



BUSIA COUNTY

HIV & AIDS

STRATEGIC PLAN

2014/15 – 2018/19

"My County, My Responsibility"

National AIDS Control Council

BUSIA COUNTY

HIV & AIDS STRATEGIC PLAN

2014/15 – 2018/19

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Abbreviations and Acronymns

AIDS	Acquired Immune Deficiency Syndrome
ACU	AIDS control unit
ANC	Antenatal Clinic
APOC	Adolescent Package of Care
ART	Antiretroviral Treatment/Therapy
ARV	Anti-Retroviral Drugs
BCC	Behaviour Change Communication
CBO	Community Based Organization
CB-HIPP	Cross Boarder Health Integrated Partnership Programme
CCC	Comprehensive Care Centre
CCM	Country Coordination Mechanism
CEC	County Executive Committee Member
CHEWs	Community Health Extension Workers
CHRIO	County Health Records Information Officer
CHVs	Community Health Volunteers
CS	Cabinet Secretary
CSO	Civil Society Organization
DICE	Drop in Centre
DHIS	District Health Information System
EBI	Evidence-Based Intervention
EPHT	Environmental Public Health Tracking

eMTCT Elimination of Mother-to-Child Transmission

FBO Faith-Based Organization

FMS Financial Management System

FSW Female Sex Worker

GBV Gender-Based Violence

GoK Government of Kenya

HBC Home-Based Care

HBTC Home-Based Testing and Counseling

HCBC Home and Community-Based Care

HCW Health Care Worker

HIV Human Immunodeficiency Virus

HMIS Health Management Information System

HPV Human Papilloma virus

HR Human Resources

HTS HIV Testing (and counseling) Services

ICC Interagency Coordinating Committee

IEC Information, Education and Communication

IOM International Organization for Migration

IPC Infection Prevention and Control

KAIS Kenya AIDS Indicator Survey

KASF Kenya AIDS Strategic Framework

KARP Kenya AIDS Response Programme

KCCB Kenya Conference of Catholic Bishops

KDHS Kenya Demographic and Health Survey

KEPH Kenya Essential Package for Health

KNASP Kenya National AIDS Strategic Plan

KP Key Populations

LGBT Lesbian, Gay, Bisexual and Transgender

LVCT Liverpool VCT Care and Treatment

MDAs Ministries, Departments and Agencies

M&E Monitoring and Evaluation

MNCH Maternal New born and Child Health (MNCH)

MoE Ministry of Education

MoH Ministry of Health

MoT Modes of Transmission

MSM Men who have Sex with Men

MSW Male Sex Worker

NACC National AIDS Control Council

NACADA National Agency for the Campaign Against Drug Abuse

NASCOP National AIDS & STI Control Programme

NCDs Non-Communicable Diseases

NGO Non-Governmental Organizations

OVC Orphans and Vulnerable Children

PEP Post-Exposure Prophylaxis

PHDP Positive Health, Dignity and Prevention

PITC Provider-Initiated Testing and Counseling

PLHIV People Living with HIV and AIDS

PMIS Pharmacy Management Information System

PMTCT Prevention of Mother–to-Child Transmission

PrEP Pre-Exposure Prophylaxis

PwD People/Persons with Disabilities

PWID People Who Inject Drugs

PHDP Positive Health, Dignity and Prevention

RBM Results-Based Management

SRH Sexual and Reproductive Health

STI Sexually Transmitted Infection

SW Sex Workers

TB Tuberculosis

TWG Technical Working Group

VCT Voluntary Counseling and Testing

VMMC Voluntary Medical Male Circumcision

Fore Word

The HIV and AIDS epidemic is the biggest public health concern in both the country and our county of Busia. Following the national government declaration of HIV and AIDS as a national disaster in 1999, and with the establishment of the National AIDS Control Council (NACC) in 2000, the response to this epidemic has been guided by the National AIDS Strategic Plans I, II and III. There have been significant achievements towards stemming new infections and forestalling deaths. The country enacted a new constitution in 2010 which brought in a devolved system of government, and more importantly, empowered the county governments to manage the public health sector.

We have therefore prepared this **BUSIA COUNTY AIDS STRATEGIC PLAN** to meet the unique needs of our county. The strategic plan comes at a time when we are facing challenges of limited resources and even apparent donor fatigue against a backdrop of increased demand for quality services from a very informed public.

The Busia AIDS strategic plan is aligned to the Kenya AIDS strategic framework and we hope it will galvanize an expanded, multi-sectorial county response to the HIV epidemic. In an environment of constrained funding and with the emergence other equally important public health concerns such as cancer, it is important that our efforts be well coordinated coupled with enhanced accountability to reduce our HIV prevalence from the current 6.8%.

In Busia County there is indication of sufficient commitment from the political leadership to ensure that, where possible resources are availed to reduce new HIV infections, provide treatment to all those eligible, and protect People Living with HIV (PLHIV), orphans and other vulnerable children (OVC) and communities affected by the epidemic.

I therefore wish to take this opportunity to call upon all stakeholders in Busia County to use this BCASP in planning and implementing HIV and AIDS interventions so that we reduce this epidemic. HIV is a priority concern for our county government and, through the multi-sectorial approach, all the departments are urged to scale up HIV and AIDS control activities through their respective AIDS Control Units (ACUs).

My office is committed to strengthening the coordination and management of the HIV and AIDS response hoping that we will see an end to this epidemic in our lifetime.

H.E HON. SOSPETER ODEKE OJAAMONG

GOVERNOR

BUSIA COUNTY

Preface

HIV and AIDS epidemic remain a major burden to the socio-economic development of Busia County. However, there is evident hope in declining HIV prevalence currently at 6.8% as a result of the efforts and determination of our multi-sectorial responses.

In spite of the decline in prevalence, HIV incidence rates variably remain high among Key Populations (KPs) and other vulnerable groups, particularly the fishing communities, sex workers and cross-border mobile populations. Our County's proximity to major international cross-border points create an international hub of erratic populations that amplify the HIV burden which often transcends our healthcare budgets including provision of HIV prevention commodities. Sexual transmission remains the most common mode of the HIV transmission and a significant challenge to our HIV response in Busia County.

The BCASP is a product of a highly consultative process involving all stakeholders in the response to HIV and AIDS. This highly interactive process ensured that the BCASP addresses current needs and epidemic trends in Busia County, drawing on new global and national knowledge and information on HIV and AIDS. The technical working team that assisted the county to develop this plan included specialists on various HIV issues. Busia County's approach is to mainstream these concerns at all levels, and to do this, we are integrating our HIV and AIDS response into our county development agenda. There were also specialists in Monitoring and Evaluation, Resource Mobilization, Costing and HIV prevention.

The devolution of the HIV response to county governments in Kenya requires a multi-sectoral and accountable leadership with increased domestic financing of the HIV and AIDS response. It is envisaged that implementation of prioritized interventions in specific strategic directions in our County AIDS Strategic Plan will spark a further decline in HIV prevalence and incidence rates including allied burdens in our communities.

The passion and commitment of the office of the First Lady to the Beyond Zero Campaign provide a positive opportunity to HIV programming in which stakeholders work together in combating our County HIV epidemic. In addition, the establishment of Busia County HIV ICC, County HIV Monitoring Committee and the constituted sub-county HIV committees are ideal avenues for a focused HIV response.

We commit our efforts to achieving the under listed key strategic 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 BCASP presents an opportunity for the county response to be more effective in preventing new infections, enhancing care, treatment and support, and mitigating the impact of HIV and AIDS, and if we succeed, we shall be making an impact in the development agenda of the county. Busia County Government aims to sustain the success rate in treatment of people living with HIV, ensuring that OVC enjoy equal rights and care, and scaling up effective evidence-based prevention strategies. The BCASP further supports systems strengthening across all levels to sustain the collaboration and achievements gained by the county, including strengthening our monitoring and evaluation efforts. The County Government will strengthen its monitoring and evaluation efforts to enable implementers to recognize and reinforce good performance, and improve or reprogram activities that are not on track to ensure that the response delivers on the intended results. As we strive to deliver the intended results of this strategic plan, let our ultimate goal rest in eliminating new HIV infections in our communities. Indeed, if not us, who then? And if not now, when?

HON. DR. MAURICE P. SIMINYU

C.E.C

DEPARTMENT OF HEALTH AND SANITATION

BUSIA COUNTY

Acknowledgements

The Busia County AIDS Strategic Plan is the first document designed locally to guide the county's HIV response. It is aimed at guiding stakeholders in the planning, resource mobilization and intervention implementation. The strategic plan was accomplished through a consultative process involving key stakeholders in the HIV response who supported the process in various stages of its development. The Department of Health and Sanitation in the county would like to appreciate all the sectors and partners who were contributory to the development of the document.

The commitment, technical support and overall stewardship from the National AIDS Control Council are highly appreciated. NACC also did provide the Kenya AIDS Strategic Framework that provided guidance to our technical working group.

We thank the County Executive Committee member for Health and Sanitation and the Chief Officer for the appointment of a dedicated technical working group and providing them with the needed moral and financial support to develop the document. We appreciate the role played by many stakeholders including the civil society, the faith based organizations, PLHIV groups, government departments in the county, the private sector and key populations for their engagement and consultations.

We acknowledge the contributions of the various partners during the various stages of development of the document.

We wish to acknowledge with deep gratitude the contribution of the BCASP development task force members led by Mr Stephen Kathaka Regional HIV Coordinator – NACC , Dr Festus Kigen County AIDS and STI Coordinator, Mr Wilfred Magoba County AIDS Coordinator, Dr. Allan Wafula Deputy County Pharmacist, Mr Nelson Andanje County Health Promotion Officer, Mr Napoleon Nyongesa Sub-County AIDS Control Coordinator-Teso North, Mr Bruno Otsyula ADEO, Mr Vincent Oluoch KENEPOTE and Mr Bernard Bosire TB Coordinator- Busia for their tireless efforts and dedication to the task. We also thank the expert reviewers who provided valuable recommendations to improve the CASP.

DR. MELSA LUTOMIA

DIRECTOR,

DEPARTMENT OF HEALTH AND SANITATION

Executive Summary

The BCASP 2014/15 – 2018/19 is the strategic guide for the County's response to the HIV agenda. The strategic plan addresses the drivers of HIV among various population groups in the county and strategies to contribute to national efforts towards creating a globally competitive and prosperous nation with a high quality of life by 2030.

This Strategic Plan has been developed in line with the devolved governance framework as enshrined in the Constitution of Kenya (2010) which guarantees the right to the highest attainable standard of health, including HIV and AIDS services as found in Article 43(1a) and also in harmony with the Busia County Integrated Development Plan (2013- 2017), and the Busia County Health Strategic and Investment Plan (2013 - 2017) in seeking to make Busia a "Healthy, productive and internationally competitive County".

The plan provides for eight Strategic Directions, each with priority intervention areas:

1. **Strategic Direction One** aims at reducing new HIV infections through breaking down the HIV epidemic to enhance prevention efforts among priority populations and geographical areas. This is expected to reduce new infections by 75% by 2019 among adults and current mother-to-child transmission rates to less than 5%.
2. **Strategic Direction Two** focuses on improving health outcomes and wellness of people living with HIV by providing linkage to care, increasing coverage of care and treatment, and scaling up interventions to improve the quality of life and healthcare outcomes. These interventions are expected to yield positive results in line with the 90/90/90 initiative of the WHO and NASCOP.
3. Strategic Direction Three provides the avenues for using a human rights based approach to facilitate access to services through removing barriers to access of HIV, SRH and rights information and services in public and private entities; reducing and monitoring stigma and discrimination, social exclusion and gender-based violence; and improving access to legal and social justice and protection for PLHIV, with the expected result of reduced self-reported stigma and increased protection of human rights.
4. **Strategic Direction Four** aims at strengthening integration of community and health systems by improving access to and rational use of quality essential products and technologies for HIV prevention and treatment; strengthening the health service delivery system at the county level and also enhancing the community service delivery system in HIV prevention, treatment and care. A strengthened HIV commodity management and competent community-level AIDS involvement are key results expected under this plan.
5. **Strategic Direction Five** is aimed at strengthening research, innovation and information management to meet the goals of this plan. This shall be achieved through allocation of resources and implementing a HIV research agenda informed by this strategic plan and also increase evidence-based planning, programming and policy

changes. It is expected that there shall be significant improvement in HIV research and its implementation.

6. **Strategic Direction Six** focuses on promoting utilization of strategic information for research and monitoring & evaluation to enhance programming. This shall entail establishing a multi-sectoral and integrated real time HIV platform to provide for updates on HIV response accountability in the county; strengthening of the M&E capacity to effectively track the performance of the different goals of this plan; and ensuring the establishment and efficiency of routine and non-routine monitoring systems to cater for the HIV situation in the county.

7. **Strategic Direction Seven** aims at increasing domestic financing for a sustainable HIV response in the County through maximizing the efficiency of existing delivery options, promoting innovative and sustainable domestic HIV financing options and aligning resources and investments to this plan's priorities. The end result shall be a 50% increase in HIV financing from county resources.

8. **Strategic Direction Eight** promotes accountable leadership for the delivery of the BCASP results by all sectors through building and sustaining a high level political and technical commitment for ownership of the HIV response and establishing a functional and competent HIV coordination mechanism in the county. Good governance practices and accountable leadership in a multi-sectoral approach for HIV response and an enabling policy, legal and regulatory framework are key results expected.

