility-community linkage	General population OVC OVC care givers	Across the County	County Government CBOs Community units (CUs)
	90% of healthcare workers trained on pediatric HIV Nutrition and HIV/TB co-infection	Training of healthcare workers on pediatric (0-5 yrs) HIV, nutrition and HIV/TB	Build the capacity of healthcare workers on pediatric HIV, nutrition and HIV, HIV/TB	Increase community awareness on the importance of ART adherence co-infection management and psychosocial counselling and adherence				

SD 2: Improving health outcomes and wellness of all people living with HIV								
KASF Objective	**BCASP Results**	**Key Activity**	**Sub-activity/Intervention**			**Target Population**	**Geographical areas by County/Sub-County**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
Reduce AIDS-related mortality by 25%	management and psychosocial counselling and adherence 90% of the PLHIV sensitised on the importance of ART adherence	co-infection management and psychosocial counselling and adherence	Procurement of diagnostic equipment to strengthen local health facilities	Increase community awareness on the importance of ART adherence	Strengthen laboratory infrastructure and networking	General population PLHIV	Across the County	County Government NPLHS NASCOP Other stakeholders
	Information communication technology (ICT) utilized in ART adherence				Integrate the use of ICT in HIV services, especially increasing adherence to ART	Partners PLHIV		
	Increased number of ART sites from 30 to 150 HIV services integrated within outreach services		Increase access to HIV services through community outreach services		Establish more ART sites			Community Health management teams
	Increased ART sites offering Food By Prescription (FBP) from 10 to 150		Increase sites that offer FBP	Equip Health Community Workers (HCW) with knowledge and skills on nutrition & HIV	Equip health facilities with anthropometric equipment	HCW	Across the county	County Government, County Nutrition Officer, Partners
	Increased condom use	Establish the DICs	Offer HTS through DICs	Sensitization on HIV messages	Establish DICs	KPs Youth	Hotspot areas	SCHMT SCASCO

Strategic Direction 3: Using a human rights-based approach to facilitate access to services for PLHIV, Key Populations and other priority groups in all sectors

In the year 2014, Kenya had an overall composite stigma index of 45% and in Baringo County the stigma index stood at 46% (NACC, 2014). Such levels of stigma hinder access and utilization of HIV-related services. The strategic direction is geared towards removing barriers to accessing HIV, SRH and rights information and services in public and private entities.

It helps to reduce and monitor discrimination, social exclusion and gender-based violence as well as improve access to legal and social justice, protection from stigma, and discrimination in the public and private sector. Accessing ART care and treatment in the County by PLHIV is constrained by the vastness and the distance they have to travel to enroll into care. PLHIV have challenges in accessing legal representation.

Table 4.5: Intervention areas for using a human rights-based approach to facilitate access to services

SD 3: Using a human rights-based approach to facilitate services for PLHIV, and other vulnerable groups in all sectors								
KASF Objective	BCASP Results	Key Activity	Sub-activity/Intervention			Target Population	Geographical areas by County/ Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
Reduce HIV related-stigma and discrimination by 50% Increased equitable access to HIV services	80 support groups established and supported Technical Working Groups (TWG) on HRBA to HIV services established	To increase equitable access to HIV services for PLHIV	Establish 60 psychosocial support groups	Build the capacity of HIV support groups on Preventions with Positives (PwP)	Form an inter-agency Coordinating Committee Sub TWG to identify and address existing human rights based approach (HRBA) gaps in accessing HIV service.	PLHIV, Key Populations.	Across the County	County Government Partners
	548 health workers trained on HRBA to HIV services	Training of health workers	Training of health workers on HRBA to HIV services		Implement innovative approaches to provide people with disability (PwD) with	Health workers	Across the County	National Council for Persons with Disabilities (NCPD)

SD 3: Using a human rights-based approach to facilitate services for PLHIV, and other vulnerable groups in all sectors								
KASF Objective	BCASP Results	Key Activity	Sub-activity/Intervention			Target Population	Geographical areas by County/ Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
Reduce HIV related-stigma and discrimination by 50% Increased equitable access to HIV services	HIV programme for PLWD established	Training of health workers	Training of health workers on HRBA to HIV services	Build the capacity of HIV support groups on Preventions with Positives (PwP)	HIV services and programmes including access to IEC materials Support group to start sustainable IGAs	Community Health Volunteers (CHVs)	Across the County	Kenya Society for the Blind Kenya Institute for Special Education County Government
	Six county health facilities offering child-friendly services Percentage of head teachers trained on stigma reduction and non-discrimination	Build the capacity of the AAC, teachers and community leaders on stigma reduction and non-discrimination.		Sensitize the CBOs and AAC on HRBA to HIV services Sensitization of community leaders and stakeholders on stigma and non-discrimination Sensitize schools heads, CBOs, FBOs and other partners on stigma reduction and non-discrimination	Establish child- friendly facilities	AAC members General public Schools	Across the County	County Government Partners
	Five model youth-friendly services established	Establish and operationalize youth-friendly services		Implement Behaviour Change Communication (BCC) intervention including use of Braille and sign language	Establish youth-friendly HIV services including integration within the youth empowerment centres	Health workers, CHVs Partners working with youth and MoE	All sub-counties	County Government Partners

SD 3: Using a human rights-based approach to facilitate services for PLHIV, and other vulnerable groups in all sectors								
KASF Objective	**BCASP Results**	**Key Activity**	**Sub-activity/Intervention**			**Target Population**	**Geographical areas by County/ Sub-County**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
Reduce HIV related-stigma and discrimination by 50% Increased equitable access to HIV services	Baringo County HIV prevention and control policy in place	Drafting and enactment of HIV policy	Training of health workers on HRBA to HIV services	Implement Behaviour Change Communication (BCC) intervention including use of Braille and sign language	Domesticate the national policies and legal framework to fit county-specific policies and laws	MCAs, Law enforcement agencies Opinion lead ers PLHIV Line Ministries	Across the County	Line ministries departments
	Reduced discrimination cases against PLHIV	Link the PLHIV to Human rights tribunal for arbitration		Sensitize PLHIV on the presence of Human rights tribunal at NACC		PLHIV	Across the County	NACC County Government
	HIV and AIDS addressed in all barazas in the County	Barazas to have a tangazo part/ section that address HIV and AIDS		Sensitization of HIV and AIDS in all barazas		Opinion leaders AAC	Across the County	Health workers CHVs Partners working with youth

Strategic Direction 4: Strengthening integration of health and community systems

Baringo County has a perennial shortage of health workers to the disadvantage of Levels 2 and 3 health facilities. This is compounded by the limited number of knowledgeable and skilled personnel in the field of HIV and AIDS. This scenario is aggravated by the inability of the health facilities in the lower levels to provide basic laboratory tests required in the ART care and treatment. There is lack of ownership of HIV response by the community and other stakeholders. Currently, the County has thirty eight (38) Community Units.