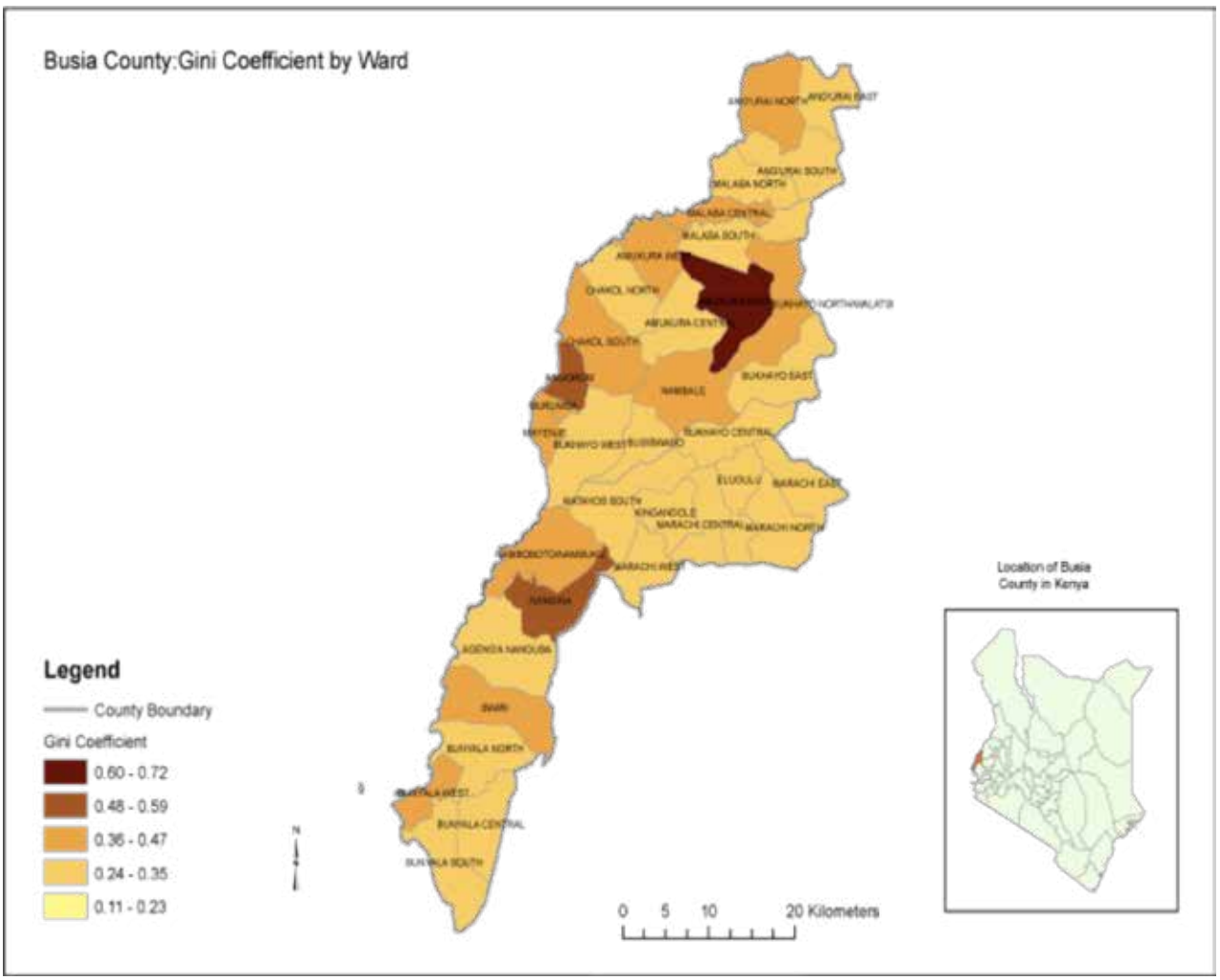
CHAPTER 1

Background Information on the County

Busia County is located in Western Kenya and within the Lake Victoria Basin. It borders the Republic of Uganda to the West and North, Bungoma County to the North East, Kakamega County to the East, and Siaya County to the South. The County is divided into seven sub-counties namely: Bunyala, Matayos, Butula, Nambale, Samia, Teso North and Teso South. The county covers a geographical area of 1,697 square kilometres and its altitude varies from 1130m to 1375m(Census 1999). Busia County is endowed with resources such as arable land, livestock, water, pasture and forests. The main economic activities include trade, agriculture, tourism, fishing and commercial businesses particularly at the border towns of Malaba and Busia between Kenya and Uganda.. The county is famously known as the origin of the name "Boda boda" referring to the local means of transport between the two countries.

Busia County had an estimated population of 823,504 in the 2013/14 planning year, which is 1.9% of the national population. The annual population growth rate is 2.54% giving a projected population of 908,658 by 2017. The estimated number of households was 164,701 with an average family size of 5. The poverty level stands at 66% while literacy level is at 75.3% . The male to female ratio stands at 1:1 with 48% male and 52% female (Kenya National Bureau of Statistics – KNBS).

Fig 1.1: Busia County Map



1.2 The Evolution of HIV in Busia County

The upsurge of HIV cases in the County was realized around the year 1991. During those years the disease was commonly referred to as "Slim" and the response to treatment was mainly from the Ministry of Health. The peak of HIV prevalence in the County was in the year 1999/2000 when it reached 14%.

As years went by, other partners came in to compliment the government's HIV response in the County. MSF was the first partner to offer treatment services with clients coming not only from Busia County but also from other Districts (now Counties) from Western Province such as Bungoma, Vihiga, Kakamega and also from Siaya County in Nyanza Province.

The major point of HIV care was the Busia District Hospital (now Busia County Referral Hospital), and by then HIV accounted for 50% of the in-patients.

From 1999, when the then President H.E. Daniel Toroitich Moi declared HIV and AIDS a national disaster and constituted the National AIDS Control Council to coordinate the multi–sectoral HIV

Table1.1: Population descriptions by age cohort

	Description	Population estimates	Target Population				
			2013	2014	2015	2016	2017
1	Total population		**823,504**	**843,000**	**864,343**	**886,224**	**908,658**
2	Total number of households		164,701	168,600	172,869	177,245	181,732
3	Children under 1 year (12 months)	3.587999%	29,547	30,247	31,013	31,798	32,603
4	Children under 5 years (60 months)	17.47671%	143,921	147,329	151,059	154,883	158,804
5	Under 15 year population	47.13468%	388,156	397,345	407,405	417,719	428,293
6	Women of child bearing age (15 – 49 years)	26.35765%	217,056	222,195	227,821	233,588	239,501
7	Estimated number of pregnant women	3.587999%	29,547	30,247	31,013	31,798	32,603
8	Estimated number of deliveries	3.587999%	29,547	30,247	31,013	31,798	32,603
9	Estimated live births	3.587999%	29,547	30,247	31,013	31,798	32,603
10	Total number of adolescents (15-24)	20.12419%	165,724	169,647	173,942	178,345	182,860
11	Adults (25-59)	27.38574%	225,522	230,862	236,707	242,699	248,843
12	Elderly (60+)	5.30286%	43,669	44,703	45,835	46,995	48,185

Source: Exploring Kenya's Inequality-Busia County KNBS 2013

response in the Country, Busia County has been relying on the National AIDS Strategic Plans (KNASP I, KNASP II and KNASP III) which were formulated by NACC and partners. These policy documents ensured the County (District) had HIV response resources mobilized and response coordinated in a uniform manner through major programs like the KHADREP and TOWA which came to an end in 2013.

With the emergence of Kenya's New Constitution 2010, the country adopted the devolved system of governance with health services, including HIV response, being devolved in all the 47 Counties in Kenya.

Despite devolving the functions of the larger Ministry of Health, NACC in the fulfillment of its national mandate to coordinate HIV response through policy formulation and resource mobilization, came up with the Kenya AIDS Strategic Framework (KASF)2014/2015-2018/2019, which provides guidance to the country on HIV response. However, the 47 Counties needed to formulate county specific HIV and AIDS plans.This is the premise of formulating this County HIV Strategic Plan (CASP).

CHAPTER 2

Situational Analysis

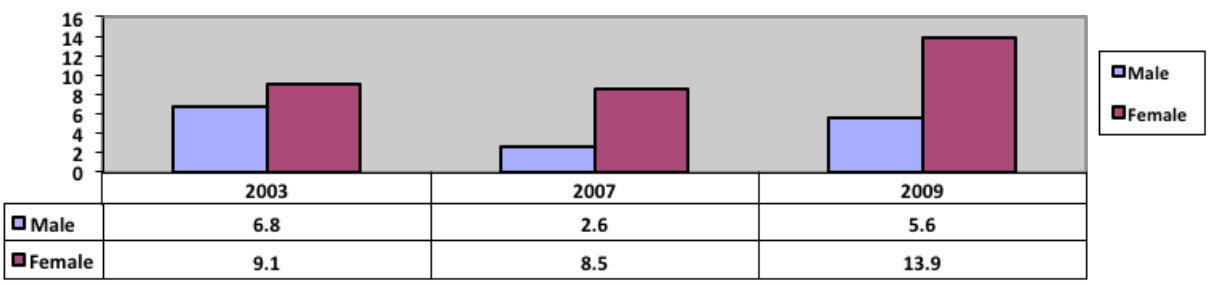
2.1 HIV Epidemiology in Busia County

2.1.1 HIV burden in Busia County

According to the World Health Organization, Kenya faces a severe, generalized HIV and AIDS epidemic that continues to have a devastating impact on all sectors of the society. National estimates indicate that the adult HIV prevalence rate in 2003 was 6.7%. Since 2006, the epidemic has remained stable with an adult prevalence rate of 6.0% (KDHS 2003, KAIS 2007, 2008 and 2012).

Busia County had a projected population of approximately 843,001 in 2014 with an adult HIV prevalence of 6.8% (KAIS II). The HIV prevalence among women in Busia County is higher (8.4%) than that of men (5.1%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 43% of people in Busia County had never tested for HIV by 2009.

It is estimated that about 44,326 are living with HIV in the county (Kenya County HIV Profiles, 2014, NASCOP SI Unit, 2014 and KAIS II).



	2003	2007	2009
Male	6.8	2.6	5.6
Female	9.1	8.5	13.9

Source: KDHS, KAIS, Kenya County HIV Profiles, 2014

2.1.2 Administrative regions HIV burden

There are variations in the number of PLHIV in the different sub-counties of Busia County. Matayos, Butula and Bunyala sub-counties have the highest numbers of PLHIV in the county, while Nambale has the lowest estimates.

SUB COUNTY	ESTIMATED ADULTS LIVING WITH HIV	ESTIMATED CHILDREN LIVING WITH HIV	LIVING WITH HIV
BUNYALA	6536	766	7302
BUTULA	7419	870	8289
MATAYOS	10512	1232	11744
TESO NORTH	3365	394	3759
NAMBALE	2484	291	2775
SAMIA	5126	601	5727
TESO SOUTH	4233	496	4729
BUSIA COUNTY	**39,675**	**4651**	**44,326**

Source; NASCOP SI Unit, 2014

These variations provide for a platform to generate specific interventions targeted for each region and also the need to provide targeted approaches in reducing new HIV infections per population category.

2.2 HIV Transmission

In the KDHS 2014 Survey on knowledge of HIV prevention methods by county, 81.8% of women and 96.3% of men in Busia County know that HIV can be prevented by using condoms. This is above the national figure of 79.8% and 87.6% for women and men respectively. Whereas it has been documented that consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90%, low condom use in Busia County is a major factor in any new HIV infections and also on the adult HIV prevalence of 6.8% (Kenya HIV and AIDS Profile, 2014) that places Busia County among the ten counties that account for 65% of the prevalence nationally.

There were about 2,152 pregnant women living with HIV in Busia County in 2014. According to DHIS 2013 data, Kenya had an estimated 12,940 new HIV infections among children with Busia County ranked 21st in the country with 58 new infections. A key component of these new infections is that while 84% of pregnant women attend clinic at least once, only 41% of pregnant women attend the recommended four antenatal visits in Busia County and only 62% deliver in a health facility (DHIS 2013).

2.3 ART Uptake and Coverage

As at the end of 2014, Busia County had 28,660 clients enrolled in HIV comprehensive care clinics of whom 26,460 were on HAART. The sub-county breakdown is as shown in the table below:

Table 2.3: PLHIV distribution by age and care per sub-county

ORGANIZATION UNIT	PAEDIATRICS ON CARE	ADULTS ON CARE	TOTAL ON CARE	PAEDIATRICS ON ARVS	TOTAL ON ARVS	TOTAL ON ARVS
MATAYOS	517	6830	7347	487	6225	6712
BUTULA	409	4614	5023	366	4054	4420
BUNYALA	327	3935	4262	318	3676	3994
SAMIA	276	3866	4142	260	3678	3938
TESO NORTH	234	2168	2402	221	2067	2288
TESO SOUTH	283	3084	3367	263	2782	3045
NAMBALE	145	1794	1939	136	1676	1812
BUSIA COUNTY TOTALS	**2191**	**26291**	**28482**	**2051**	**24158**	**26209**

Source; DHIS data as at February 2016

2.4 SWOT Analysis

In light of the HIV prevalence in the county, new infections rates, ART uptake and interventions to tame the HIV scourge in the county, it is vital to know that there are various strengths, weaknesses, opportunities and threats to the efforts towards attaining the goals of this plan.

2.4.1 Strengths

There are strengths in Busia County that will help towards the realizations of the BCASP 2014/15 – 2018/19 objectives:

- Devolution - The County Government, and devolved functions, according to the Kenya Constitution (2010) have created an increased impetus in attaining the goals of this plan. The devolution of structures related to HIV and AIDS prevention and treatment to the county level have presented an opportunity for increased involvement of the health professionals within the county.
- Receptive community - The county is fortunate to have a community that is well aware of the HIV scourge and the implications of HIV and AIDS to the socio-economic being of the people. This is due to the declaration of HIV and AIDS as a national disaster in 1999 and the various educational and sensitization campaigns that followed.
- CBOs - There is a strong presence of Community Based Organizations carrying out HIV programmatic activities in all the 7 sub-counties. This has further helped in scaling up treatment and preventative measures.
- The Department of Education has played a role of ensuring there are active health clubs in schools all over the county to educate both students and pupils and also increase their involvement in preventative measures while at a young age.
- Members of KPs have organized groups that has made it easier to involve them in key strategies affecting them. In addition there are strong PLHIV networks in the county.
- The county boasts of a wide availability of health facilities in all the sub-counties that makes access to HIV and AIDS services easier. - The National AIDS Control Program (NASCOP) has made it possible to have a consistent availability of ARVs for PLHIV in the county.

- The county has skilled personnel to handle the preventative and curative aspects of HIV and AIDS epidemic. - There is a high uptake of primary healthcare services in the health facilities in the county which is a further boost to the preventative strategies for HIV and AIDS. The construction of a Kenya Medical Training College (KMTC) campus in Busia will further add to the pool of trained health professionals.

2.4.2 Weaknesses

The following are the major weaknesses witnessed in the county:

- There is a high HIV stigma among the professional classes especially health workers which has hindered the efforts to prevent the scourge from spreading in the county.
- Despite being organized into groups, there is a negative attitude towards service delivery to KPs. Due to this, efforts to reach more of these groups are hindered.
- Poor correlation between knowledge of HIV prevention and practices
- The presence of some cultural practices that encourage the spread of HIV by encouraging indulgence in promiscuous sexual behaviour, e.g. wife inheritance and the popular "disco matangas" in many funerals in the county.
- The over-emphasis on curative as opposed to preventive interventions have denied resources to measures and interventions meant to scale down the spread of HIV in the county.
- High poverty levels in the county have made access to health services low.
- There is only one reference laboratory serving a large population thereby impacting negatively on the uptake of testing and care services because its resources are stretched.
- While there is availability of skilled staff in the county, their numbers are inadequate. This has led to unavailability of some services in many health facilities.
- Inadequate and unreliable supply of some HIV commodities like female condoms and test kits have slowed down HIV preventative efforts in the county.
- There is inadequate dissemination of HIV research findings relevant to the county despite there being research done at various levels. These findings and results are key to shaping the direction of the fight against HIV in the county by defining where and how resources should be allocated.
- The absence of a county institutional research and ethics committee has hindered the uptake of research focused on HIV and AIDS in the county. This in turn means that it is impossible to fully involve health professionals and other stakeholders in shaping the HIV agenda in the county through an evidence-based approach.
- Weak monitoring and evaluation structures in the county have resulted in the inability to adequately quantify the impact of various interventions put in place against the scourge in the county. Moreover, it has created a duplication of roles and interventions for various stakeholders and partners.
- There are inadequate reporting tools leading to a gap in the quality of data obtained from health facilities.
- The lack of a County AIDS Control Act has hindered efforts to lobby for funding both from at the county level and from other development partners, resulting in underfunding in the fight against HIV in the county. There is weak multi sectoral coordination of HIV control activities with several stakeholders and development partners engaged in duplicate activities in various parts of the county.
- Lack of office space and logistical support.

2.4.3 Opportunities

The following are opportunities in the county for the successful implementation of the goals of this plan, if fully tapped and utilized:

- The presence of vernacular media houses will increase access to information on treatment and preventative measures on HIV and AIDS in the county.
- The patronage of the County First Lady in the Beyond Zero Campaign.
- The establishment of the regional East African Public Health Laboratory (EAPHL) in Busia County Referral Hospital will increase uptake and presence of laboratory services in the county.
- The presence of Alupe KEMRI research laboratory will open avenues for research on HIV in the county.
- The presence of highly trained Alupe KEMRI research staff creates a channel for mentorship and training in clinical research which is key to the interventions of this plan.
- The opening of new health facilities will increase uptake of HIV and AIDS services hence enabling the county meet the goals of Strategic Direction Two: Improving health outcomes and wellness of all people living with HIV.
- The presence of cross-border committees with Uganda creates opportunities for linkages in addressing various health challenges arising from the interactions of populations between the two countries.
- Support from IGAD Regional AIDS Partnership Program (IRAPP) and Cross-Border Health Integrated Partnership Project (CB-HIPP) offers an opportunity for partnerships with other stakeholders to share experiences and work together in matters HIV and AIDS in the region.
- Availability of HIV defaulter tracing mechanisms will ensure the retention of more PLHIV in care and treatment.

2.4.4 Threats

The following are threats to the realization of the goals of this strategic plan:

- Donor fatigue - The HIV response in the country and county, both preventative and treatment, is heavily donor-dependent. Much of this funding and resource allocation in the county by donors is time and intervention-dependent with the donors funding various projects in specific regions of the county, if not the whole.
- Emergent health problems - Emergence of new health problems such as cancer with a possible shift of focus from HIV means that some stakeholders may shift their resources from HIV to these health problems thereby increasing the funding gap for this plan.
- Migrant population – The [presence of two major border towns (Malaba and Busia) with significant key and migrant populations.
- Substance abuse - A high level of alcohol and substance abuse in the county has led to decreased health and wellness outcomes of PLHIV as well as creating a platform for increasing new infections through engaging in unprotected sex.
- Religious and cultural beliefs - Traditional healers and religious leaders interfere with health seeking behaviour of PLHIV. Condom use and adherence to treatment regimens and doses are some of the most affected components.
- Home deliveries - There is a high rate of home deliveries (40%) compared to pregnant women attending the first ANC visit. Moreover, 58% of HIV positive pregnant women in the county do not deliver in a health facility (Kenya County HIV Profiles, 2014). These facts hinder effective elimination of mother-to-child Transmission (eMTCT) interventions.
- Partners' accountability - There is a lack of accountability by some partners in the county when executing their mandate.

Key results, research findings and interventions applied by some partners are not in tune with the various plans in the county, while some do not provide feedback on these components in the process of executing these interventions or even at exit.

- National guidelines - Some partners do not adhere to the national guidelines and therefore there exists a disparity in handling PLHIV in different regions supported by different partners in the county. It therefore becomes challenging to offer continuity of services, in the event the partner exits.
- Partner distribution - While we appreciate that different partners have different needs and focus areas, the distribution of partners in the county is not even due to this phenomenon. This has led to concentration of certain services in a particular region based on what and where the partner is supporting.

CHAPTER 3

Rationale, Strategic Plan Development Process and the Guiding Principles

3.1 Rationale

Since the year 2000, Kenya has developed three successive national strategic plans for the HIV response, which laid out specific results and strategies for delivering HIV services countrywide. For the period 2015 to 2019, there is a shift to the development of county specific plans to take into account the devolution of most health services to county governments. It is on this background that Busia County has moved to develop a strategic plan that is relevant to its local HIV situation, addressing key drivers of the epidemic in the area. The BCASP has been developed to guide the delivery of HIV services for the period 2015-2019 in the county. The document defines the results to be achieved during its life and offers strategic guidance to stakeholders on the coordination and implementation of the HIV response. The strategic plan is therefore a guide for coordination and implementation of the HIV response, and a resource mobilization, allocation and accountability tool. It ensures that the HIV response remains multi-sectoral and seeks to create an enabling environment for stakeholders to play their roles synergistically to achieve common results ensuring flexibility to address the micro effects of the epidemic at community level.

3.2 Process of developing the Busia County AIDS Strategic Plan

This strategic plan was developed through an in-depth analysis of available data and a highly participatory process involving a wide range of stakeholders drawn from Busia County Government, Civil Society Organizations, Faith Based Organizations, Networks of People Living with HIV, Youth and Key Populations, the private sector and the Busia County Assembly. The following were key aspects of the BCASP development process:

3.2.1 Training of the 5 Busia County Technical Team on KASF: 28th- 29th April 2015

The goal of training was to prepare the TWG members for the task of drafting the document as well as sensitizing other stakeholders on the development of the document.

3.2.2 Sensitization of 40 Busia County Stakeholders: 24th - 25th June 2015

The purpose of the training was to engage the Busia County stakeholders to enhance commitment, sustainability and ownership of the Busia County-specific HIV response, with an aim of realizing the

four overarching national objectives of the KASF. The five Busia County Technical Team Members provided technical support while the KASF Dissemination Task Force Members from NACC headquarters reinforced highly technical areas beyond the scope of the Busia County Technical Team.

3.2.3 Establishment BCASP Technical Task Force

The BCASP Technical Task Force comprising seven members was established by the forty Busia County stakeholders and tasked to draft the Busia County AIDS Strategic Plan 2015-2019

The BCASP Technical Task Force elected a chairman and a secretary to lead the team. The team tasked each member to work on an identified priority area then table reports during the subsequent meeting for review by all members.

3.3 The BCASP guiding principles

a) Results-based planning and delivery of the BCASP All HIV programs shall be linked to the BCASP and shall demonstrate contribution towards the envisioned results .

b) Evidence-based, high impact and scalable interventions Preferential interventions shall be those that are of high value, and scalable ones that are informed by evidence.

c) Multi-sectoral accountability

The strategic plan provides guidance for interventions and results for which many sectors are responsible and accountability mechanisms will be established through the NACC in order to increase resources and results.

d) County ownership and partnership

All HIV stakeholders including the governments, development partners, civil society organizations, people living with HIV and the community shall align their efforts towards the results envisioned.

e) Rights-based and gender transformative approaches

For the BCASP to succeed the rights of those who are socially excluded, marginalized and vulnerable must be protected. The BCASP has taken care of this fact and a rights-based approach is recommended.

f) Efficiency, effectiveness and innovation

Due to limited resources available as a result of declining donor support, the BCASP seeks to explore and operationalize sustainable domestic financing through improved efficiency in service delivery and innovative approaches aimed at achieving more at reduced cost without compromising on quality.

CHAPTER 4

Vision, Mission, Goals, Objectives & County Strategic Direction

Vision

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

Goal:

To contribute to achieving Vision 2030 through universal access to comprehensive HIV prevention, treatment and care.

Objectives

To reduce new HIV infections by 75%

To reduce AIDS related mortality by 25%

To reduce HIV related stigma and discrimination by 50%

To increase domestic financing of the HIV response to 50%

4.4 Strategic Directions

4.4.1 Strategic Direction 1: Reducing New HIV Infections

Busia County had a projected population of 843,001 in 2014 with an adult HIV prevalence of 6.8%(KAIS II). The HIV prevalence among women in Busia County is higher (8.4%) than that of men (5.1%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men. Despite the huge importance of HIV testing as a way of increasing prevention and treatment, about 43%of the people in Busia County had never tested for HIV by 2009.It is estimated that about 44,326 people are living with HIV in the county (Kenya County HIV Profiles, 2014, NASCOP SI Unit, 2014 and KAIS II).

Some of the key drivers of the epidemic include poverty particularly among women and youths, cultural and social practices like "disco matanga", sex work, stigma, social exclusion and gender based violence in families. Others include substance abuse particularly among the youths and low condom use.

The interventions in this strategic direction focus on ways of reducing new HIV infections. Innovative approaches should be used to ensure the interventions reach the KPs and also target geographical areas with higher HIV prevalence. KPs include sex workers and their clients, men who have sex with men, and people who inject drugs. In addition, we have vulnerable populations like street families, prisoners, adolescents, persons in unstable families due to GBV, low income women, Boda boda operators as well as long distance truck drivers.

Key intervention

i) Granulate the HIV epidemic to intensify HIV prevention efforts to priority geographies and populations.

ii) Intervention Area 2: Adapt and scale up effective evidence-based combination prevention.

iii) Intervention Area 3: Maximize efficiency in service delivery through integration.

iv) Intervention Area 4: Leverage opportunities through creation of synergies with other actors.

These interventions are in three broad categories: behavioural, biomedical and structural.

Expected results:

- Reduced annual new HIV infections among adults by 75%.
- Reduced HIV transmission rates from mother-to-child from 14% to less than 5%

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS								
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**			**Target Population**	**Geographical Areas by county /Sub-County**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
Reduce new HIV infections by 75%	a. Reduced annual new HIV infections among adults by 75%	1.Conduct social behaviour change communication (SBCC)		Carry out awareness campaigns on HIV prevention among target populations(KPs and vulnerable populations). Develop and distribute IEC materials. Develop mass media messages for radio and TV spots.Life skills education among adolescents in and out of school. Carry out stigma reduction campaigns. Carry out awareness campaigns on drugs and substance abuse. Carry out condom promotion campaigns	Incorporate HIV prevention and mitigation in community health strategy.	General population KPs Adolescents CHVs CHEWs CHCs	All the sub counties: Matayos , Bunyala, Samia, Butula, Teso South, Teso North and Nambale	County Department of Health Partners CSOs NACC NASCOP
	Reduced annual new HIV infections among adults by 75%	2. Provision of condoms and lubricants	Procure and distribute adequate male and female condoms. Procure and distribute adequate lubricants for MSM. Procurement and placement of condom dispensers in strategic places.			KPs Adolescents (12 – 17 years) Young Aadults (18-24 years)	All seven sub-counties	MOH, County Department of Health Partners CSOs NACC NASCOP

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention			Target Popu-lation	Geogra phical Areas by county /Sub-County	Respon-sibility
			Biomedical	Behavioural	Structural			
Reduce new HIV infections by 75%	Reduced annual new HIV infections among adults by 75%	4. Voluntary Medical Male Circumcision (VMMC)	Provision and strengthening of VMMC services		Capacity building of healthcare workers in VMMC. Procurement of VMMC supplies and equipment. Integration of VMMC services in routine services. Scale up facilities offering VMMC.	Uncircu-mcised men above 10 years	All seven sub-counties	NASCOP, NACC, Partners. , CSOs, Busia County Govt- Dept of Health and Sanitation
	Reduced annual new HIV infections among adults by 75%	5. Positive Health Dignity and Prevention (PHDP)			Support formation of PLHIV support groups. Train peer educators on CPWP. Capacity building of health workers on clinical PWP. Provide PWP IEC materials. Monitor and evaluate PWP services. Provision of ARVs.	All PLHIV	All seven sub-counties	MOH, County Department of Health Partners CSOs NACC NASCOP

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention			Target Popu-lation	Geogra phical Areas by county /Sub-County	Respon-sibility
			Biomedical	Behavioural	Structural			
Reduce new HIV infections by 75%	Reduced annual new HIV infections among adults by 75%	7. Blood safety	Screening all blood donated.	Carry out blood donor campaigns targeting adults and youths.	Ensure availability of safe blood in all major facilities. Introduce donor notification of HIV results at blood collection points. Implement quality assurance in injections safety to eliminate HIV transmission in healthcare settings.	County Referral Hospital All seven sub-counties hospitals	All seven sub-counties	MOH, County Department of Health Partners CSOs NACC NASCOP
		8. STI prevention and treatment	Screening and treatment of STIs.	Carry out public education on STI prevention and control targeting KPs and vulnerable groups.	Train healthcare workers in STI management. Provision of STI commodities. Establish youth friendly centres.	KPs Adolescents	All seven sub-counties	MOH, County Department of Health Partners CSOs NACC NASCOP
		9. Workplace HIVprevention			Ensure all Busia county departments and the private sector establish vibrant AIDS Coordinating Units (ACUs). Address workplace HIV stigma and discrimination. Domesticate HIV workplace policy and guidelines.	All county departments and the private sector	All seven sub-counties	MOH, County Department of Health Partners CSOs NACC NASCOP

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention			Target Popu-lation	Geogra-phical Areas by county /Sub-County	Respon-sibility
Reduce new HIV infections by 75%	Reduced annual new HIV infections among adults by 75%	10. Medical waste and IPC management	Screening and treatment of STIs	Carry out public education on STI prevention and control targeting KPs and vulnerable groups.	Improve the disposal of medical waste at all levels of the health system. Improve the availability of and accessibility of appropriate IPC equipment and infrastructure in all healthcare settings.	All existing health facilities	All seven sub-counties	MOH County Department of Health Partners CSOs NACC NASCOP
		11. Elimination of mother-to-child transmission of HIV (eMTCT)			Train staff on eMTCT. Train CHVs on Community eMTCT.)Integration eMTCT with MNCH services. Provision of eMTCT services. Train and station mentor mothers in all facilities. Scale up EID services in all health facilities. Carry out cervical cancer screening. Enhance male involvement in eMTCT.	All pregnant women	All seven sub-counties	MOH, County Department of Health Partners CSOs NACC NASCOP

4.4.2 Strategic Direction 2:

Improving Health Outcomes and Wellness of all PLHIV

This strategic direction strives to achieve timely linkage to care for people who have been diagnosed with HIV and to increase coverage of care and treatment by maximizing retention in the cascade of care by scaling up interventions to improve quality of care and health outcomes.

The health system in Busia County faces varied challenges in the delivery and promotion of services ranging from identification, linkages to care, retention and viral suppression. There is inadequate and unequal access to health services and human resource. Additionally, services to PLHIV are characterized by poor referral and tracking, weak commodity and supply chain as well as inadequate skills and infrastructure for information management systems.

Key intervention areas:

Diagnosis and linkage to care: Late HIV diagnosis and meaningful linkage to care remains a generalized challenge. On the other hand, legal barriers, stigma and negative service providers' attitudes reduce access to care by the KPs.

Care and treatment coverageThe system is further characterized by inadequate integration of screening, prophylaxis and management of co-infections and co-morbidities contributing to loss of clients enrolled on ART. The PLHIV continue experiencing stigma leading to lack of disclosure and therefore poor adherence especially among KPs. Lower coverage of ART among children and adolescents imply retention of a heavy reservoir of HIV in the general population.

Quality of care and treatment services and viral suppression There is limited use of electronic medical records (with only 8 EMR sites in Busia County) and evidence based interventions at facility levels and a generalized weak infrastructure in the monitoring of viral load of patients. Similarly, improper coordination between health and other sectors such as education, legal and social services lowers quality of care delivered to clients.

Expected results

- 90% increase in linkage to care within 3 months after HIV diagnosis
- 90% increase of ART coverage
- 90% increment on ART retention at 12 months
- 90% increment in viral suppression among children, adolescents and adults.