Table 4.6: Intervention areas in integration of community and health systems

SD 4:Strengthening integration of health services and community systems								
KASF Objective	BCASP Results	Key Activity	Sub-activity/ Intervention			Target Population	Geographical areas by County/Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
To build a strong and sustainable system for HIV service delivery	50% of CUs integrating HIV services HIV network in place and in use Increase technical capacity of health workforce in HIV response from 30% - 80% Percentage of ART defaulters traced and linked to care Demand creation for HIV services through ACSM and C4D Methodologies Social Accountability through monitoring of resources dedicated to the communities	Integrate HIV services in Community Health Units Provision of HCBC kits Inventory of ART defaulters Increased uptake of HIV-related services Appropriation of resources & Social audits	Provide home-based care for HIV through Community Units Provision of HIV-related services Trace ART defaulters and link back to care	Develop a HIV network and linkages To improved adherence to ART care To identify PLHIV and linked into care To have community involvement in HIV programming	Increase access to health services Provision of incentives to CHVs Capacity building of CHAs and CHVs Referral forms for CHVs (MoH 100) Provision of BCC/IEC materials Provision of incentives and rewards for CHVs Feed back the community on the results achieved	PLHIVs Opinion leaders Health workers CHVs Community Health Assistants PLHIVs Community	Across the County Across the County	County Government Partners CCC I/C CHVs CHAs County Government CSOs FBOs CBOs

SD 4:Strengthening integration of health services and community systems								
KASF Objective	BCASP Results	Key Activity	Sub-activity/ Intervention			Target Popula-tion	Geographi-cal areas by County/Sub-County	Responsi-bility
			Biomedical	Behavioural	Structural			
To build a strong and sus-tainable system for HIV service delivery	40,000 persons reached through mobile outreach including the use of Beyond Zero mobile van.	Conduct regular outreach HIV services for the hard to reach areas	Provide regular outreach HIV services for the hard to reach	Organize events aimed at integrating HIV services	Establish more commu-nity health units and strength-ening the existing ones	The mar-ginalized, women 14-49 years	Across the County	County Govern-ment Partners
	100% of the schools having HIV programmes	Increased HIV inter-vention coverage	To provide SBCC messages	Sensitization of teachers on matters relating to HIV	Strengthen HIV pro-gramme in schools	Health workers Teachers Students Partners	Across the County	County Govern-ment Partners
	Increased pa-tient to health worker ratio as per WHO rec-ommendations (21 doctors and 228 nurses per 100,000 people)				Lobby for employ-ment of more health workers	Unem-ployed health workers	Across the County	County Govern-ment Partners
	Increased access to HIV services			Training of more staff to offer HTS	Strength-ening of the exist-ing and lobbying for the construc-tion of more health facilities	General popula-tion	Across the County	County Govern-ment Partners

Strategic Direction 5: Strengthening research, innovation and information management to inform the BCASP goals

The BCASP envisages that the County will take a lead in conducting and coordinating research in resource allocation and implementing a HIV research agenda based on BCASP. This will increase evidence-based planning, programming and policy changes. Currently, the County relies on the national research findings to inform the programme designing and implementation. However, the County needs to domesticate these findings to suit its needs. The County has already established a research division under the office of the Governor which will coordinate all researches. Most research findings are from other research institutions which will be coordinated from the division to inform BCASP. Programme reports will be reviewed with the guidance of the County's HIV Technical Working Group through regular meetings in order to inform responsive innovations to be implemented.

Table 4.7: Intervention areas in strengthening research, innovation and information management to meet the BCASP goals

SD 5: Strengthening research, innovation and information management to meet the BCASP goals								
KASF Objective	BCASP Results	Key Activity	Sub-activity/ Intervention			Target Population	Geographical areas by County/Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
To provide a mechanism for effective knowledge generation	Vital data on HIV in Baringo is available	Undertake operational research and information management	Determine effective models for increasing HTC uptake and linkages	Conduct age and population disaggregated stigma index, social exclusion and human rights violation Identify barriers to testing and access to HIV services Determine impact of Alcohol and drug substance abuse (Young adolescents) Effectiveness of interventions (retention of girls at school, empowerment, etc) Identify and test interventions that address determinants and barriers to linkage to care for PLHIVs	Establish a Research Evaluation and Monitoring Unit (REMU)	Health workers Community	All sub-counties	County Government Rresearch institutions Partners

SD 5: Strengthening research, innovation and information management to meet the BCASP goals								
KASF Objective	**BCASP Results**	**Key Activity**	**Sub-activity/ Intervention**			**Target Population**	**Geographical areas by County/Sub-County**	**Responsi-bility**
			Biomedical	**Behavioural**	**Structural**			
To provide a mecha-nism for effective knowl-edge gen-eration	Vital data on HIV in Baringo is available	Genotyp-ing of HIV subtypes in the County	Map HIV subtypes and sexual networks in different regions and populations for appropriate prevention and treatment Determine multi-drug resistant TB and HIV trends	Identify and test interventions that address determinants and barriers to linkage to care for PLHIVs	Establish a Research Evaluation and Monitoring Unit (REMU)	PLHIV	Across county	County Gov-ernment Rresearch institutions Partners
	Combina-tion pre-vention package available	Determine optimal models for integra-tion Review national and County legislation policy that impact on access to HIV and SRH Determine optimal distribu-tion and retention of skilled HIV work-force	Combination prevention strategies			MCAs		County Gov-ernment

SD 5: Strengthening research, innovation and information management to meet the BCASP goals								
KASF Objective	BCASP Results	Key Activity	Sub-activity/ Intervention			Target Population	Geographical areas by County/Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
To provide a mechanism for effective knowledge generation	Vital data on HIV in Baringo is available	Determine effectiveness of task shifting and its impact on quality HIV services	Combination prevention strategies	Identify and test interventions that address determinants and barriers to linkage to care for PLHIVs	Establish a Research Evaluation and Monitoring Unit (REMU)	MCAs		County Government
	Combination prevention package available	Undertake combined preventive study	Combination prevention strategies			PLHIV, PMTCT, TB, Public		MoH - NASCOP NACC MoEST Universities County Government Implementing partners
	Nutritional publications available	Promote research and dissemination to inform interventions	Effect of Nutrition interventions on the nutrition status of PLHIV Identify knowledge gaps related to nutrition and HIV	Comprehensive costing analysis of nutrition and HIV commodities and Conduct nutrition audits to determine efficiency of nutrition and HIV LMIS processes Understand correlation of risks perception on prevention, adherence and retention		PLHIV PMTCT, TB patients OVC General population	All sub-counties	MoH - NASCOP NACC MoEST Universities County Government Implementing partners

SD 5: Strengthening research, innovation and information management to meet the BCASP goals								
KASF Objective	BCASP Results	Key Activity	Sub-activity/ Intervention			Target Population	Geographical areas by County/Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
To provide a mechanism for effective knowledge generation	Document effective models of engagement of county leadership for sustainability and ownership of HIV response	Nutritional publications available	Promote research and dissemination to inform interventions	Undertake a study on cultural factors that influence spread of HIV in the County Determine barriers to ART access in pediatric populations and adolescents	Conduct operational research on available data from DHIS and partners	Health facilities Community	All sub-counties	County Government Research institutions Partners

Strategic Direction 6: Promoting utilization of strategic information for research and monitoring and evaluation (M&E) to enhance programming

Currently, most of the strategic information is conducted by the national office and the counties are then expected to develop strategic interventions that are in line with the national strategic plans while considering the needs and priorities in the County. Baringo County does not have a well established M&E system, thus creating a challenge in informed decision making and planning among the stakeholders in HIV programming.

Past M&E activities on HIV have largely been supported from NACC in terms of HIV-specific data collection and reporting on a routine basis including community-based activities through Community-based Participation Reports (COBPAR form) as completed by CSO on a quarterly basis. Through NASCOP, health facility-based data is collected and submitted on a monthly basis. In the absence of a well-structured M&E unit at the county level, there is an obvious gap in the collection and use of strategic information to enhance programming.

The existing *Baringo Today* magazine will be used to highlight HIV and AIDS issues in the County to inform programming.

Figure 4.1: Information flow for the County HIV and AIDS Strategic Plan

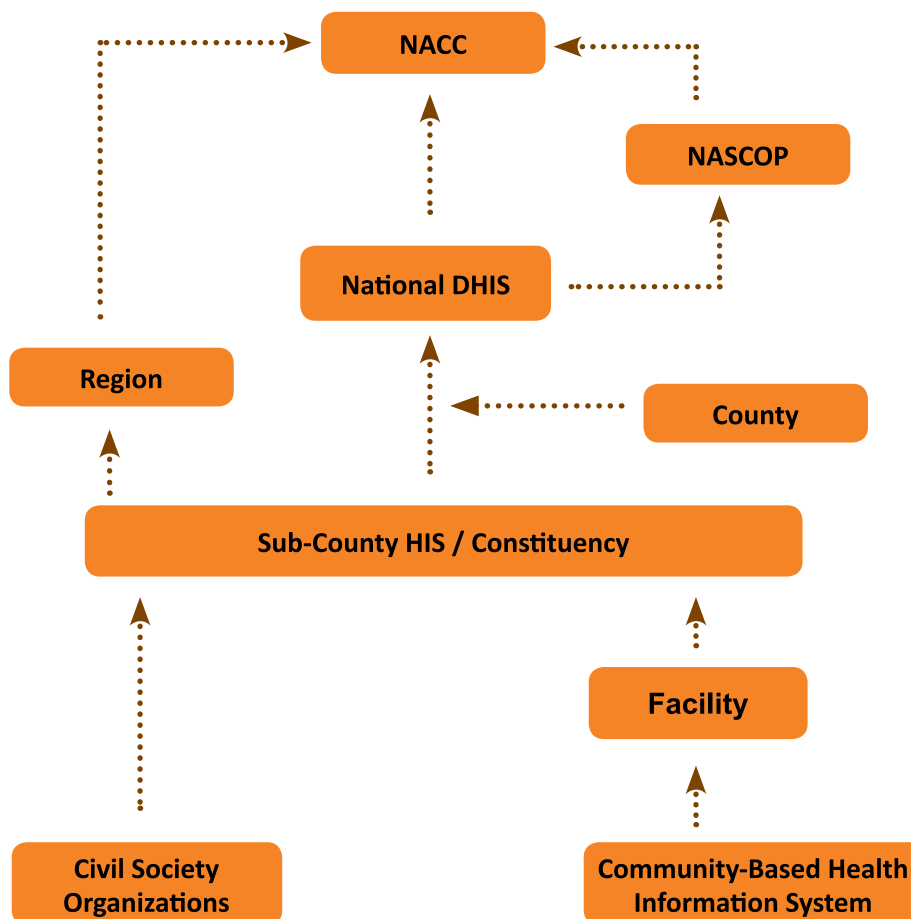


Table 4.8: Interventions for promoting the utilization of strategic information for research and monitoring and evaluation to enhance programming

SD 6: Promoting the utilization of strategic information for research, monitoring and evaluation to enhance programming							
KASF Objective	**BCASP Results**	**Key Activity**	**Sub-Activity/Intervention**		**Target Population**	**Geographical areas by County/Sub-County**	**Responsibility**
			Structural	**Behavioural**			
To facilitate research, monitoring and evaluation to inform decision making	Strategy is implement-ed as sched-uled Quality of HIV services is improved Data is available for program-ming and resources are well utilized	Field su-pervisory support visits	Undertake quarterly support supervision and monitoring mentorship	To capacity build HCW on data management	CDH CACCs CASCOs	Across the County	County Government NASCOP NACC
	Quality data is available	Collection of accurate data, quality data audits and data review meetings Regular training and capac-ity building on data tools such as COPBAR Procure-ment of quality diagnostics	Print and distribute M&E tools for collection of HIV data Establish quality improvement teams in County and sub-counties	To correctly enter data into the daily activity registers Hold regular data review meetings for decision making in HIV program-ming	CDH CACCs CASCOs SCASCOs HIV TWGs	Across the County	County Government NASCOP NACC

SD 6: Promoting the utilization of strategic information for research, monitoring and evaluation to enhance programming							
KASF Objective	**BCASP Results**	**Key Activity**	**Sub-Activity/Intervention**		**Target Population**	**Geographical areas by County/Sub-County**	**Responsibility**
			Structural	**Behavioural**			
To facilitate research, monitoring and evaluation to inform decision making	Baseline data for HIV programming is available	Plan and undertake a baseline survey	Undertake a Baringo HIV baseline survey	Sensitize service providers on importance of baseline surveys in HIV programming	Health workers		County Government Partners
	Progress report on achievement of the strategy	Plan and undertake a mid-term review	Undertake a mid-term review of the BCASP		Stakeholders		County Government Partners
	Information for review of the next strategic plan is available	Undertake an end line review of the BCASP	Undertake an end line review of the BCASP		Stakeholders		County Government Partners
	County HIV Inter-Co-ordinating Committee (ICC) makes informed HIV decisions	Schedule and hold quarterly meetings	Hold quarterly M&E meetings and report to the County ICC		CDH CACCs CASCOs		County Government NASCOP NACC
	Information on health widely disseminated	Compile articles and print health newsletter	Prepare and publish a County Department of Health Newsletter		CDH CACCs CASCOs		County Government NASCOP NACC

Strategic Direction 7: Increasing domestic financing for sustainable HIV response

Baringo County heavily relies on donor funding for its HIV and AIDS-related interventions. With the reduced investment by the donor community over the recent years, sustainable domestic HIV and AIDS financing mechanisms are needed to accelerate focused interventions and ownership by the County Government. The current funding by the County Government through departmental allocation, which sets a site only for 1% of its budget for HIV and AIDS response, is not enough to maintain and sustain HIV and AIDS activities hence the need of increasing domestic funding through the County Government and partners. In addition, this money is not harmonized to ensure controlled budgeting of priority issues on HIV and AIDS response.

Table 4.9: Interventions for innovative ways to increase sustainable domestic HIV financing options for Baringo County HIV response

SD 7: Increasing domestic financing for a sustainable HIV response							
KASF Objective	BCASP Results	Key Activity	Sub-Activity/Intervention		Target Population	Geographic areas by County/Sub-County	Responsibility
			Behavioural	Structural			
Increase domestic financing of the HIV response to 50%	Policy on HIV financing is put in place	Drafting and legislating policy through the County Assembly	Well-wishers attend annual dinner gala and contribute funds for HIV activities	Policy paper on increasing domestic funding of HIV activities approved and implemented	CACCs CASCOs MCAs	County Assembly	County Government NASCOP NACC
	Increased domestic financing	Hold planning meeting and undertake activities to raise funds for HIV	Community members participate in charity walk, run to raise funds for HIV activities	Undertake a mapping of HIV partner's representa-tion to identify gaps	CACCs CASCOs Partners	All sub-counties	County Government NASCOP NACC

Strategic Direction 8: Promoting accountable leadership for delivery of the BCASP goals by all sectors and actors

The Department of Health Services, together with the County HIV Coordinating Committee shall offer leadership to ensure that all the HIV responses are aligned to the County's strategic plan. Baringo County requires a more responsive stakeholder engagement that brings together all the actors. This involves building and sustaining high level political and technical commitment for strengthened County ownership of HIV response. It involves entrenching good governance and strengthening multi-sectoral and multi-partner accountability for delivery of BCASP results. It also involves establishing and strengthening of functional and competent HIV coordination at the county level.

All the key partners participating in HIV activities in the County will be mapped and activities allocated according to County priority, partners' interest and funding ability. Performance contracting will be provided by the County to implementing partners in order to ensure accountability and quality services to the citizens.

Table 4.10: Interventions for strengthening County HIV coordination mechanism

SD 8: Promoting accountable leadership for delivery of the BCASP results by all sectors and actors							
KASF Objective	BCASP Results	Key Activity	Sub-activity/Intervention		Target Population	Geographical areas by County/Sub-County	Responsibility
			Structural	Behavioural			
Promoting accountable leadership for delivery of the Baringo County Strategic Plan results by all sectors and actors	BCASP is in place and being implemented	Disseminate and roll out the BCASP	Print 200 copies of the BCASP	Training of County HIV coordinating committee	Stakeholders	Baringo County	County Government NACC, CASCO, NASCOP
			Hold meeting to disseminate the BCASP to the Baringo County Executive Committee		County HIV co-ordinating committee	Baringo County	NACC BCG well wishers
			Hold a meeting to disseminate the BCASP to the private sector		Private sector and stakeholders	Baringo County	County Government NASCOP NACC
	County HIV oversight committee in place and meet regularly	Formation of the relevant county HIV coordinating committee	Form the County HIV oversight committee and hold quarterly meetings			Baringo County	Baringo County Government, NASCOP NACC, Partners