STRATEGIC DIRECTION2:IMPROVING HEALTH OUTCOMES AND WELLNESS OF ALL PLHIV								
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**			**Target Popu-lation**	**Geogra phical Areas by county /Sub-County**	**Respon-sibility**
			Biomedical	**Behavioural**	**Structural**			
Reduce AIDS related mortality by 25%	1. 90% increase in linkage to care within 3 months after HIV diagnosis	General ART care	Treatment literacy that is age and population specific and appropriate.	Advocacy for harmonization of ART treatment and referral strategies and tools for Cross Border Mobile Populations, Intensify advocacy for improved nutrition among PLHIV	Build capacities of health care service providers to monitor quality of care and utilize care data for decision making Upscale trainings in PwP to increase uptake of ART service outcomes	Number of capacity building workshops conducted	All seven sub-counties	Department of Health and Sanitation Development partners Implementing partners
					Contin-uously Improve patient management system and infrastructure	- Number of capacity building Health care providers PLHIV CSOs / support groups General population, Health care providers -Number of participants trained	All seven sub-counties	Department of Health and Sanitation Development partners Implementing partners
		Adherence to ART by PLHIV, initiation of ART treatment protocols and Cross border coordination of HIV interventions,	adherence to ART by PLHIV, initiation of ART treatment protocols and Cross border coordination of HIV interventions, (MNCH model of care)	Integration of Prevention with Positives (PwP) services, Adequately advocate for timely enrolment in ART.Sensitize communities and households against HIV-related stigmatization and discrimination of PLHIV and OVC	Enhancement of defaulter tracking tools and mechanisms		All seven sub-counties	Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention			Target Population	Geographical Areas by county/ Sub-County	Responsibility
Reduce AIDS related mortality by 25%	1. 90% increase in linkage to care within 3 months after HIV diagnosis	Adherence to ART by PLHIV, initiation of ART treatment protocols and Cross border coordination of HIV interventions,	Provide integrated ART youth friendly services, Adequately provide and dispense ARV drugs Scale-up prevention interventions for TB, OIs and other Co-morbidities, water and sanitation related diseases, vaccination for preventable diseases Provide and appropriately dispense Pre-ART services to deserving clients	Promote appropriate age-specific treatment literacy, Intensify advocacy for youth friendly services, Sensitize communities on importance of timely enrolment and acceptance of ART, Utilize peer mobilization for enrolment and retention in care and extend flexible timings for care, Scale up education programs for HIV and treatment literacy adherence and retention, Utilize CSOs communities and PLHIV	Strengthen facility and community linkages with inter- and intra-facility referral protocols and linkage strategies.	-Number of participants trained	All seven sub-counties	Department of Health and Sanitation Development partners Implementing partners
1.Reduce AIDS related mortality by 25% 2.Reduce HIV related stigma and discrimination by 50%	1.Increased linkage to care within 3 months of HIV diagnosis to 90% for children, adolescents and adults. 2.Increased ART Coverage to 90% for children , adolescents and adults	Adherence to ART by PLHIV, initiation of ART treatment protocols and Cross border coordination of HIV interventions,		Empower care givers with HIV education and treatment literacy Utilize youth friendly technology and social media to facilitate retention and adherence eg WhattsApp, Facebook Sensitize service providers to reduce HIV-related stigma and discrimination to increase access to care and treatment	Ensure the identified gaps in HIV prevention and treatment cascade are addressed immediately.s	Care Givers, Parents, Teachers, Youths,		Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention			Target Population	Geographical Areas by county/ Sub-County	Responsibility
1.Reduce AIDS related mortality by 25% 2.Reduce HIV related stigma and discrimination by 50%	1.Increased linkage to care within 3 months of HIV diagnosis to 90% for children, adolescents and adults. 2.Increased ART Coverage to 90% for children , adolescents and adults	Adherence to ART by PLHIV, initiation of ART treatment protocols and Cross border coordination of HIV interventions,	Empower care givers with HIV education and treatment literacy Utilize youth friendly technology and social media to facilitate retention and adherence eg WhattsApp, Facebook Sensitize service providers to reduce HIV-related stigma and discrimination to increase access to care and treatment	HIV related health education of parents, guardians or other care givers such as teachers. Advocacy for harmonization of ART treatment and referral strategies and tools for Cross Border Mobile Populations,	Care Givers, Parents, Teachers, Youths	Parents, Teachers, FBO leaders.	All seven sub-counties	Department of health and sanitation MoEST Development partners Implementing partners
				Intensify advocacy for improved nutrition among PLHIV				
				Strengthen peer support and networks of adolescents living with HIV				
				Build capacities of health care service providers to monitor quality of care and utilize care data for decision making,				
				Upscale training in PwP to increase uptake of ART service outcomes Adequately train Health care providers and community members in adherence support, Scale up training of PLHIV in peer support strategies eg mentor mothers, Cascade home and community based model of care for HIV patients and elderly,	Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services (MNCH model of care).			Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention			Target Popu-lation	Geogra-phical Areas by county/ Sub-County	Respon-sibility
1.Reduce AIDS related mortality by 25% 2.Reduce HIV related stigma and discrimi-nation by 50%	1.Increased linkage to care within 3 months of HIV diagnosis to 90% for children, adolescents and adults. 2.Increased ART Coverage to 90% for children , adolescents and adults	Adherence to ART by PLHIV, initiation of ART treatment protocols and Cross border coordination of HIV interventions,	Empower care givers with HIV education and treatment literacy Utilize youth friendly technology and social media to facilitate retention and adherence eg WhattsApp, Facebook Sensitize service providers to reduce HIV-related stigma and discrimination to increase access to care and treatment	Upscale training in PwP to increase uptake of ART service outcomes Adequately train Health care providers and community members in adherence support, Scale up training of PLHIV in peer support strategies eg mentor mothers, Cascade home and community based model of care for HIV patients and elderly,	Scale up integrated youth friendly services including training health workers, peer educators and teachers in the Adolescent Package Of Care(APOC).	Youths, Health Care Workers, teachers	All the 7 sub counties	Department of Health and Sanitation MoEST Department of Youth Development partners Implementing partners
						Health Care Workers, Peer Educators.	All the 7 sub counties	MOH, County Department of Health Partners CSOs NACC NASCOP
				Utilize youth friendly technology, social media such as WhatsApp groups, Facebook closed groups for education, recruitment and retention in care.			All the 7 sub counties	Department of Health and Sanitation Department of Youth Development partners Implementing partners
1.Reduce AIDS related mortality by 25% 2.Reduce HIV related stigma and discrimination by 50%	1.Increased linkage to care within 3 months of HIV diagnosis to 90% for children, adolescents and adults.			Utilize peer to peer mobilization for enrolment and retention in care and extend flexible timings for care.		support groups Key and Vulnerable populations General population Cross boarder mobile Populations Health care providers Drop Inn Centers managers		support groups Key and Vulnerable populations, Health care providers PLHIV CSOs Department of Health and Sanitation Department of Youth Development partners Implementing partners

4.4.3 Strategic Direction 3:

Using a Human Rights Based Approach to Facilitate Access to Services for PLHIV, Key Populations and Other Priority Groups

A number of PLHIV have reported discrimination by health workers through disclosure of their sero-status without their consent in Busia County. PLHIV and KPs face stigma and discrimination in their families, communities and in various service delivery points in the county due to lack of a protective legal and policy framework.

Sexual and gender violence increases biological vulnerability to HIV and reduces the ability to negotiate for safer sex. These forms of violence are widespread in the county and in most cases are directed at women and young girls, with many such incidents reported in Nambale and Butula sub-counties in the last three years. The reporting rate in these two sub-counties is high due to increased awareness created by CSOs. The reporting rate is low in the other sub-counties due to lack of awareness on what needs to be done, hence the need for stakeholders to seriously address the issue. Twenty percent of the girls aged 15-20 report their first sexual intercourse to have been forced and yet few receive treatment. Gender inequalities and cultural practices such as wife inheritance, sexual and gender-based violence, early marriages and high school dropout limit effective HIV prevention in the county.

Complaints of female sex workers being harassed by law enforcement agencies particularly the police are rampant in the county, while men who have sex with men are discriminated upon in almost every corner of the society including in their own families. The strategic plan calls for the mainstreaming of gender and human rights in all aspects of the response planning and service delivery.

The strategic plan therefore calls for the exploration of effective and appropriate responses to stigma, discrimination and gender-based violence in order to have interventions that facilitate access to services for vulnerable groups and KPs.

Key interventions areas

- Address issues that hinder access to HIV, SRH and rights information and services in public and private entities.
- Ensure availability of laws and policies for the protection and promotion of the rights of priority groups, KPs and people living with HIV.
- Reduce and monitor stigma and discrimination, social exclusion and gender-based violence.
- Improve access to legal and social justice and protection from stigma and discrimination in the public and private sectors.

Expected results

- Reduced self-reported stigma and discrimination related to HIV and AIDS by 50%.
- Reduced levels of sexual and gender-based violence for PLHIV, KPs, women, men, girls and boys by 50%.
- Increased protection of human rights and improved access to justice for PLHIV, KPs and other priority groups.

STRATEGIC DIRECTION 3: USING A HUMAN RIGHTS BASED APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KPS AND OTHER PRIORITY GROUPS						
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geogra -phical Areas by county/Sub-County**	**Responsibility**
Reduce HIV related stigma and discrimi-nation by 50%	a)Increased protection of human rights and improved access to justice for PLHIV, key populations and other priority groups including , women, boys and girls. b)Increase access to services by PLHIV, Key and vulnerable populations, and other priority groups,	Remove barriers to access of HIV, SRH and rights information and services in public and private entities	Train peer educators among KPs to enhance uptake of services.	Key and Vulnerable populations Health care providers PLHIV, CSOs	All the 7 sub-counties	County Director of Health Services County Government County Dept of health and sanitation, NACC, NASCOP, Partners,
	c)Reduced self-reported stigma and discrim-ination related to HIV and AIDS by 50%		Sensitize health workers to reduce stigmatizing attitudes in healthcare settings.	Key and Vulnerable populations, Health care providers Support groups Private, Public and informal sector CSOs	All the 7 sub-counties	County Director of Health
			Develop and disseminate population specific and user friendly information.	General population(15+ years)	All the 7 sub-counties	
	d)Reduced levels of sexual and gender-based violence for PLHIV, Key Populations, women , men boys and girls by 50%	Reduce and monitor stigma and discrimi-nation, social exclusion and gender based violence.	Establish GBV recovery centres for sexual violence victims.	GBV centres	All the 7 sub-counties	
			Sensitize school management boards, teachers, students and pupils on SGBV	Board members	All the 7 sub-counties	MoEST Kenya Red Cross FBOs

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/ Sub- County	Responsibility
Reduce HIV related stigma and discrimination by 50%	a)Increased protection of human rights and improved access to justice for PLHIV, key populations and other priority groups including , women, boys and girls. b)Increase access to services by PLHIV, Key and vulnerable populations, and other priority groups, c)Reduced self-reported stigma and discrimination related to HIV and AIDS by 50%	Reduce and monitor stigma and discrimination, social exclusion and gender based violence	Mentor health club patrons in schools on handling adolescents living with HIV.	Health club patrons	All the 7 sub-counties	MoEST Kenya Red Cross FBOs
	Remove barriers to access of HIV,SRH and rights information and services in public and private entities	Remove barriers to access of HIV,SRH and rights information and services in public and private entities	Sensitize school management boards, teachers, pupils, students and the rest of the school fraternity on stigma and discrimination reduction	Health club patrons	All the 7 sub-counties	MoEST Kenya Red Cross FBOs
	Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector.	Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector.	Enroleligible OVC into the social protection programmes and provide HIV services.	OVC	All the 7 sub-counties	Social ServicesDepartment
			Implement structural interventions that empower vulnerable populations especially women.	Vulnerable women	Number of peer support and networks established	County Government... Partners, Partners, Private-Public-informal sectors, FBOs, CSOs, FBOs, NEPHAK, FBOs, NACC, NASCOP .

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/ Sub- County	Responsibility
Reduce HIV related stigma and discrimination by 50%	Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector.	Remove barriers to access of HIV,SRH and rights information and services in public and private entities	Integrate HIV information and encourage service uptake in religious teachings.	Religious leaders	All the 7 sub-counties	County Government... Partners, Partners, Private-Public-informal sectors, FBOs, CSOs, FBOs, NEPHAK, FBOs, NACC, NASCOP .
		Remove barriers to access of HIV,SRH and rights information and services in public and private entities	Recommend and emphasize confirmation of faith healing claims through scientific tests.	Religious leaders	All the 7 sub-counties	
			Promote acceptance of KPs as part of the community for increased service uptake.	Religious leaders	All the 7 sub-counties	
			Enhance male involvement in HIV, sexual and reproductive health programmes and also offer them services.	CSO leaders	All the 7 sub-counties	
			Develop community groups and forums, and utilize persons living positively to campaign against HIV-related stigma and discrimination.	CSOs	All the 7 sub-counties	
			Sensitize communities on legal issues, rights and gender.	CSO leaders	All the 7 sub-counties	

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/Sub-County	Responsibility
Reduce HIV related stigma and discrimination by 50%	Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector.	Remove barriers to access of HIV,SRH and rights information and services in public and private entities	Sensitize the community on harmful gender norms, negative stereotypes and concept of masculinity.	500 CSOs	All the 7 sub-counties	County Government... Partners, Partners, Private-Public-informal sectors, FBOs, CSOs, FBOs, NEPHAK, FBOs, NACC, NASCOP
			Facilitate campaigns to reduce stigma and discrimination, reduce gender violence and promote uptake of HIV services and preventive interventions.	CSO leaders	All the 7 sub-counties	Department of Health and Sanitation Department of Youth Development partners Implementing partners
		Improve the legal and policy environment for the protection of PLHIV, KPs and other priority groups including women, adolescents, girls and boys.	Sensitize healthcare workers, on their own rights, attitudes and tools necessary to ensure patient/client rights are upheld.	Management staff Clinical Staff Support Staff	All the 7 sub-counties	County Director of Health Services Office of the Governor CEC Office of the Speaker Key CSOs
			Sensitize law and policy makers on the need to enact laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support.		All the 7 sub-counties	
			Review existing laws and policies to ensure they impact positively on the HIV response.	MCAs and County Executives	All the 7 sub-counties	Office of the Governor CEC Office of the Speaker
			Sensitize law makers and law enforcement agencies on HIV and the consequences of enactment of laws in the provision of HIV services to priority groups		All the 7 sub-counties	Office of the Governor, CECs, Office of the speaker
			Facilitate discussion and negotiation among providers, those who access the service and law enforcement agencies to address law enforcement practices that impede HIV prevention, treatment, care and support.	MCAs and County Executives	All the 7 sub-counties	

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/Sub-County	Responsibility
Reduce HIV related stigma and discrimination by 50%	Increased protection of human rights and improved access to justice for PLHIV,Key populations and other priority groups including women, boys and girls.	Improve National and County Legal and policy environment for protection and promotion of the rights of priority and key populations and PLHIV	Hold the County Government accountable to its constitutional and statutory obligations.	County review meetings across the 10 departments	All the 7 sub-counties	Office of the Governor, CECs, Office of the speaker
			Implement programmes that uphold the rights of priority populations.	CSO leaders and County Government	All the 7 sub-counties	
			Facilitate access to justice in cases of rights violation.	CSO leaders	All the 7 sub-counties	
			Undertake legal literacy programmes to teach those who are living with or are affected by HIV about human rights and the laws relevant to HIV.	CSO leaders	All the 7 sub-counties	
		Conduct monitoring and evaluation for stigma and discrimination and GBV	Conduct a HIV stigma index survey including in healthcare settings and communities.	Public and private institutions	All the 7 sub-counties	ICC (HIV)
			Conduct a baseline survey to document the magnitude and nature of human rights violations in the context of HIV.	Public and private institutions	All the 7 sub-counties	ICC (HIV)
			Conduct a baseline survey to document the magnitude and nature of gender disparities in the context of HIV.	Public and private institutions	All the 7 sub-counties	ICC (HIV)
			Implementation of programmes aimed at reducing stigma and discrimination against priority populations.	Public and private institutions	All the 7 sub-counties	ICC (HIV) CSOs

4.4.4 Strategic Direction 4:

Strengthening Integration of Community and Health Systems

The 2010 Constitution and Sessional Paper No. 47 of 2012 on universal healthcare provides for provision of universal health coverage for all citizens. Though various milestones have been made, there are still issues to be addressed to achieve universal healthcare as seen from KNASP III, ETR and KHSSP 2014.

The issues raised, though not limited to, are as follows lack of adequate qualified personnel, inadequate funding, weak and uncoordinated referral and linkages, low staff morale, lack of integrated health services, stock out of commodities , weak and uncoordinated linkages between public and private sector entities, governance and leadership and skewed distribution of healthcare workers

Key intervention areas

- Provide a qualified, motivated and adequately staffed workforce at county and sub-counties to deliver HIV services, integrated in the essential health package
- Strengthen health service delivery system at county and sub-county levels to deliver HIV services, integrated in the essential health package
- Improve access to and rational use of essential products and technologies for HIV prevention, treatment and care services
- Strengthen community service delivery systems at county and sub-county levels for the provision of HIV prevention, treatment and care services.