SD 8: Promoting accountable leadership for delivery of the BCASP results by all sectors and actors							
KASF Objective	BCASP Results	Key Activity	Sub-activity/Intervention		Target Population	Geographical areas by County/Sub-County	Responsibility
			Structural	Behavioural			
Promoting accountable leadership for delivery of the Baringo County Strategic Plan results by all sectors and actors	County HIV ICC is in place and meets regularly	Conduct quarterly coordination meetings	Form the County HIV ICC and hold quarterly meetings	Training of County HIV coordinating committee	All people	Baringo County	Baringo County Government NASCOP, NACC partners
	Constituency AIDS control committees enhanced	Constituency committee to meet regularly and report	Support constituency AIDS committees	Capacity building of CACC members		Baringo County	Baringo County Government NASCOP, NACC partners
	TWGs in place at county and sub-county levels	TWGs meet and make informed decisions	Strengthen county TWGs and establish sub- county TWG		All people	Baringo County	Baringo County Government Partners
	Improved nutritional status of PLHIV	Improve coordination and network for financing nutrition in HIV interventions in line with ongoing coordination by NASCOP and NACC on nutrition support used in HIV and other programmes implemented in the country			All people	Baringo County	MoH through NASCOP NACC
	PLWHIV remembered and celebrated	World AIDS Day	Campaigns against HIV and AIDS	Marking of World AIDS Day	All people	Baringo County and the world at large	NACC Baringo County Government, Partners
	Accountability of resources and leadership achieved	Performance contracting	Allocation of HIV activities as per priority, interest and funding ability		All partners	Baringo County	Baringo County Government

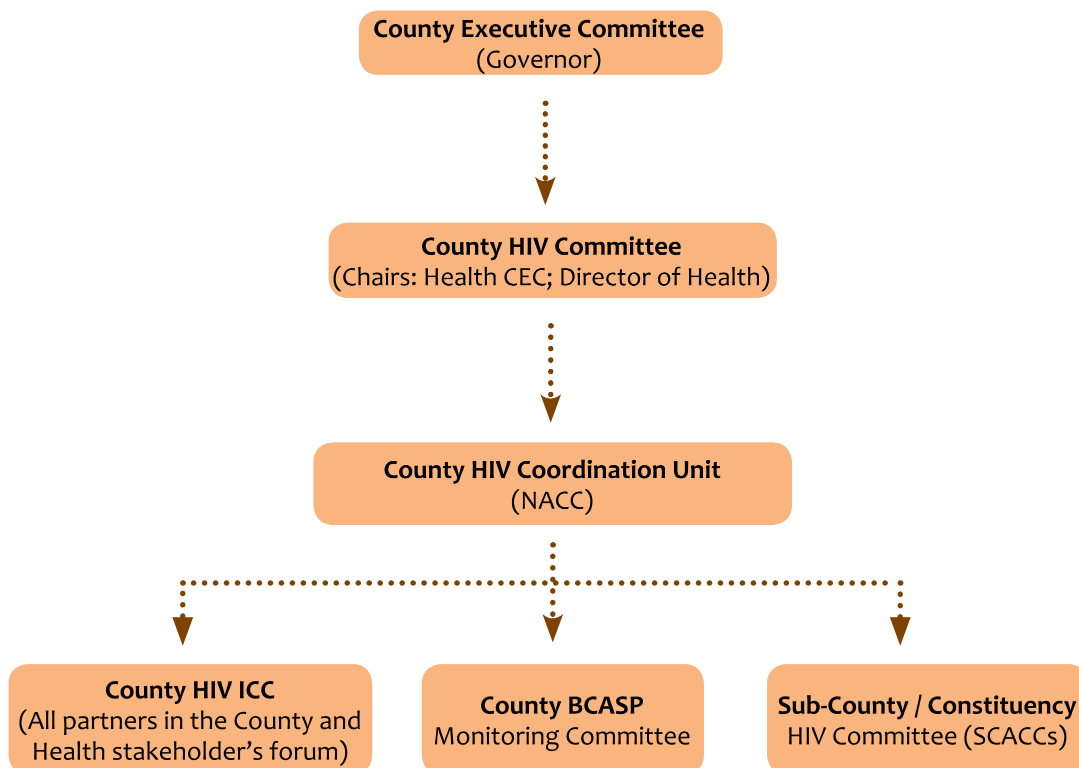
Chapter 5

Implementation Arrangements

5.1 Implementation Structure

The KASF recognizes that counties are responsible for implementation of HIV services and programmes across different sectors and has within its coordination structure singled out the county governments as providing the link with the sub-counties, HIV committees, implementers, PLHIV and special interest groups hence the need to provide a strategic communication framework to coordinate the efforts of all stakeholders.

Figure 5.1: The HIV Coordination organogram for delivery of the Baringo County HIV and AIDS Strategic Plan



5.2 Implementers/Coordinators and their Roles

5.2.1 Governor

Role

The Governor shall implement national and county legislation to the extent that the legislation required is responsible for the delivery of a range of services, planning and prioritization of resource allocation to address the HIV burden in Baringo County.

5.2.2 County HIV Committee

It shall be accountable to the Governor of Baringo County for the performance of its functions and the exercise of their powers on matters relating to HIV.

Membership

The committee shall be co-chaired by the County Health Executive with NACC as secretariat. Membership to include: Chair Health Assembly, Partner, County Commissioner and/ or representatives of CASCO, CACC, FBO, PLHIV, Youth and PwD. The committee can co-opt three members.

Roles

The County HIV committee shall be:

a) The custodian of the BCASP.

b) Holding quarterly meetings to review implementation plan.

c) Responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of the BCASP.

d) Approving the County HIV targets and plan.

e) Reviewing and presenting County HIV Budget

f) Setting the County HIV agenda.

g) Receiving reports on BCASP progress from the monitoring committee.

h) Forming sub-TWG to review and advise on issues HRBA to HIV services,

i) Receive reports from County ICC-BCASP and routine Monitoring Committee.

5.2.3 County HIV Coordination Unit

This 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 at the county level, working closely with the County Health Management Team and the various line ministry departments at the county level with a direct link with the NACC secretariat at the national level.

Roles

a) Ensure Quarterly County ICC HIV meetings are held and follow through on the actions.

b) Ensure HIV agenda is active in the County Health Management Team (CHMT) and ensure HIV agenda is active.

c) Regular engagement of all state and non-state actors within the county in planning, prioritization, implementation, monitoring, and evaluation of HIV and AIDS programmes.

d) Strengthening linkages and networking among stakeholders and providing technical assistance, facilitation and support for BCASP delivery.

e) Monitor County legislation to ensure all Bills are HIV discrimination-compliant.

5.2.4 County HIV Inter-Coordinating Committee (County HIV-ICC)

The County ICC-HIV will mirror the national ICC-HIV. It is the primary forum for deliberating on AIDS issues at county level. It has broad stakeholder membership including senior representatives from the County Government, Civil society, the private sector and development partners within the County. NACC County HIV Coordinator is the Secretary while the CEC (Health) is the Facilitator/ Chair. Meetings to discuss BCASP implementation progress, planned activities and future priority areas will be called as deemed appropriate and decision made by consensus.

Membership

The committee will be composed of representatives from the County Government, key HIV partners within the County, NACC County AIDS Coordinator and PLHIV.

Roles

a) Coordinate and oversee the development of a collaborative and comprehensive strategy to rollout BCASP and subsequently monitor its implementation.

b) Ensure harmonization, coordination and resource mobilization and allocation, and tracking progress of HIV and AIDS programmes within counties.

c) Ensure coordinating in information sharing within, and across partners in the County.

d) Advocate for implementation of BCASP M&E tools, and activities into members and partners' own work plans within the counties.

e) Offer technical support in implementation of BCASP.

f) Advocate for BCASP as appropriate and as agreed with County Government.

g) Reviewing programmes and projects supporting BCASP implementation.