Expected results

- Improved healthcare workforce for the HIV response by 40%
- Increased number of health facilities ready to offer KEPH-defined HIV and AIDS services from 51% to 90%
- Strengthened HIV commodity management through effective and efficient management of medicine and medical products
- Strengthened community level AIDS competency

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS						
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographical Areas by county/Sub- County**	**Responsibility**
a)Reduce new HIV infections by 50% b) Reduce AIDS related mortality by 25% c) Reduce HIV related stigma and discrimination by 30%	Improve health workforce for HIV response by 20%	Provide a qualified , motivated and adequately staffed workforce at the county and sub-counties to deliver HIV services, integrated in the essential health package	Recruitment of enough skilled healthcare staff at all levels.	Health workers,community units,CSOs	All 7 sub-counties	MOH, County Government Departments, Development partners and CSOs.
			Capacity building of healthcare workers in HIV and AIDS management.	Management staff Clinical officers Support Staff	All the 7 sub-counties	
			Create avenues for staff motivation, e.g. in-service training, certificates of recognition and improving the working environment.	Management staff Clinical officers Support Staff	All the 7 sub-counties	
			Put in place healthcare workers retention policy.	MCA County Executives	All 7 sub-counties	Office of the Governor CECs
			Correct placement of staff based on their skills and competences, e.g. CCC staff being rotated to OP.	Management staff CHMT	County	Director of Health and Sanitation CHMT
			Training of health managers in HR matters.	Management staff	All 7 sub-counties	CEC Health

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/Sub-County	Responsibility
a)Reduce new HIV infections by 50% b) Reduce AIDS related mortality by 25% c) Reduce HIV related stigma and discrimination by 30%	Improve health workforce for HIV response by 20%	Strengthen health service delivery system at county and sub-county levels to deliver HIV services, integrated in the essential health package	Need to integrate all health services in the county.	Health workers, community units, CSOs	All 7 sub-counties	County Government, dept of Health and Sanitation, Partners Public service board, Private sector,
			Adoption and implementation of Kenya HIV quality improvement framework as well as implementation of health workforce interventions that improve HIV technical skills and competencies.	Health workers, community units, CSOs	All 7 sub-counties	
			Develop strategies for availability of comprehensive HIV services more accessible to KPs.		All 7 sub-counties	
			Strengthen referrals and linkages between public and private facilities and community.		All 7 sub-counties	
			Improve on health facilities infrastructure to be able to meet basic standards for HIV service provision.		All 7 sub-counties	
		Improve access to and rational use of essential products and technologies for HIV prevention, treatment and care services	Provision of HIV and AIDs commodities based on the consumption rates in the sub-counties.		All 7 sub-counties	
			Conduct regular data review meetings.		All 7 sub-counties	
			Capacity building of healthcare staff on commodity management.	Management staff Clinical Officers Support staff	All 7 sub-counties	

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/Sub- County	Responsibility
a)Reduce new HIV infections by 50% b) Reduce AIDS related mortality by 25% c) Reduce HIV related stigma and discrimination by 30%	Improve health workforce for HIV response by 20%	Strengthen health service delivery system at county and sub-county levels to deliver HIV services, integrated in the essential health package	Need to integrate all health services in the county.	Health workers, community units,CSOs	All 7 sub-counties	County Government, dept of Health and Sanitation, Partners Public service board, Private sector
		• Provide baselines per sub county on integrated health services • Provide or improve road and electricity networks to ease access to integrated health services • Avail adequate ambulances and allied equipment to enhance timely response to services. • Formulate responsibilities, duties and stipend scales (job groups) for CHWs and CHVs • Set up health insurance schemes s to sustain and provide health insurance cover to the PLHIV, poor families and elderly including OVC • Set and scale-up timeliness for service integrations per sub county	Adoption and implementation of Kenya HIV quality improvement framework as well as implementation of health workforce interventions that improve HIV technical skills and competencies.		All 7 sub-counties	
			Develop strategies for availability of comprehensive HIV services more accessible to KPs.		All 7 sub-counties	
			Strengthen referrals and linkages between public and private facilities and community.		All 7 sub-counties	
			Improve on health facilities infrastructure to be able to meet basic standards for HIV service provision.		All 7 sub-counties	
		Improve access to and rational use of essential products and technologies for HIV prevention, treatment and care services	Provision of HIV and AIDs commodities based on the consumption rates in the sub-counties.		All 7 sub-counties	
			Conduct regular data review meetings.	Health managers Clinical Officers	All 7 sub-counties	

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/Sub- County	Responsibility
a)Reduce new HIV infections by 50% b) Reduce AIDS related mortality by 25% c) Reduce HIV related stigma and discrimination by 30%	Improve health workforce for HIV response by 20%	Capacity building of staff in MOH on commodity management	Capacity building of healthcare staff on commodity management.	Management staff Clinical Officers Support staff	All 7 sub-counties	County Government, dept of Health and Sanitation, Partners Public service board, Private sector
			Support the county commodity technical working group.	Commodity TWG	All 7 sub-counties	
			Establish a pharmaceutical management information system (PMIS).	Pharmacists	All 7 sub-counties	
		Strengthen community service delivery systems at county and sub-county levels for the provision of HIV prevention, treatment and care services.	Capacity build and empower communities and workplaces to take charge of their health.	County departmental heads CSOs	All 7 sub-counties	
		Improve the legal and policy environment for the protection of PLHIV, KPs and other priority groups including women, adolescents, girls and boys.	Engage and motivate CHVs.	CHVs	All 7 sub-counties	
			Strengthen governance and leadership for community and workplace health actions at all levels.	County departmental heads CSOs	All the 7 sub-counties	
			Strengthen Public Private Partnerships	County Departmental heads CSOs	All the 7 sub-counties	
			Implementation of programmes aimed at reducing stigma and discrimination against priority populations.	Public and private institutions	All the 7 sub-counties	ICC (HIV) CSOs

4.4.5 Strategic Direction 5:

Strengthening Research, Innovation and Information Management to meet BCASP Goal

This direction targets intervention areas in resourcing and implementing an HIV research agenda informed by BCASP and increase evidence-based planning, programming and policy changes. The above targeting is expected by 2019 to have delivered increased evidence-based planning, programming and policy changes by 50%, increased implementation of research on the identified BCASP related HIV priorities by 50% and increased capacity to conduct HIV research at County level by 10%.

The country has a worldwide record and leadership in HIV related biomedical, behavioural and structural research by partnering on preventive efficacy treatment, PrEP and Prevention of Mother-to-Child Transmission of HIV including discovery of broadly neutralizing antibodies for HIV vaccine development, epidemiology and other studies that determined risk factors to HIV acquisition and modes of transmission. The biomedical study revelations that safe Medical Male Circumcision reduces HIV acquisition in males by 60% remains a landmark achievement in Kenya and the world.

The other studies in the country on socio-behavioural and epidemiology of KPs such as MSM, Sex Workers, and PWIDs revealed the incidence and risk factors fueling HIV transmission. Similarly, evaluations of structural interventions such as the impact of cash transfer among adolescents have provided vital information in HIV response. However it is notable that efficient translation of key research findings into policies and practices remain weak at the policy formulation levels, thus delay on actualizing HIV response. In a nutshell, research is dependent on donor funding and often not harmonized with the national and county HIV research priorities.

Despite these, the county lack own research agenda, budget allocation and M&E units to coordinate research, The county can partner with KEMRI at Alupe and development partners in establishing her own research agenda

Busia County lack own policies and regulations that address research, surveys and studies including information management, consequently there isn't any Research, and innovation bank owned by the county. The Situation Room in the County is handy provided all research, innovation and information is regularly fed into the system. The county has not established research and innovation division thus lack mandate to regulate and or own any research work. This fuels overdependence on National and International research and innovations yet the county has very high research and innovation opportunities emanating from her common international boundaries, huge water bodies like Lake Victoria and allied Islands.

Key intervention areas

1. Resource and implement an HIV research agenda informed by KASF
2. Increase evidence - based planning, programming and policy changes

Expected results

1. Increased evidence based planning programing and policy changes by 10%
2. Increased implementation of research on the identified KASF-related HIV priorities by 10%
3. Increased capacity to conduct HIV research at County levels by 10%

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT TO MEET BCASP GOALS						
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographical Areas by county/Sub-County**	**Responsibility**
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of he HIV response to by at least 10%	Increased evidence based planning , programing and policy changes by 50%	Implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Evaluate the effectiveness of structural interventions, e.g. interventions dealing with cross-border population adherence to HIV and TB, service integration of TB and eMTCT services. Evaluate the impact of scaling treatment on HIV acquisition and morbidity at individual and community levels. Determine the impact of stigma and GBV reduction interventions onthe uptake of HIV care. Determine the impact of new technologies and programs in HIV care.	National Government County Government Universities KEMRI Research bodies CSO, FBOs. Development Partners.	All 7 sub counties	MOH, CountyDept of health and sanitation, SCHMT, CHMT, CSOs NACC, NASCOP, Partners, County government, CHRIO,
	Increased implementation of research on identified BCASP–related HIV priorities by 50%	Behavioural research priorities	Determine socio-behavioural, cultural and gender-related factors as determinants of : care & treatment outcomes and adherence to HIV/TB treatment; loss of follow up, defaulting and retention to HIV/TB treatment; morbidity and mortality; the effects of HIV stigma, its determinants and how to reduce it. Determine the factors contributing to high HIV prevalence among the fishing communities in Bunyala and Samia sub-counties. Determine the effectiveness of HIV interventions among the fishing communities in Bunyala and Samia.		All the 7 sub-counties	MOH, CountyDept of health and sanitation, SCHMT, CHMT, CSOs , NACC, NASCOP, Partners, County government, CHRIO,

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/Sub-County	Responsibility
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of he HIV response to by at least 10%	*Increased evidence -based planning, programing and policy changes by 50% *Increased implimentation of reserach on the identified KASF-related HIV priorities by 50% *Increased Capacity to conduct HIV research at county levels by 10%	Biomedical research priorities	Determine the impact of the Gene Expert on HIV/ TB treatment outcomes.	National Government County Government Universities KEMRI Research bodies CSO, FBOs. Development Partners.	All 7 sub-counties	KEMRI Partners
		Analysis	Create and maintain a HIV research and best practices data base.		All 7 sub-counties	NACC decentralized structures
		County HIV research agenda	Develop county HIV research agenda through a consultative process to complement the health research agenda. Strengthen synergies between HIV research and other health research areas such as TB and SRH.	10 Policy makers and researchers	All 7 sub-counties	NACC County Government Partners
		Implement the research agenda in the county	Develop and invest in-capacity for HIV research and peer review publication. Strengthen co-ordination and tracking of HIV research. Establish a County Research Ethics Review Committee. Strengthen ethics review committees to facilitate high quality HIV-related studies through: fast track mechanism; quality assurance; complex biomedical trial designs; KPS; adolescents; ethics and sensitivities. Create and strengthen county HIV research capacities including epidemiologic surveillance, good laboratory and clinical practice and ethics.	10 researchers	All 7 sub-counties	NACC County Government Partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/Sub-County	Responsibility
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of he HIV response to by at least 10%	*Increased evidence -based planning, programing and policy changes by 50% *Increased implimentation of reserach on the identified KASF-related HIV priorities by 50% *Increased Capacity to conduct HIV research at county levels by 10%	Resource the HIV agenda	Develop and align HIV research financing strategy with the existing health laws, policies and regulations in the county. Integrate research funding in BCASP funding priorities and develop a resource mobilization plan. Advocate for 20% of health research budget for HIV/TB	National Government County Government Universities KEMRI Research bodies CSO, FBOs. Development Partners	All 7 sub-counties	MOH, CountyDept of health and sanitation, SCHMT, CHMT, CSOs NACC, NASCOP, Partners, County government, CHRIO,
	Increase evidence-based planning, programming and policy changes	HIV information portal for Busia County.	Establish a county multi-sectoral interactive web-based HIV/AIDS research hub with geographic mapping of research on HIV, TB and SRH research. Develop and disseminate regular paper reviews of key research findings, local innovations, systematic reviews and their policy, funding and practice implications.		All 7 sub-counties	
		Reviews of research	Publish systematic reviews of research on the BCASP priorities and draft research briefs biennially. Invest in capacity development for research reviews and collation.		All 7 sub-counties	
		Resource the HIV agenda	Develop and align HIV research financing strategy with the existing health laws, policies and regulations in the county. Integrate research funding in BCASP funding priorities and develop a resource mobilization plan. Advocate for 20% of the health research budget for HIV/TB		All 7 sub-counties	

4.4.6 Strategic Direction 6:

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

Competent HIV response is dependent and influenced by timely availing of data for effective evidence based informed decision making thus need for strengthened M&E capacity. Kenya's Constitution (2010) requires people's participation in decision making and transparent accountability and stewardship. The M&E of national and county multi-sectoral response to HIV and AIDS rely on a variety of systems, namely; data sources, routine and periodic collection and collation systems that are supported and maintained by stakeholders.

The main challenges facing M&E in the county are a strategic approach on coordination, ownership and meaningful use of data for decision making and planning among stakeholders at different levels and sectors. Similarly, the M&E gap in programmatic data availability for routine monitoring of programmes and sentinel surveillance that enable modeling trend-analysis are non-sensitive thus cannot detect emerging issues in HIV response.

The analytical capacity at the county level remains weak thus requires strengthening to enable re-address of the needs of strategic data. The county therefore needs to establish, recognize and own efficient M&E systems that are linked to surveys, studies and programmatic data sources.

The existing County M&E requires strengthening so as to flex and respond to data needs by the National and County governments, and facilitate generation of high quality and timely strategic information for HIV response at all levels.

The other core M&E challenge is over dependence on donor for external funding that often results in delays or partial implementation of planned M&E activities such as population based surveys hence the need to strengthen sustainable M&E activities both at the National and County levels.

Key intervention areas

The county envisages the following as key priority areas for this SD:

- Establish and build M&E systems to ensure availability of strategic information to inform HIV response in the county
- Strengthening M&E capacity in the county by establishing a County M&E Unit, which is fully equipped and having M&E specialists.

Expected results

- Increased availability of strategic information to inform HIV response in Busia County
- Planned evaluations, reviews and surveys implemented and timely disseminated results
- Established M&E information hubs at the county level that provide comprehensive information package on key BCASP indicators for decision making

STRATEGIC DIRECTION6: PROMOTE UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH, MONITORING AND EVALUATION TO ENHANCE PROGRAMMING						
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographical Areas by county/Sub-County**	**Respon-sibility**
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of he HIV response to by at least 10%	Increased availability of strategic information to inform HIV response in Busia County	Strengthening M&E capacity to effectively track the BCASP performance and HIV epidemics in the county.	Align the county M&E system to the new governance structure.	CHRIO CASCO NACC	All the 7 sub counties.	County HIV ICC MOH, CountyDept of health and sanitation, SCHMT, CHMT, CSOs , NACC, NASCOP, Partners, County government, CHRIO,
	Planned evaluations, reviews and surveys implemented and timely disseminated results	Behavioural research priorities	Conduct national and Busia County M&E engagements.	200 PLHIV	All the 7 sub-counties	
			Conduct M&E capacity assessment and capacity development in the county.		All 7 sub-counties	
			Strengthen functional multi-sectoral HIV M&E coordination structure and partnerships in the county.		All 7 sub-counties	
			Develop, print & disseminate comprehensive HIV M&E systems guidelines, tools and standard operating procedures.	100 health facilities	All 7 sub - counties	
			Put in place sustainable financing for HIV M&E planned activities.	County Assembly Partners CSOs CHMT SCHMT NACC	County level All 7 sub-counties	

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/Sub-County	Respon-sibility
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of he HIV response to by at least 10%	Planned evaluations, reviews and surveys implemented and timely disseminated results	Ensure a harmonized, timely and comprehensive routine and non–routine monitoring systems to provide quality HIV data in the county.	Strengthen HIV M&E data management in the county.	300 health workers	All 7 sub-counties	County Government Partners
			Harmonize and create linkages between data collection tools and databases.			
			Conduct periodic data quality audits and verification.	100 health facilities	All 7 sub-counties	
			Conduct M&E supervision.	100 health facilities	All 7 sub - counties	
			Scale up coverage of ongoing HIV programme surveillance and surveys.			
			Honor global, national and county HIV reporting obligations.			
			Strengthen routine and non-routine HIV information systems.			
	Established an M&E information hub at the county level that provides comprehensive information package on key BCASP indicators for decision making.	Establish multi-sectoral and integrated real-time system	Establish a multi-sectoral HIV programming web-based data management system.	Partners Department of Health and Sanitation NACC NASCOP County Government Public sector	County level All 7 sub counties	County HIV ICC BCASP Monitoring Unit
		HIV platform to provide updates on HIV epidemic response accountability	Promote data demand and use of HIV strategic information to inform policy and programming.	Partners , department of health and sanitation, NACC, NASCOP, County government , public sector	County level and All 7 sub counties	County HIV ICC and BCASP monitoring unit

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/Sub-County	Respon-sibility
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of he HIV response to by at least 10%	Established an M&E information hub at the county level that provides comprehensive information package on key BCASP indicators for decision making.	HIV platform to provide updates on HIV epidemic response accountability	Develop and implement the BCASP evaluation agenda.	Partners Department of Health and Sanitation NACC NASCOP County Government Public sector	County level All 7 sub counties	County HIV ICC, CHMT, County Assembly Health Committee BCASP Monitoring nit
			Create and strengthen the M&E information hub at county level.	Partners Department of Health and Sanitation NACC NASCOP County Government Public sector	County level	CHRIO NACC
			Align the county M&E system to the 'Three Ones Principle'	Partners Department of Health and Sanitation NACC NASCOP County Government Public sector	County level	County HIV ICC

4.4.7 Strategic Direction 7:
Increasing Domestic Financing for Sustainable HIV Response

The dwindling resources available for HIV programming call for smarter investments of every shilling where it will have the greatest impact and in the most efficient way. Globally the unprecedented global support towards universal access to HIV prevention and treatment has evolved into an agenda shared responsibility and commitment to end the AIDS epidemic and achieve universal health coverage.

Kenya's economy has been rebased making it a middle income country. This will have implications on Kenya's requirements for counterpart financing, terms for commodities and drugs, existing and future financing agreements.

Currently , the existing funding allocation for HIV programing by the county government remains unknown. However Busia County is setting mechanisms to identify HIV resourcing gaps

Expected results

Increased domestic financing for HIV response to 20%

STRATEGIC DIRECTION7: INCREASING DOMESTIC FINANCING FOR SUSTAINABLE HIV RESPONSE						
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographical Areas by county/Sub-County**	**Respon-sibility**
Increase domestic financing of the HIV response to 50%	Increased domestic financing for HIV response to 50%	Ensure policy on County HIV financing is put in place	County Domestic Financing bill policy developed and implemented.	County Assembly Health Committee	County Assembly	County Assembly CEC Governor
			Undertake periodic review of the spending plans.			
			Development/ Review of guidelines on quality assurance, quality control, quality improvement and monitoring of HIV service delivery.			
		Promote innovative and sustainable domestic HIV financing options.	Set up a HIV investment unit with a clear management structure within MoH.	County Assembly Health Committee	County	County Assembly Governor's office County HIV ICC
			Establish a trust fund			
			All contracts in the county to include a sum of 2% of the contract towards HIV and AIDS program.	Contractors, private and informal sector	County	County Assembly Governor's office County HIV ICC
			Engage the county budget allocation committee to consider 1% of the county budget for HIV response as an added parameter or consideration in resource allocation.	County Assembly Health Committee	County	County Assembly Governor's office County HIV ICC
			Lobbying with the development partners to fund BCASP	Development partners	County	County HIV ICC
			Conduct county expenditure tracking survey.			

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/Sub-County	Respon-sibility
Increase domestic financing of the HIV response to 50%	Increased domestic financing for HIV response to 50%	Align HIV resources/ investments to strategic plan priorities	Conduct county expenditure tracking survey.	County Government department	County	County Government
			Organize adevelopment partners HIV forum to facilitate alignment of their activities with BCASP.	Development partners	County	County Government County HIV ICC
			Conduct a stakeholder analysis/ mapping.			
			Facilitate quantification of county resource needs through relevant information on county support.			
			Implement a partnership accountability framework to ensure alignment of resources to the BCASP priorities.	Partners Department of Health and Sanitation Public, private and informal sectors		County HIV ICC BCASP Monitoring Unit
			Conduct annual review meetings to give feedback of development partners' contribution towards BCASP implementation.	CSOs Development partners		

4.4..8 Strategic Direction 8:

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

The Constitution of Kenya 2010 provides the environment for the national HIV and AIDS response.

Articles 10(2) and 73 define the fundamentals of good governance and leadership while Article 21 (3) assigns all public institutions responsibility to address the needs of vulnerable groups within the society. In this case, the vulnerable groups include those infected and affected by HIV and AIDS.

Similarly, the County Government Act, 2012 describe the roles of county governments in planning, prioritization, Implementation, monitoring, resource allocation and budgeting for programmes and interventions under the devolved governance. Health is a devolved function; thus, the county governments are obliged to guarantee residents access quality health care services. Delivery of quality HIV and AIDS related services; prevention, care, treatment and mitigation of related impact are

provided for in the Busia County development plans.

Key interventions areas

- Build and sustain high-level political commitment for strengthened county ownership of the HIV response
- Entrench good governance and strengthen multi-sector and multi-partner accountability to delivery of BCASP results
- Establish a functional HIV coordination mechanism at the county level

Expected results

- Good governance practices and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels.
- Effective and well-functioning stakeholder coordination and accountability mechanisms in place and fully operationalized.
- An enabling policy, legal and regulatory framework for the multi-sectoral HIV and AIDS response strengthened and fully aligned to the Constitution of Kenya 2010.

STRATEGIC DIRECTION8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF THE BCASP RESULTS BY ALL SECTORS AND ACTORS						
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographical Areas by county/Sub-County**	**Respon-sibility**
*Increase domestic Financing of the HIV response to 50%, * Reduce new HIV infections by 75% *Reduce HIV related stigma and discrimination by 50%, * Reduce AIDS related mortality by 25%	Good governance practice and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels Effective and well-functional stakeholder co-ordination and accountability mechanisms in place and fully operationalized at county level. An enabling policy, legal and regulatory framework for the multi-sectoral HIV and AIDS response strengthened and fully aligned to the constitution of Kenya	Provide policies and strengthen governance systems	Develop policies that enhance accountability and good governance of resources for multi-sectoral HIV/AIDS response.	County Assembly County line departments Private and informal sectors	All the 7 sub counties.	NACC and First Lady's Office respectively
			Develop and implement systems that strengthen good governance of the HIV response.	County Assembly County line departments Private and informal sectors		County HIV ICC Governor's office
			Build capacity of partners for resource management and accountability through institutionalized technical support mechanisms.	County Assembly County line departments Private and informal sectors		County HIV ICC Governor's office
		Build and sustain high-level political commitment.	Advocate for political goodwill at the two arms of county government (executive and legislature).			
		Stakeholder accountability	Establish a HIV inter-agency coordinating and other relevant committees for monitoring of the HIV response.	Networks of faith communities, civil society, key populations and persons living with HIV		County HIV ICC Governor's office
			Build capacity of stakeholders to promote strong accountable institutions that hold duty bearers accountable for the HIV response.			County HIV ICC Governor's office
		Development partners accountability	Hold the development partners HIV forum focusing on alignment to BCASP priorities.	County Assembly County line departments Private and informal sectors		County HIV ICC Governor's office

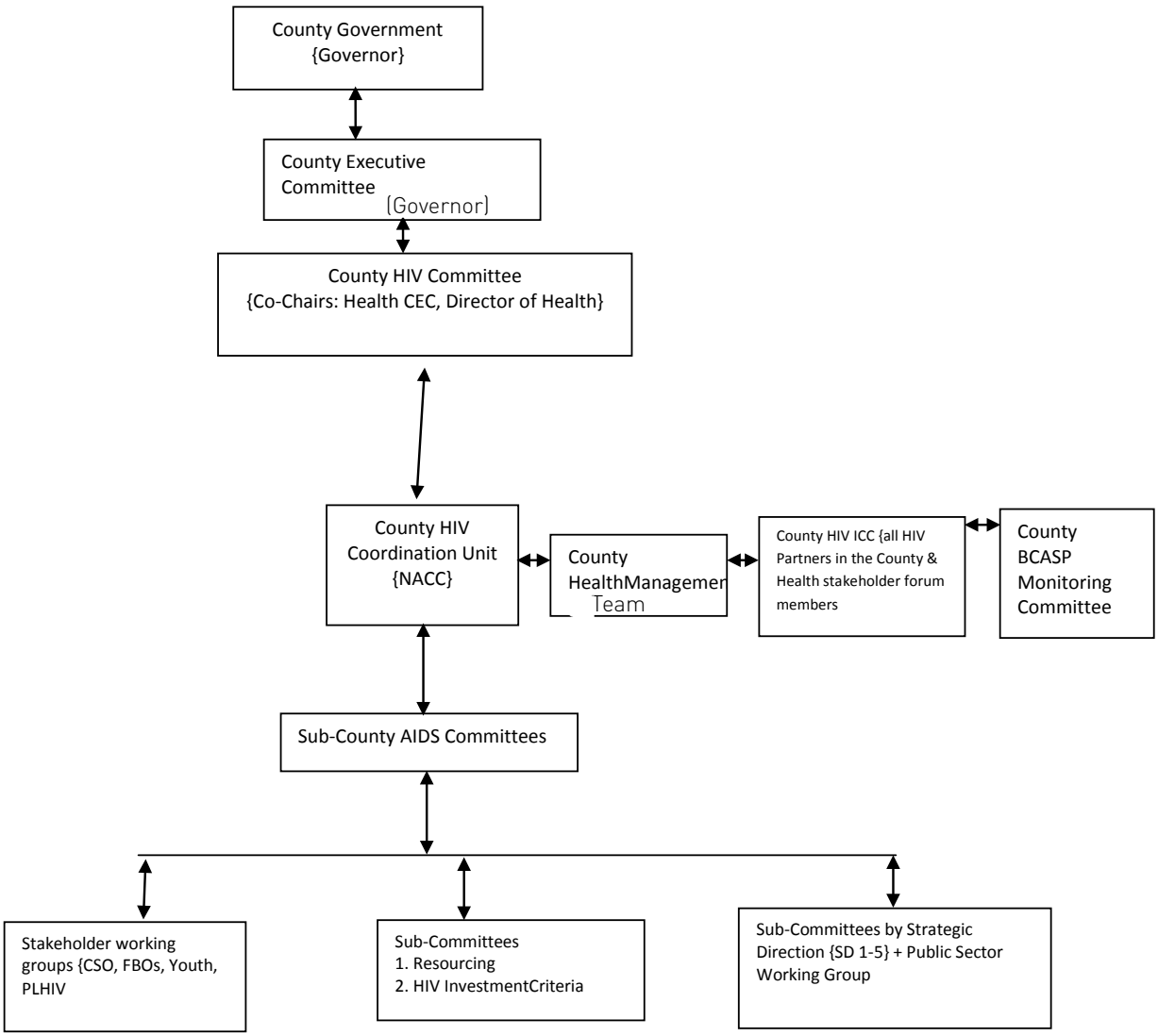
KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical Areas by county/Sub-County	Respon-sibility
*Increase domestic Financing of the HIV response to 50%, * Reduce new HIV infections by 75% *Reduce HIV related stigma and discrimination by 50%, * Reduce AIDS related mortality by 25%	*Good governance practices and accountable leadership entrenched for the multi-sectoralHIV and AIDS response at all levels. * Effective and well-functioning stakeholder coordination and accountability mechanisms in place and fully operationalized. * An enabling policy, legal and regulatory framework for the multi-sectoral HIV and AIDS response strengthened and fully aligned to the Constitution of Kenya 2010.	Implementing partners accountability	Develop and implement a partnership accountability mechanism based on targets and results.	County Assembly County line departments Private and informal sectors	All the 7 sub counties	County HIV ICC Governor's office
		Private sector accountability	Review reporting mechanisms to capture private sector contribution to the HIV response.	County Assembly County line departments Private and informal sectors		County HIV ICC Governor's office
		Multi-sectoral accountability	Facilitate target setting and align sector reporting of results against targets.	County Assembly County line departments Private and informal sectors		County HIV ICC Governor's office
		BCASP governance	Establish a BCASP monitoring committee to oversee tracking of progress towards results.	County Assembly County line departments Private and informal sectors		County HIV ICC Governor's office

CHAPTER 5

Implementation Arrangements

5.1 HIV Coordination Structure for BCASP Delivery – County Level

The multi-sectoral county response will be managed by various structures at different levels.Each level will be mandated with diffrent tasks and roles in the delivery of the stategic plan.The coordination infrastructure of the BCASP will be an all-inclusive one. This infrastructure will be coordinated at different levels as shown in the organogram below



5.2 Stakeholder Management and Accountability

The fight against HIV and AIDS in Busia County like in the rest of the country is heavily dependent on support from foreign government agencies and private initiatives like the Bill and Melinda Gates Foundation. This has been accompanied by enhanced civil society involvement and influence.

Accountability covers a range of issues and situations ranging from:

- Effective coordination to ensure the safeguarding of the Busia community interest in HIV program design
- Effective reporting on program progress and activities to an agency under the leadership of the County Government
- Civil society tracking of policy and public sector service delivery
- Continuous monitoring of County Government commitment and compliance to national commitments; and finally
- Fiduciary discipline and openness in use of funds regardless of the source.

The framework for accountability for the county HIV/AIDS response is this County Strategic Plan sets out the Busia County strategic priorities and resource allocations that reflect the unique aspects of the epidemic in this region. It specifies the institutional and organizational roles and frameworks through which these county priority interventions will be managed and implemented. This it does by specifying the outcomes and outputs for which various implementers are to be accountable, and the monitoring indicators through which such program accountability can be established.

5.3 Sustainability

The gains achieved by this BCASP have to be sustained over a long time to eventually be able to realize the goal of getting to zero. Sustainability of this strategic plan will therefore be achieved through:

- Capacity building of healthcare providers in HIV prevention, care and treatment in the county; these healthcare workers will continue to offer quality services even after the end of the lifespan of the BCASP.
- Integration of HIV and AIDS services in routine healthcare services in all health facilities in the county.
- Entrenchment of the HIV and AIDS budget allocation in the county budget.
- Enacting of favourable legislation and policies at county level to guide the HIV and AIDS response.
- Building of strong community structures which will continue to carry on HIV programming.
- A strong multi-sectoral response to HIV and AIDS.
- Good coordination mechanism of HIV response at the county level.
- Building of technical capacity at county level to review and develop subsequent strategic plans at the end of term for this current one.
- Aligning of all government departments and the private sector in the county to support HIV response activities.
- Meaningful involvement of people living with HIV(MIPA).