5.2.5 Monitoring and Evaluation Unit

Once established, the unit will have terms of reference that will include:

a) Ensure that all the tools and materials needed for data collection are available at the point of collection at all times.

b) Building the capacity of health workers on data collection and transmission.

c) Ensuring data collection, quality control, consolidation, interpretation and dissemination are done in good time.

d) Ensure the preparation and publication of County Department of Health newsletter on a bi-annual basis for dissemination of health articles, data and human interest stories including those related to HIV.

5.2.6 Sub-county/Constituency HIV Coordinating Committees (SCACCs)

Membership

This committee will be composed of:

a) The national government official at the sub-county level; Deputy Sub-County Commissioner.

b) One person nominated from among the active Civil Society Organization (CSO) in the constituency.

c) Representative of PLHIV.

d) Representative of PwD.

e) One person representing the interest of women.

f) Representative of youth; who is a youth at the date of appointment.

g) SCACC Coordinator - County Department of Health Services (PHO).

The chair will be appointed by the area MP in consultation with SCACC Coordinator and the Deputy Sub-County Commissioner.

Roles

a) Stakeholder mobilization to respond to HIV issues in the community.

b) Monitor community's response to HIV issues and submit biannual reports to the HIV Committee.

c) Receive and disseminate appropriate national and County policies, guidelines and strategies on HIV and AIDS.

d) Account for any funds advanced to the SCACC.

Chapter

6 Monitoring and Evaluation Plan

The current M&E section of the Baringo County Department of Health has one Health Records and Information Officer (HRIO) attached to the section that is expected to serve all the programmes. At the sub-county level, there are six sub-county Health Records and Information Officers who compile and upload health facility-based data. The HRIOs are expected to receive and compile all the health-related data including data from community health volunteers.

M&E activities on HIV have largely been supported from NACC in terms of HIV-specific data collection and reporting on a routine basis including community-based activities through Community-Based Participation Reports (COBPAR form) as completed by CSO on a quarterly basis. Through NASCOP health facility-based data is collected and submitted on a monthly basis. In the absence of a well-structured M&E unit at the county level, there is an obvious gap in the collection and use of strategic information to enhance programming among the stakeholders.

The M&E plan will provide a robust plan for evaluating the Baringo County HIV Strategic Plan. Critical surveys, evaluations and surveillance will be undertaken to measure outcomes and impact of the strategic framework. The County M&E committee shall forward reports to the Department of Planning and the Treasury for dissemination.

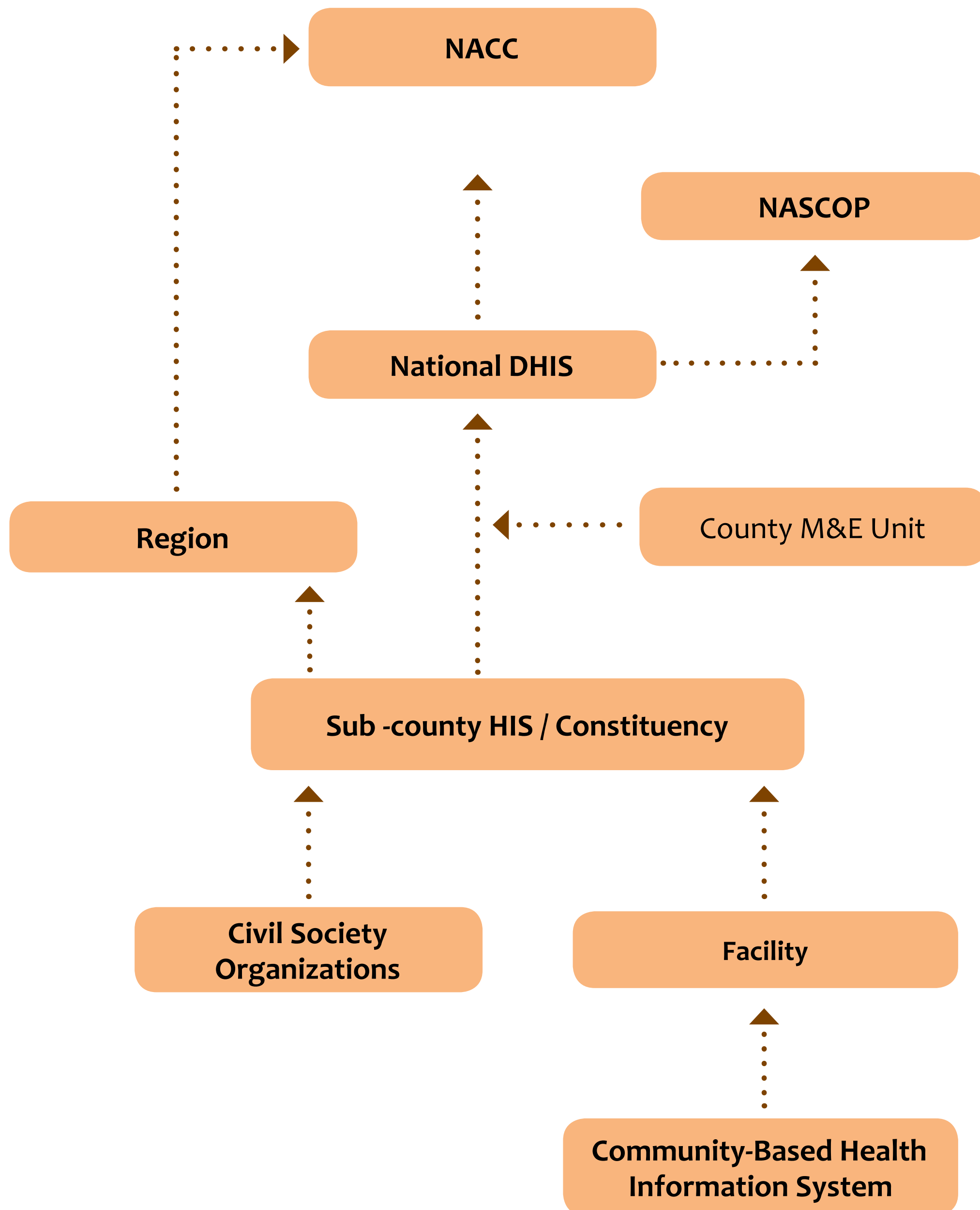
Table 6:1: Roles and responsibilities of Baringo County M&E plan

Institution	Role	Frequency	Reporting Tool
Health facilities	Report HIV sector data	Quarterly	DHIS
County health records and information office	Receive and compile all the health-related data including data from community health volunteers	Monthly/Quarterly	DHIS and COBPAR form
County HIV coordination unit and County AIDS and STI Coordinating Officer (CASCO)	Provide the health sector HIV response information for use at the County level	Quarterly	Monthly reports
County Government	Annual evaluation surveys	Annually	Merge DHIS and COBPAR form

Under the M&E framework of Baringo County, a community-based HIV information system (CBIS) will be strengthened to address some of the HIV data source challenges. This system will report mainly behavioural and structural indicators comprising of the following data tools:

- **Database of CSOs:** The common HIV database will include a civil society organization (CSO) module to capture all CSOs implementing HIV activities in each county. CSOs captured in the database will be expected to report on their HIV interventions, based on set guidelines.
- **Community-based HIV response reporting tool:** The COPBAR tool will be used to report against their planned band outputs.
- **COBPAR data collection** will continuously move towards integration with the Community Health information system (CHIS).

Figure 6:1: Baringo County data and information flow for community-based HIV response



Chapter

7

Risk, Assumptions and Mitigation Plan

An assumption has been made that implementation of this plan will proceed without hitches. However, anticipated risks will be assessed and mitigated through continuous review of this plan. The County HIV Coordinating Unit will be responsible for this and will be expected to report to the County Department of Health.