CHAPTER 6

Research, Monitoring and Evaluation of the Plan

The Busia County AIDS Strategic Plan is a five year strategy premised on achievement of set objectives, increased linkage to care, ART coverage and retention including viral load suppression in all PLHIV respectively. It is aligned to the Constitution of Kenya (2010) and relevant international statutes, protocols and policies. This strategy therefore demands evidence based and factual reporting by all stakeholders engaged in multi-sectoral HIV response at all levels using all GoK validated reporting tools, languages and timeliness including set targets. Each stakeholder shall comply with the 'Three ONES Principles' in which the NACC and NASCOP will take lead in respective strategic directions.

All stakeholders are expected to enhance capacity building of CSOs, PSOs and health workers.

The leadership of Busia County Department of Health and Sanitation is expected to champion supportive supervision, capacity building of HIV program managers, planners and service providers including data ownership and utilization for decision making. Similarly, the same leadership is expected to constitute a BCASP Monitoring Committee charged with delivery of results. The figure below summarizes the hierarchy of reporting mechanism in the multi-sectoral HIV response in Busia County and how it will fit and inform the country and world for decision making processe

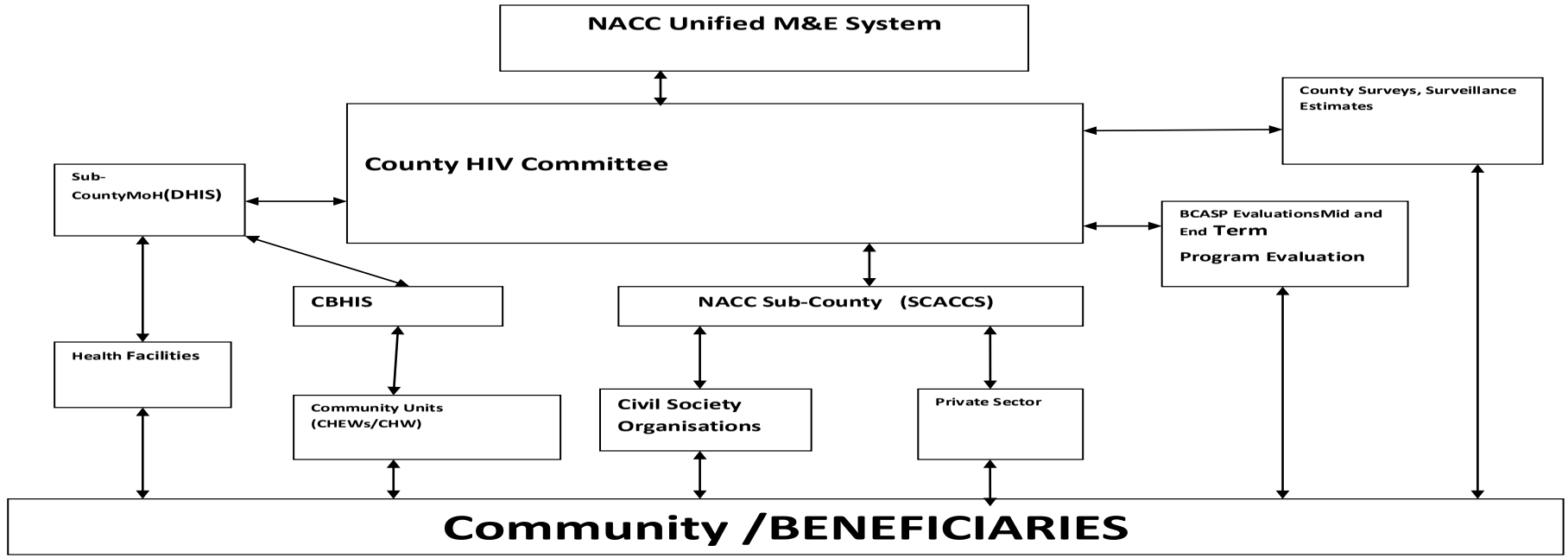


Figure 6.1: Busia County HIV & AIDS response data flow chart

CHAPTER 7

Risk and Mitigation Plan

Risk Category	Risk Name	Status	Proba-bility (1-5)	Impact (1-5)	Risk Average Score	Response	Respon-sibility	When
Technological	• Personnel lack capacity and skills to use equipment. • Inadequate equipment.	Active- risk is being actively monitored	3/5	4/5	3.5/5	Mitigate-Budget money for training and pro-curement of equipment	CEC Health	Continuous
Political	Inconsistent and insufficient political good will.	Passive risk - its being actively monitored	2.5/5	3/5	3/5	Reduce – By constantly engaging the political class. Sensitize the public to demand accountability from elected leaders for their rights.	CEC Health CSOs and FBOs	Continuous
Operational	Inconsistent and inadequate supply of HIV commodities.	Active-being monitored	4.5/5	5/5	4.5/5	Reduce-Improved planning and procurement of commodities based on target population. Special emergency fund for HIV commodities.	CEC Health AMPATH-PLUS. APHIA-PLUS PSI-Kenya	Continuous

Risk Category	Risk Name	Status	Proba-bility (1-5)	Impact (1-5)	Risk Average Score	Response	Respon-sibility	When
Legislation	Absence of a legislation to demand the commitment of resources for HIV response and to protect KPs and vulnerable groups.	Active	5/5	4/5	4.5/5	Initiate and lobby for support for an HIV Act	CEC Health CSOs Key populations	Year 1
Environmental	•Hard to reach areas. •Unfavourable weather conditions.	Passive	2/5	2/5	2/5	Mitigate- Procure transport facilities for special areas. Improve existing facilities for adverse weather services.	CEC Health CSOs and FBOs	Continuous
Social	• Stigma •Discrimination • Social exclusion • GBV	Active	4/5	4/5	4/5	Mitigate- Enhance campaigns to reduce social drivers of HIV.	CSOs MoEST Social Services FBOs	Continuous
Economical	• Poverty • Inadequate funds in the county HIV response	Active	3/5	3/5	3/5	Mitigate– Poverty alleviation measures among women, youths and other vulnerable groups. Prioritize activities.	Governor's office Partners CSOs and FBOs	Continuous
	Inadequate resources vs many health priorities.	Active	2/5	3/5	2.5/5	Forward planning.	CEC Health	

Risk Category	Risk Name	Status	Proba-bility (1-5)	Impact (1-5)	Risk Average Score	Response	Respon-sibility	When
Organizational / human factors	Inadequate staff	Active	2/5	4/5	3/5	Reduce – Hire adequate staff	County Director of Health	Continuous
	Insufficient task skills	Passive	3/5	3/5	3/5	Increased trainings. Place supervisory staff based on qualifications		
	Poor leadership	Passive	2/5	3/5	2.5/5	Reduce- Promote good governance and leadership. Demand accountability from all partners and stakeholders.		
	Ineffective community systems in service delivery	Active	2/5	2.5/5	2.25/5	. Capacity development of CSOs and FBOs. Financial support to CSOs.	County Government NACC Development partners	
	Conflicts and duplication of activities by CSOs	Active	2/5	3/5	2.5/5	Reduce- Improve on coordination and M&E.	NACC	
Strategic/ commercial	High cost implementing the strategy	Active	4/5	3/5	3.5/5	Maximizing efficiency through integration and prioritization of interventions.	County Director of Health Partners CSOs	Continuous

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS										
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/Intervention**			**Indicators**	**Baseline and Source**	**Mid-Term Target**	**End-Term Target cumulative)**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**					
Reduce new HIV infections by 75%	1. Reduced annual new HIV infections among adults by 75%	1.Conduct SBCC	Carry out awareness campaigns on HIV prevention among target populations(KPs and and vulnerable groups)	Incorporate HIV prevention and mitigation in community health strategy(CHVs)	Incorporate HIV prevention and mitigation in community health strategy. (	No. of KDHS, KAIS awareness campaigns done.		874,633	1,749,326	County Government Development Partners
			Develop and distribute IEC materials(adolescents, women and general population)		No. of IEC materials targeting adolescents, women and general population developed and distributed		874,633	1,749,326		County Department of Health Partners CSOs NACC NASCO
			Develop mass media messages; radio and TV spots(adolescents, women and general population)		No. of mass media programs aired with key BCC messages targeting adolescents, women and general population		1,749,326	1,749,326		
			Life skills education among adolescents in and out of school		No. of adolescents reached with life skills messages		372,027	744,054		

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indica-tors	Base-line and Source	Mid-Term Target	End-Term Target cu-mulative)	Responsi-bility
			Biomedical	Behavioural	Structural					
1. Reduced annual new HIV infections among adults by 75%	. Reduced annual new HIV infections among adults by 75%	. Reduced annual new HIV infections among adults by 75%	Carry out stigma reduction campaigns(general population)	Incorporate HIV prevention and mitigation in community health strategy(CHVs)	No. of drugs and substance abuse awareness campaigns done targeting youths No. of drugs and substance abuse awareness campaigns done targeting the general population	No. of anti HIV stigma awareness campaigns done reaching general population	KDHS 2014	6 ,298	12,596	County Department of Health Partners CSOs NACC NASCO
			Carry out awareness campaigns on drugs and substance abuse(KPs , the youth and general population)							
		2. Provision of condoms and lubricants	Procure and distribute adequate male and female condoms.	Carry out condom promotion campaigns to the KPs and general population		percent-tage of condom promotion campaigns done targeting general population percent-tage of male condoms procured and distributed percent-tage of female condoms procured and distributed		80% of general Popu-lation accessing Con-doms on demand	100 % of general population accessing condom on demand	

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce new HIV infections by 75%	1. Reduced annual new HIV infections among adults by 75%	3. HIV counseling and testing	Conduct outreach HTC services to KPs and hard to reach geographical areas	Carry out condom promotion campaigns to the KPs and general population	Capacity building of healthcare workers in HIV counseling and testing	percentage of health workers capacity built in HIV CT	KDHS 2014	40%	80%	County Department of Health Partners CSOs NACC NASCO
					Provision of HIV testing logistics	No. of HIV testing logistics supplied				
					Provision of HTC services in all health facilities	No. of health facilities offering HTC services		General Population: 787,197 KPs -3,149 Adolescents-372,027	General Population-1,574,394 KPs -6 ,298 Adolescents-744,054	
					Scale up facility based PITC	No. of facilities offering PITC				
					Ensure linkage of all positive clients to HIV care and treatment services	No. of linkages offered to HIV positive clients for care and treatment services				

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce new HIV infections by 75%	1. Reduced annual new HIV infections among adults by 75%	4. Voluntary Medical Male Circum-cision	Provision of VMMC services	Carry out condom promotion campaigns to the KPs and general population	Capacity building of healthcare workers in VMMC	No. of linkages offered to HIV positive clients for care and treatment services	KDHS 2014	General Population: 787,197 KPs -3,149 Adolescents-372,027	General Population-1,574,394 KPs -6 ,298 Adolescents-744,054	County Department of Health Partners CSOs NACC NASCO
					Procurement of VMMC supplies and equipment					
					Integration of VMMC services in routine services					
					Scale up facilities offering VMMC					
		5. Positive Health Dignity and Prevention (PHDP)			Support formation of PLHIV support groups					
					Train peer educators on CPWP					
					Capacity building of health workers on clinical PWP					
					Provide PWP IEC materials					
					Monitor and evaluate PWP services					
					Provision of ARVs					
		6. Post Exposure Prop-hylaxis			Train healthcare workers on PEP					

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce new HIV infections by 75%	1. Reduced annual new HIV infections among adults by 75%	6. Post Exposure Prop-hylaxis	Provision of VMMC services	Carry out condom promotion campaigns to the KPs and general population	Avail PEP drugs and logistics	No. of linkages offered to HIV positive clients for care and treatment services	KDHS 2014	General Population: 787,197 KPs -3,149 Adolescents-372,027	General Population-1,574,394 KPs -6 ,298 Adolescents-744,054	County Department of Health Partners CSOs NACC NASCO
					Scale up PEP services in all facilities					
					Sensitize the community on PEP					
					Provision of post rape services					
					Establish SGBV recovery centres					
		7.Blood safety	Screening of all blood donated	Carry out blood donor campaigns targeting adults	Ensure availability of safe blood in all major facilities					
					Introduce donor notification of HIV results at blood collection points					
					Implement quality assurance in injection safety to eliminate HIV transmission in healthcare settings					
		8.STIprevention and treatment	Screening and treatment of STIs	Carry out public education on STI prevention and control targeting KPs and vulnerable groups	Train healthcare workers in STI management					
					Provision of STI commodities					
					Establish youth friendly centres					

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce new HIV infections by 75%	1. Reduced annual new HIV infections among adults by 75%	8.STIprevention and treatment	Screening and treatment of STIs	Carry out condom promotion campaigns to the KPs and general population	Ensure all Busia County departments establish vibrant ACUs	No. of linkages offered to HIV positive clients for care and treatment services	KDHS 2014	General Population: 787,197 KPs -3,149 Adolescents-372,027	General Population-1,574,394 KPs -6 ,298 Adolescents-744,054	County Department of Health Partners CSOs NACC NASCO
					Address workplace HIV stigma and discrimination					
					Domesticate HIV workplace policy and guidelines					
		9. Workplace HIVprevention								
		10. Medical waste and IPC management			Improve disposal of medical waste at all levels of the health system					
					Improve availability of and accessibility of appropriate IPC equipment and infrastructure in all healthcare settings					
		11. Elimination of mother-to-child transmission of HIV			Train staff on eMTCT					
					Train CHVs on community eMTCT					
					Integrate eMTCT with MNCH services					
					Provision of eMTCT services					

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce new HIV infections by 75%	1. Reduced annual new HIV infections among adults by 75%	11. Elimination of mother-to-child transmission of HIV	Screening and treatment of STIs	Carry out condom promotion campaigns to the KPs and general population	Train and station mentor mothers in all facilities Scale up EID services in all health facilities Carry out cervical cancer screening Enhance male involvement in eMTCT	No. of linkages offered to HIV positive clients for care and treatment services	KDHS 201	General Population: 787,197 KPs -3,149 Adolescents-372,027	General Population-1,574,394 KPs -6 ,298 Adolescents-744,054	County Department of Health Partners CSOs NACC NASCO

STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF ALL PLHIV										
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/Intervention**			**Indicators**	**Baseline and Source**	**Mid-Term Target**	**End-Term Target cumulative)**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**					
Reduce AIDS related mortality by 25%	1. 90% increase in linkage to care within 3 months after HIV diagnosis	General ART care	Treatment literacy that is age and population specific and appropriate	Incorporate HIV prevention and mitigation in community health strategy(CHVs)		No. of capacity building workshops conducted No. of participants trained No. of treatment literacy materials available	KDHS	200	300	Department of Health and Sanitation,
					Continuously improve patient management system and infrastructure	No. of capacity building workshops conducted No. of participants trained		200	300	Department of Health and Sanitation Development partners Implementing partners
					Enhancement of defaulter tracking tools and mechanisms	No. of defaulter tracking tools enhanced		2	2	Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce AIDS related mortality by 25%	Reduce AIDS related mortality by 25%	General ART care	Treatment literacy that is age and population specific and appropriate	Incorporate HIV prevention and mitigation in community health strategy(CHVs	Strengthen facility and community linkages with inter- and intra-facility referral protocols and linkage strategies	No. of meetings conducted No. of linkage strategies developed	KDHS	50	80	Department of Health and Sanitation Development partners Implementing partners
					Ensure the identified gaps in HIV prevention and treatment cascade are addressed immediately	No. of gaps identified and addressed		1	1	Department of Health and Sanitation, Development partners Implementing partners
				HIV related health education of parents, guardians or other care givers such as teachers		No. of health educations conducted No. of participants attending		1	1	Department of Health and Sanitation MoEST Development partners Implementing partners
				Strengthen peer support and networks of adolescents living with HIV		No. of peer support and networks established No. of peer support and networks strengthened		15	21	