Table 7.1: Assumptions and risk management matrix

Risk Category	Risks	Status	Probability	Impact	Mitigation	Assumptions	Responsibility	When
Technological	Limited technologies to implement the plan	The BCASP has just been developed with key areas for technological support identified	High	High	Establishment of the proposed technology and training of the staff	There is enough technical capacity in the County	County IT Department County Health Department	Y3
Political	Leadership dynamics	Dynamics in leadership affect prioritization of HIV programming	Medium	High	Put in place sustainability strategies for HIV interventions such as financial allocation	2017 General Election will be peaceful, few executive reshuffles	CEC - Health	Y3
Operational	Non – achievement of the targets due to Inefficient implementation of the plan	Efficiency and Effectiveness studies are yet to be undertaken	Medium	High	Continuous monitoring, Training and capacity building	All the required support and capacity will be provided	County HIV oversight committee	Y1

Risk Category	Risks	Status	Probabil-ity	Impact	Mitigation	Assumptions	Responsibility	When
Operational	Non utilization of evidence-based programming approach	Most of the evidence is available to inform pro-gramming, however, with some gaps in the information use and manage-ment	Low	High	Implement HIV research agenda	Surveys and operation research will be undertaken to provide data for programming	County Government	
	Poor absorption of HIV finances	The absorption capacity has not been determined	Low	High	Put in place financial management systems	The County will have financial absorption capacity	Implementing partners	Y2
Legislation	Lack of ownership by the County leadership and passing of proposed bills/ policies	The bills and policies are yet to be drafted	Medium	High	Engagement of the County leadership	All HIV-related bills/policies will be passed in good time	CEC - Health	Y2
Financial	Inadequate funding to implement the plan	There are inadequate funds and the resource needs as projected have not been factored in the County Integrated Plan or Investment Plan	Low	High	Lobby partners for funding	Funds will be available	County HIV Coordination Unit	Y1

ANNEX

1

Results framework

Strategic Direction 1: Reducing new HIV infections

KASF Objectives	BCASP Result	Key Activity	Indicator	Target Population	Baseline	Mid Term	End Term	Responsibility
Reduce new HIV infections by 75%	% of people who know their HIV status from 40% to 80%	Increase access to HTS	% of persons counselled and tested	Persons not knowing their status	40%	60%	80%	Departments of Youth, Gender, Social services and Education
	Increased % of youth aged 15-24 with adequate knowledge on HIV prevention and risk factors	Enhance social behaviour change communication for adolescents (delay in sexual debut, drug and alcohol abuse)	% of youth 15-24 who have had sexual intercourse before age 15	Adolescents and youth	-	-	-	CEC MCAs
	One HIV policy in place	Develop County policy to aid in imparting social life skills to adolescents in and out of school	A policy developed	Policy makers	0	1	1	Department of Education

KASF Objectives	BCASP Result	Key Activity	Indicator	Target Population	Baseline	Mid Term	End Term	Responsibility
Reduce new HIV infections by 75%	% of persons who disclose their HIV positive status from 20% (mothers) and 58% (infants) to 80%	Engage index clients contacts (partners) in e-MTCT,	Number of contacts traced	Mothers attending ANC	20%	60%	80%	Planning Department Social Services Department
		Antenatal and post natal testing, in HIV prevention	% of infants born with HIV	HIV-exposed Infants	58%	70%	80%	Department of Gender and Sports
	Increased condom use	Promoting condom use, limiting sexual partners and knowing HIV status	Number and % of males and females (15-49 years) reporting condom use	General population	-	-	80%	Planning Department
			% of women and men 15-49 years who had intercourse with >1 partner in the last 12 months	General population	-	-	80%	Health Services Department
	Increased disclosure of HIV status	Promote disclosure of HIV status to partner	% of men and women reporting disclosure of HIV status	General population	20%	60%	80%	Health Services Department
	% of health facilities with integrated services	Strengthen integration of services SRH/ HIV/TB	% of health facilities providing integrated services	Health facilities	51%	75%	80%	Department of Health Services
	% of ACUs with workplace policies on HIV prevention increased	Strengthen AIDS Control Units (ACUs) and enhance combined HIV prevention interventions	Number of ACUs with workplace policies on HIV prevention	County ACUs	30%	65%	100%	Department of Health Services

KASF Objectives	BCASP Result	Key Activity	Indicator	Target Population	Baseline	Mid Term	End Term	Responsibility
Reduce new HIV infections by 75%	Increased number of vulnerable and marginalized persons screened and managed for HIV co-morbidities	Identify vulnerable and marginalized and Key Populations, screening and management of HIV-related co-morbidities	Number of vulnerable and marginalized persons screened and managed for HIV co-morbidities	Vulnerable and marginalized persons	5,000	10,000	15,000	Department of Health Services

Strategic Direction 2: Improving health outcomes and wellness of all people living with HIV

KASF Objectives	BCASP Result	Key Activity	Indicator	Target Population	Baseline	Mid Term	End Term	Responsibility
Reduce AIDS-related mortalities by 25%	% of PLHIV identified and enrolled into care	Timely diagnosis and identification through PITC HIV testing in all Health facilities and subsequent linkage to care	Number of PLHIV identified and enrolled into care annually	PLHIVs	53%	70%	90%	Department of Health Services
	Increased number of Health facilities providing ART from 36 to 150	Increase coverage of care and treatment by increasing number of ART sites to reduce loss to follow up in the cascade of care	Number of Health facilities providing ART	Health facilities	36	100	150	Department of Health Services
	Timely linkage and enrollment into care	Strengthen linkage and referral, enrollment and management system and infrastructure	% of PLHIV diagnosed and enrolled into care	Health facilities and Community Units	80%	90%	100%	Department of Health Services
	Increase % of PLHIV attaining undetect-able viral load from 27% to 90%	Increase number of PLHIVs accessing ART viral load test	% of PLHIV attaining undetectable viral load	PLHIV on ART treatment	27%	60%	90%	Department of Health Services
	Increase number of health facilities providing nutritional services	Scale up nutrition interventions to improve nutrition status and health outcomes	Number of health facilities providing nutritional services	Health facilities	15	80	150	Department of Health Services

KASF Objectives	BCASP Result	Key Activity	Indicator	Target Population	Baseline	Mid Term	End Term	Responsibility
Reduce AIDS-related mortalities by 25%	Increased number of PLHIV support groups reporting on treatment literacy	Strengthen facility and community linkages on adherence support	Number of PLHIV support groups reporting on treatment literacy	Health facilities	20	60	120	CCCs
	Increase number of health facilities with integrated HIV-related services	Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services	Number of health facilities with integrated HIV-related services	Adolescents and youths living with HIV	70	120	150	Facility in-charges
	Increase number of adoles-cents living with HIV in peer support groups	Empower the adolescents and youth to utilize peer support and networks	Number of adolescents living with HIV in peer support groups	ART sites and PLHIV	0	4	7	Sub-CASCOs
	Increased % of PLHIV accessing alcohol and harm reduction services	Integrate alcohol and drug dependence harm reduction strategies in care services to address non-adherence	% of PLHIV accessing alcohol & harm reduction services	Sub County Health Managers	70%	80%	90%	NACADA Department of Health Services
	Increased number of health facilities utilizing care data for decision making	Strengthening the capacity of the sub-counties to monitor quality of care to utilize data for decision making	Number of health facilities implementing quality improvement activities	Health facilities	7	50	150	Department of Health services

KASF Objectives	BCASP Result	Key Activity	Indicator	Target Population	Baseline	Mid Term	End Term	Responsibility
Reduce AIDS-related mortalities by 25%	Increase the number of HCW trained on EMR	Training of health workers on EMR management systems	Number of HCW trained on EMR	Healthcare Workers	30	50	100	Partners Department of Health Services
	Increased number of laboratories able to provide baseline tests	Strengthen laboratory infrastructure and networking	Number of samples delivered and the turnaround time	Health facilities	33	40	50	Partners County Department of Health Services
	Increased number of health facilities using mobile phone technology to increase adherence and follow up options	Promote innovative mobile phone technology to increase adherence and follow up options	Number of defaulters tracked and re-enrolled into care	Facility managers and defaulter tracers	13	36	50	County Department of Health Services

Strategic Direction 3: Using human rights-based approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors

KASF Objectives	BCASP Result	Key Activity	Indicator	Target Population	Baseline	Mid Term	End Term	Responsibility
Increased equitable access to HIV services	Increased percentage of health workers sensitized on Human rights based approach to health services from 30% to 100%	Sensitize healthcare providers to address stigma in healthcare settings	Percentage of health facilities implementing anti-stigma measures	Healthcare workers	30%	60%	100%	Department of Health Services
	Increased percentage of SGBV survivors provided with PEP	Promote uptake of HIV post exposure prophylaxis among survivors of sexual violence	% of sexual and gender-based violence (SGBV)survivors provided with PEP	Health Facilities, Community	50%	75%	100%	Departments of Health Services Internal Security
	Increased % of social protection programs targeting vulnerable population	Implement interventions that empower communities and vulnerable populations	% of vulnerable people reached with empowerment interventions	PLHIV,OVC, young girls and boys	30%	50%	80%	Department of Social Services Gender and Sports
	Increased % of FBOs reached with HIV & AIDS information and services	Promote sharing of HIV information and service uptake in religious settings	% of FBOs reached with HIV AIDS information and services	FBO and PLHIV networks	30%	50%	80%	Department of Health services PLHIV networks
	Increased % of men involved in HIV RH services	Engage more men in HIV, sexual and reproductive health programmes and interventions	%of people reached with information on HIV, SRH and rights in religious settings and PLHIV networks	Commu-nity and HIV implement-ers	20%	40%	70%	Department of Health Services

KASF Objectives	BCASP Result	Key Activity	Indicator	Target Population	Baseline	Mid Term	End Term	Responsibility
Increased equitable access to HIV services	Increased number of PLHIV support groups engaged in positive living and stigma reduction	Increase and strengthen community groups and forums, engage persons living positively to campaign against HIV-related stigma and discrimination	Number of men involved in SRH programmes in the County	Community and HIV Implementers	20	40	120	NEPHAK CACCs SCASCO
	Reduced GBV from 46% to 5%	Promote programmes that will reduce GBV	% of women and men	Community	46%	30%	5%	Departments of Social Services Internal Security Judiciary Department of Health Services MoEST MCAs
	% of County leaders sensitized on HRBA on access to health	Sensitize policy makers on the need to enact laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment care and support	% of people aged 15-49 yrs expressing accepting attitudes towards PLHIV	County leadership	0%	50%	100%	NACC Department of Health Services County Assembly

Strategic Direction 4: Strengthening integration of health and community systems

KASF Objectives	BCASP Result	Key Activity	Indicator	Target Population	Baseline	Mid Term	End Term	Responsibility
To build a strong and sustainable system for HIV service delivery	Increased number of trained health personnel	Train staff to ensure appropriate numbers of skilled personnel	Number of staff trained	Healthcare Workers	44	80	120	Department of Health Services
	Increased number of HF receiving mentorship on essential health package	Strengthen mentorship for skills transfer to ensure continuity of delivery of essential health package.	Number of facilities with mentorship program	Health facilities	34	100	187	Department of Health services Partners
	Viral load and PCR test in the County referral hospital	Upgrade and strengthen County referral laboratory infrastructure with adequate and functional HIV diagnostic equipment	Viral load and PCR tests offered at the County referral laboratory	County referral laboratory				County Government and line ministries
	Increased number of healthcare workers trained on HIV commodities	Strengthen and monitor HIV commodity management	Number of facilities staff trained on HIV commodity management	Healthcare workers	50	100	150	Department of Health Services Partners

Strategic Direction 5: Strengthening research and innovation to inform the BCASP goals

KASF Objectives	BCASP Result	Key Activity	Indicator	Target Population	Baseline	Mid Term	End Term	Responsibility
To provide a mechanism for effective knowledge generation	HIV and AIDS data available for decision making	Undertake operational research and information management	Number of biomedical and behavioural researches tracked	Department of Health, Research institutions and partners	0	2	4	CDH Research institutions Partners
		Conduct stigma index survey	Report on stigma index and interventions in the County	Community, workplace	0	1	1	Department of Health Services
		Establish Research evaluation and monitoring Unit	Research evaluation and monitoring coordination Unit established	Department of health Research institutions, universities, Partners	0	1	1	Department of Health Services Research institutions Partners
		Capacity build CSOs to undertake HIV research	Number of CSOs capacity on HIV research and M & E	Community	0	1	1	Department of Health Services Research institutions Partners
		Study on cultural factors that influence the spread of HIV in the County	Report on cultural factors that influence the spread of HIV in the County	Community	0	1	1	Department of Health Services Research institutions Partners

Strategic Direction 6: Promoting utilization of strategic information for research and M&E to enhance programming

KASF Objectives	BCASP Result	Key Activity	Indicator	Target Population	Baseline	Mid Term	End Term	Responsibility
To facilitate research, monitoring and evaluation to inform decision making	Support supervision reports for effective implementation of BCASP	Field supervisory support visits	The number of support supervisory support visits	County Health Information System Managers	4	8	16	Department of Health Services
	Quality data available for decision making	Collection of accurate data, data quality audits and data review meetings	The number quality reports available for decision making	Sub-county health units	4	8	16	Department of Health Services
	Midterm report available for review of BCASP strategies	Undertake midterm review of BCASP	Number of Midterm review report	County Health services department and Implementing partners	0	1	1	Department of Health Services
	Quarterly information available for decision making and dissemination	Schedule and hold quarterly meetings for County HIV committee and County HIV-ICC	Number of Committee quarterly meetings, reports and minutes	County HIV Committee, County HIV-ICC, CHAC	4	8	16	Department of Health Services NACC NASCOP

Strategic Direction 7: Increase domestic financing for a sustainable HIV response

KASF Objectives	BCASP Result	Key Activity	Indicator	Target Population	Baseline	Mid Term	End Term	Responsibility
Increase domestic financing of HIV response to 50%	Policy on HIV financing in the County put in place	Drafting legislative policy through the County Assembly	HIV financing policy for the County developed	Department of Health, County Assembly	0	1	1	Department of Health Services County Assembly
	Increased domestic financing	Hold resource mobilization activities to raise funds for HIV programmes	Resources mobilized through innovative approaches	County Health Department, Partners	0	2	8	Department of Health Services
	Equitable distribution of resources in the County	Community, CSOs participation in prioritization of HIV resources	Number of community participatory meetings in the MTEF process	County departments, CSOs, Networks of PLHIV	1	1	1	Department of Health Services
	Quality data available for decision making	Collection of accurate data, data quality audits and data review meetings	Quality reports	HRIOs, CHAs, CHVs	4	8	16	Department of Health Services

Strategic Direction 8: Promoting accountable leadership for the delivery of the BCASP by all sectors and actors

KASF Objectives	BCASP Result	Key Activity	Indicator	Baseline	Mid Term	End Term	Responsibility
Promoting accountable leadership for delivery of the BCASP results by all sectors and actors	BCASP in place and being implemented	Disseminate and roll out BCASP	Number of BCASP printed, and disseminated to implementers	0	200	200	Department of Health Services Partners
	County HIV oversight committee in place and meet periodically	Formation of the County HIV committee and ICC	County HIV oversight committee formed and hold quarterly meetings	0	1	1	Department of Health Services Partners
	Constituency AIDS Committees	Constituency aids committee meet regularly and report	Number of meetings and reports submitted regularly	0	6	6	Department of Health Services Partners
	Accountability in BCASP implementation	Performance contracting	HIV activities allocation	-	-	-	Department of Health Services Partners

ANNEX

2

Resource needs for implementing BCASP (in Million Ksh.)

SD	Specific BCASP Intervention Areas	% of Resource Dedicated for the Strategy	2015/2016	2016/2017	2017/2018	2018/2019	Total
SD1	HIV prevention	25.00%	179.65	202.76	226.84	245.74	1012.74
SD2	Treatment and care	47.00%	324.29	338.75	344.93	340.62	1645.15
SD3	Social inclusion, human rights and gender	11.00%	90.14	112.22	136.04	161.77	569.57
SD4	Health systems	4.00%	22.83	18.71	16.80	8.82	92.39
	Community systems	2.50%	14.22	11.68	10.48	5.50	57.65
SD7 & SD8	Leadership, governance and resource allocation	6.00%	38.46	37.46	35.27	31.77	180.82
SD6	Monitoring and evaluation	1.50%	9.59	9.34	8.78	7.91	45.08
SD5	Research	2.00%	14.28	15.61	16.77	17.60	76.88
	Supply chain management	1.00%	7.14	7.80	8.39	8.80	38.44
	Grand Total	**100.00%**	**700.59**	**754.33**	**804.29**	**828.53**	**3718.74**

Sources: NACC and USAID Health Policy Project (2014)

NOTE:

- This is item-based costing for annual finance needs from KASF 2014 country estimation.
- Costing as per international price.
- PLHIV in Kenya 1,600,000 (2015) was the costing baseline for country estimates of which Baringo had 10,553 PLHIV which translates to 0.006596 of national disease burden.

ANNEX

3

Implementation Plan

Strategic Direction Area (SDA)	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SDA 1: Reducing new HIV infections	Continue offering HIV services to the general population at facility level	X	X	X	X	X	X	X	X	X	X	X	X
	Establish 3 more DICs to offer HIV services to the Key Populations in urban centres			X			X				X		
	Increase access to HIV testing services	X	X	X	X	x	x	x	x	x	x	x	x
	Enhance social BCC for adolescents (delay sexual debut, drug and alcohol abuse)	X	x	x	x	x	x	x	x	x	x	x	x
	Develop a county policy to aid in imparting social life skills to adolescents in and out of school					x							
	Engage index clients contacts (partners) in eMTCT antenatal and post natal testing in HIV programming	x	x	x	x	x	x	x	x	x	x	x	x

Strategic Direction Area (SDA)	**Activities**	**2016**				**2017**				**2018**			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
SDA 1: Reducing new HIV infections	Promoting condom use, limiting sexual partners and knowing own HIV status	X	x	x	x	x	x	x	x	x	x	x	x
	Promote disclosure of own HIV status to partner/s	X	x	x	x	x	x	x	x	x	x	x	x
	Strengthen integration of services SRH/HIV/TB	X	x	x	x	x	x	x	x	x	x	x	x
	Strengthen Aids Control Units (ACUs) and enhance combined HIV prevention interventions				x	x			x		x		x
	Identify vulnerable, marginalized and KPs screening and management of HIV co-morbidities					x		x		x		x	
	Implement innovative approaches for targeting vulnerable population with HIV services (truckers, prisoners, Boda boda operators, sand harvesters)		X										
SDA 2: Improving health outcomes and wellness of all PLHIV	Timely diagnosis and identification through PITC HIV testing in all health facilities and subsequent linkage to ART care	X	x	x	x	x	x	x	x	x	x	x	x
	Increase coverage of care and treatment by increasing number of the ART sites to reduce loss to follow up in the cascade of care	x		x		x		x		x		x	

Strategic Direction Area (SDA)	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SDA 2: Improving health outcomes and wellness of all PLHIV	Strengthen linkage and referral, enrollment and management system and infrastructure	X	x	x	x	x	x	x	x	x	x	x	x
	Increase number of PLHIV accessing ART viral load test				x	x	x	x	x	x	x	x	x
	Scale up nutrition interventions to improve nutrition status and health outcomes				x	x			x		x		x
	Strengthen facility and community linkages on adherence support		x	x	x	x	x	x	x	x	x	x	x
	Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services	X	x	x	x	x	x	x	x	x	x	x	x
	Empower the adolescents and youth to utilize peer support and networks				x	x	x	x	x	x	x	x	x
	Integrate alcohol and drug dependence harm reduction strategies in care services to address non adherence	X	x	x	x	x	x	x	x	x	x	x	x
	Strengthening the capacity of the sub-counties to monitor quality of care to utilize data for decision making				x	x	x	x	x	x	x	x	x
	Training of health workers on EMR management system		x			x				x			

Strategic Direction Area (SDA)	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SDA 2: Improving health outcomes and wellness of all PLHIV	Strengthen laboratory infrastructure and networking		x			x				x			x
	Promote innovative mobile phone technology to increase adherence and follow up	X				x		x		x		x	
SDA 3: Using human rights-based approach to facilitate access to services	Sensitize healthcare providers to address stigma in healthcare settings	X	x	x	x	x	x	x	x	x	x	x	x
	Promote uptake of HIV post-exposure prophylaxis among survivors of sexual violence	X	x	x	x	x	x	x	x	x	x	x	x
	Implement interventions that empower communities and vulnerable populations	X	x	x	x	x	x	x	x	x	x	x	x
	Promote sharing of HIV information and service uptake in religious settings	X	x	x	x	x	x	x	x	x	x	x	x
	Engage more men in HIV, sexual and reproductive health programmes and interventions				x	x	x	x	x	x	x	x	x
	Increase and strengthen community groups and forums, engage PLHIV against stigma and discrimination		x	x	x	x	x	x	x	x	x	x	x
	Promote programmes that will reduce GBV					x	x	x	x	x	x	x	x

Strategic Direction Area (SDA)	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SDA 3: Using human rights-based approach to facilitate access to services	Sensitize policy makers on the need to enact laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment and care and support						x			x			x
SDA 4: Strength-ening integra-tion of commu-nity and health system	Training of staff to ensure appropriate numbers of skilled personnel	X	x		x		x		x		x		x
	Strengthen mentorship for skills transfer to ensure continued delivery of essential health package	X	x	x	x	x	x	x	x	x	x	x	x
	Upgrade and strengthen the County referral laboratory infrastructure with adequate and functional HIV diagnostic equipment	X				x				x			
	Strengthen and monitor HIV commodity management					x			x		x		
SDA 5: Strength-ening research, innova-tion and infor-mation manage-ment to meet the KCASP	Establish research and monitoring and coordination unit						x						

Strategic Direction Area (SDA)	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SDA 5: Strengthening research, innovation and information management to meet the KCASP	Capacity build CSOs to undertake HIV research					x				x			
	Study on cultural factors that influence the spread of HIV in the County												
	Form the County Monitoring Unit to coordinate research, monitoring and evaluation activities						x						
	Undertake operational research and information management					x		x		x		x	
	Conduct stigma index survey						x						
SDA 6: Promoting utilization of strategic information for research monitoring and evaluation	Conduct quarterly field supervisory support visits	X	X	X	X	X	X	X	X	X	X	X	X
	Print and distribute M&E tools for collection of HIV data	X				X				X			
	Collection of accurate data, data quality audits and data review meetings	X	x	x	x	x	x	x	x	x	x	x	x
	Undertake midterm review of BCASP							x					
	Schedule and hold quarterly meetings for the County HIV committee and County HIV- ICC					x	x	x	x	x	x	x	x
	Hold annual HIV stakeholders review conferences								x				x

Strategic Direction Area (SDA)	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SDA 7: Increasing domestic financing for sustainable HIV response	Draft legislative policy through the County Assembly on HIV programme financing					X							
	Plan and hold a charity walk, run to raise funds for HIV activities				X				X				X
	Hold resource mobilization activities to raise funds for HIV programming					x			x		x		x
	Community, CSOs participation in prioritization of HIV resource allocation					x				x			
	Collection of accurate data, data quality audits and data review meetings	X	x	x	x	x	x	x	x	x	x	x	x
SDA 8: Promote accountable leadership for delivery of the KCASP results by all sectors and actors	Print , disseminate and rollout BCASP copies				x					x			
	Formation of the County HIV committees and ICC and undertake quarterly review meetings				x	x	x	x	x	x	x	x	x
	Support the Constituency AIDS Control quarterly review meetings				x	x	x	x	x	x	x	x	x

ANNEX 4

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ANNEX

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