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce AIDS related mortality by 25%	Reduce AIDS related mortality by 25%	General ART care	Treatment literacy that is age and population specific and appropriate	Incorporate HIV prevention and mitigation in community health strategy(CHVs	Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services (MNCH model of care)	No. of capacity building workshops conducted	KDHS	60	80	Department of Health and Sanitation Development partners Implementing partners
					Scale up integrated youth friendly services including training health workers, peer educators and teachers in the APOC	No. of trainings conducted for health care workers Peer educators and teachers in APOC No. of healthcare workers trained in APOC No. of peer educators trained in APOC No. of teachers trained in APOC		400	600	Department of Health and Sanitation MoEST Department of Youth Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce AIDS related mortality by 25%	Reduce AIDS related mortality by 25%	General ART care	Treatment literacy that is age and population specific and appropriate	Utilize youth friendly technology, social media for education, recruitment and retention in care e.g. WhatsApp groups, Facebook closed groups	Scale up integrated youth friendly services including training health workers, peer educators and teachers in the APOC	No. of social media platforms created and being used No. of youth accessing care through social media	KDHS	5	10	Department of Health and Sanitation Department of Youth Development partners Implementing partners
				Utilize peer to peer mobilization for enrolment and retention in care and extend flexible timings for care		No. of peer educators reached No. of peer educators retained in care		200	300	Department of Health and Sanitation Department of Youth Development partners Implementing partners
					Integrate care services in drop-in centres including the fishing communities along the the beaches	No. of services offered in DICE No. of DICEs established		2	6	Department of health and sanitation, Fisheries department, NACADA, Development and implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce AIDS related mortality by 25%	Reduce AIDS related mortality by 25%	General ART care	Treatment literacy that is age and population specific and appropriate	Utilize peer to peer mobilization for enrolment and retention in care and extend flexible timings for care	Integrate alcohol and drug dependence reduction strategies in care service	No. of alcohol and drug dependence outreaches conducted	KDHS	200	300	Department of Health and Sanitation Development partners Implementing partners
	Increase ART coverage to 90% care and treatment and reduce the loss in the cascade of care	2. General ART Care	Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies			No. of trainings conducted No. of healthcare workers attending		200	300	Department of Health and Sanitation Development partners Implementing partners
					Decentralize availability of screening and diagnostic equipment for HIV, TB, nutrition, other opportunistic infections by expanding the services to dispensaries	No. of screening and diagnostic equipments procured No. of dispensaries provided with screening and diagnostic equipment		60	80	Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce AIDS related mortality by 25%	Increase ART coverage to 90% care and treatment and reduce the loss in the cascade of care	General ART care	Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Utilize peer to peer mobilization for enrolment and retention in care and extend flexible timings for care	Scale-up prevention interventions for TB, OIs and other co-morbidities, water and sanitation related diseases, vaccinations for preventable diseases	No. of preventions activities conducted No. of communities reached with the interventions	KDHS	60	80	Department of Health and Sanitation Development partners Implementing partners
					Set up a hotline for PLHIV in transit who need services of a clinician or refill of ARVs and other related drugs	No. of hotlines set up No. of PLHIV on transit accessing services		1	1	Department of Health and Sanitation Development partners Implementing partners
		2.Pre-ART services		Carry out campaigns on the value of disclosure in improving treatment outcomes		No. of campaigns conducted No. of participants reached through the campaigns		60	80	Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce AIDS related mortality by 25%	Increase ART coverage to 90% care and treatment and reduce the loss in the cascade of care	General ART care	Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Utilize peer to peer mobilization for enrolment and retention in care and extend flexible timings for care	Integrate and decentralize HIV service delivery models and increase access to care and treatment at the community level	No. of PLHIV accessing care and treatment at the community level	KDHS	60	80	Department of Health and Sanitation Development partners Implementing partners
				Utilize the Civil Society and communities, especially PLHIV to enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure		No. of CSOs and communities used No. of PLHIV reached		300	500	Department of Health and Sanitation Development partners Implementing partners
				Utilize youth friendly technology and social media to facilitate retention and adherence e.g. WhatsApp, Facebook		No. of social media platforms created and being used No. of youth accessing care through social media		5	10	Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce AIDS related mortality by 25%	Increase ART coverage to 90% care and treatment and reduce the loss in the cascade of care	General ART care	Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Utilize youth friendly technology and social media to facilitate retention and adherence e.g. WhatsApp, Facebook	Empower care givers with HIV education and treatment literacy	No. of trainings conducted No. of caregivers empowered	KDHS	800	1200	Department of Health and Sanitation Development partners Implementing partners
					Integrate HIV care and treatment into youth friendly services	No. of PSSG for adolescents		15	21	Department of Health and Sanitation Development partners Implementing partners
					Education sector programs for HIV and treatment literacy, adherence and retention should be scaled ups	No. of trainings conducted No. of teachers trained No. of school going children/ students reached		200	300	Department of Health and Sanitation Development partners Implementing partners
				Scale up key population friendly HIV care and treatment services through peer mobilization and support		No. of drop in centres established/ scaled up No. of peer educators trained No. of peers reached through peer education		3	6	Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce AIDS related mortality by 25%	Increase ART coverage to 90% care and treatment and reduce the loss in the cascade of care	General ART care	Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Scale up key population friendly HIV care and treatment services through peer mobilization and support	Advocate for the harmonization of HIV treatment protocols with neighbouring countries	No. of meetings conducted No. of protocols harmonized	KDHS	1	1	Department of Health and Sanitation Development partners Implementing partners IGAD
					Set up a cross border committee to coordinate cross cutting components of HIV and TB services	No. of committees set up		1	1	Department of Health and Sanitation Development partners Implementing partners IGAD
				Institute strategies to eliminate practices that create barriers to service provision to migrant populations or foreigners from neighbouring countries		-		1	1	Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Reduce AIDS related mortality by 25%	Increase ART coverage to 90% care and treatment and reduce the loss in the cascade of care	General ART care	Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Sensitize service providers to reduce HIV stigma and discrimination to increase access to care and treatment	Set up a cross border committee to coordinate cross cutting components of HIV and TB services	No. of sensitization meetings conducted No. of service providers reached	KDHS	200	300	Department of Health and Sanitation Development partners Implementing partners
3. Improve quality of care and health outcomes		Improve quality of care and monitoring treatment outcomes		Support for nutritional management with low BMI ⩽ 18.5		No. of nutritional support provided 30 EMR sites		60	80	Department of Health and Sanitation Development partners Implementing partners
					Build the capacity of service providers to monitor quality of care and utilize care data for decision making	No. of capacity buildings conducted No. of service providers reached		200	300	Department of Health and Sanitation Development partners Implementing partners
					Continuous quality improvement initiatives through use of electronic medical records systems	No. of EMR sites established		20	30	Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
3. Improve quality of care and health outcomes	Increase ART coverage to 90% care and treatment and reduce the loss in the cascade of care	Improve quality of care and monitoring treatment outcomes	Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Support for nutritional management with low BMI ⩽ 18.5	Utilize cohort analysis to monitor patient outcomes and by extension quality of care	No. of EMR sites established	KDHS	1	1	Department of Health and Sanitation Development partners Implementing partners
					Ensure continuous availability of HIV commodities at the point of service delivery	No. of HIV commodities procured No. of service delivery sites		60	80	Department of Health and Sanitation Development partners Implementing partners
					Carry out periodic quality assurance activities such as Site Improvement assessments and data quality audits	No. of quality assurance conducted		60	80	Department of Health and Sanitation Development partners Implementing partners
					Strengthen mentorship and clinical technical working groups to monitor quality	No. of technical working groups created		200	300	Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
3. Improve quality of care and health outcomes	ncrease ART coverage to 90% care and treatment and reduce the loss in the cascade of care	Improve quality of care and monitoring treatment outcomes	Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Support for nutritional management with low BMI ≤ 18.5	Set up a hotline for service providers to consult on challenging clinical cases	No. of hotline services set up	KDHS	1	1	Department of Health and Sanitation Development partners Implementing partners
					Create a policy environment that will enable support of PLHV patients who need cancer treatment and OIs	No. of policies created		1	1	Department of Health and Sanitation Development partners Implementing partners
		Improve laboratory capacity			Strengthen laboratory networking for TB/ HIV diagnosis and treatment monitoring	No. of laboratory staff trained No. of health facilities networked		200	300	Department of Health and Sanitation Development partners Implementing partners
					Put in place systems to assure quality and for monitoring adherence to laboratory protocols	No. of systems put in place		20	30	Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
3. Improve quality of care and health outcomes	Increase ART coverage to 90% care and treatment and reduce the loss in the cascade of care	11. Elimination of mother-to-child transmission of HIV	Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Support for nutritional management with low BMI ≤ 18.5	Put in place mechanisms to reduce turn-around time for results and feedback	No. of service charters introduced	KDHS	60	80	Department of Health and Sanitation Development partners Implementing partners
		Increase community based adherence support		Scale up use of PLHIV peer support strategies such as mentor mothers		No. of trainings conducted No. of mentor mothers attending the training No. of PLHIV reached through mentor mothers		20	30	Department of Health and Sanitation Development partners Implementing partners
					Promote PHDP	No. of PHDP outreaches conducted No. of PHDP trainings conducted No. of PLHIV trained on PHDP No. of PLHIV reached		30000	44,326	Department of Health and Sanitation Development partners Implementing partners

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention			Indicators	Baseline and Source	Mid-Term Target	End-Term Target cumulative)	Responsibility
Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Increase ART coverage to 90% care and treatment and reduce the loss in the cascade of care	Increase community based adherence support	Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Scale up use of PLHIV peer support strategies such as mentor mothers	Scale up home and community based model of care for HIV patients	No. of care givers trained No. of households visited	KDHS	20	30	Department of Health and Sanitation Development partners Implementing partners
					Use innovative mobile and web-based technology to increase adherence and follow up options	No. of web based and mobile technology launched No. of follow up made		1	2	Department of Health and Sanitation Development partners Implementing partners
					Promote age and population specific treatment education in community and facility based settings	No. of outreaches conducted No. of participants attending		200	300	Department of Health and Sanitation Development partners Implementing partners

STRATEGIC DIRECTION 3: USING A HUMAN RIGHTS BASED APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KPS AND OTHER PRIORITY GROUPS								
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/**	**Indicators**	**Baseline & Source**	**Mid-Term Targets**	**End-Term Targets**	**Responsibility**
An enabling legal and policy environmentne cessary for a robust HIV response at thenational and county levels to ensure access toservices by persons living with HIV	Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Remove barriers to access of HIV, SRH and rights information and services in public and private entities	Number of Peer educators among KPs trained to enhance uptake of Services	TBD	TBD	3000 Peer educators trained	600 Centers established	County Director of Health and Sanitation County Government AMPATH-PLUS APHIA-PLUS FHI Kenya Red Cross IOM LVCT Other partners
			Number of health workers sensitized on stigma reduction in health care setting.	TBD	300	TBD	TBD	County Director of Health
			Number of IEC materials on SRH developed and distributed in all the 7 sub counties.	TBD	TBD	914,475	1,828,949	Department of Health and Sanitation Development partners Implementing partners
			Number of GBV recovery centers for sexual violence victims established	TBD	TBD	TBD	600 Centers established	

KASF Objective	CASP Results	Key Activity	Sub-Activity/	Indicators	Baseline & Source	Mid-Term Targets	End-Term Targets	Responsibility
Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Remove barriers to access of HIV, SRH and rights information and services in public and private entities	Sensitize school management boards, teachers, students and pupils on SGBV	a) Number of school management boards ,sensitized on SGBV b) Number of teachers sensitized on SGBV c) Number of pupils sensitized on SGBV	100 school management boards	600 school boards trained on SGBV	1200 School boards trained SGBV	MoEST Kenya Red Cross FBOs
			Mentor health club patrons in schools on handling adolescents living with HIV	TBD	TBD	TBD	TBD	
			Sensitize school management boards, teachers, pupils, students and other school fraternity on stigma and discrimination reduction	TBD	TBD	TBD	TBD	
			Enrol eligible OVC into the social protection progammes and provide HIV services	TBD	TBD	TBD	TBD	Social Service Sector
			Implement structural interventions that empower vulnerable populations especially women	TBD	TBD	TBD	TBD	Social Service Sector

KASF Objective	CASP Results	Key Activity	Sub-Activity/	Indicators	Baseline & Source	Mid-Term Targets	End-Term Targets	Responsibility
Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Remove barriers to access of HIV, SRH and rights information and services in public and private entities	Integrate HIV information and encourage service uptake in religious teachings	TBD	TBD	TBD	TBD	MoEST Kenya Red Cross FBOs
			Recommend and emphasize confirmation of faith healing claims through scientific tests.	TBD	TBD	TBD	TBD	
			Promote acceptance of KPs as part of the community for increased service uptake	TBD	TBD	TBD	TBD	
			Enhance male involvement in HIV, sexual and reproductive health programmes and also offer them services	TBD	TBD	TBD	TBD	
			Develop community groups and forums, and utilize persons living positively to campaign against HIV-related stigma and discrimination	TBD	TBD	TBD	TBD	
			Sensitize communities on legal issues, rights and gender	TBD	TBD	TBD	TBD	
			Sensitize the community on harmful gender norms, negative stereotypes and concept of masculinity	TBD	TBD	TBD	TBD	
			Facilitate campaigns to reduce stigma and discrimination, reduce gender violence and promote uptake of HIV services and preventive interventions	TBD	TBD	TBD	TBD	

KASF Objective	CASP Results	Key Activity	Sub-Activity/	Indicators	Baseline & Source	Mid-Term Targets	End-Term Targets	Responsibility
Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Improve legal and policy environment for protection of PLHIV, KPs and other priority groups including women, adolescents, girls and boys	Sensitize healthcare workers, on their own rights, attitudes and tools necessary to ensure patient/client rights are upheld	Number of healthcare workers sensitized on their own rights , attitudes and tools necessary to ensure patient /client rights are upheld	TBD	TBD	TBD	County Director of Health Services Office of the Governor CECs Office of the Speaker Key CSOs
			Sensitize law and policy makers on the need to enact laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support.	Number of law and policy makers sensitized on the need to enact laws ,regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support.				
			Review existing laws and policies to ensure they impact positively on the HIV response			100	200	Office of the Governor CECs, Office of the Speaker

KASF Objective	CASP Results	Key Activity	Sub-Activity/	Indicators	Baseline & Source	Mid-Term Targets	End-Term Targets	Responsibility
Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Improve legal and policy environment for protection of PLHIV, KPs and other priority groups including women, adolescents, girls and boys	Sensitize law makers and law enforcement agencies on HIV and the consequences of enactment of laws in the provision of HIV services to priority groups	Number of law makers and law enforcement agencies sensitized on HIV consequences of enactment of laws on the provision of HIV services to priority groups.	TBD	100	200	Office of the Governor CECs, Office of the Speaker
			Facilitate discussion and negotiation among providers, those who access the service and law enforcement agencies to address law enforcement practices that impede HIV prevention, treatment, care and support	TBD	TBD	TBD	TBD	
			Hold the County Governmentaccountable to their constitutional and statutory obligations	TBD	TBD	TBD	TBD	
			Implement programmes that uphold the rights of priority populations	Number of programs supported to implement upholding the rights of priority populations .		250	500	
			Facilitate access to justice in cases of rights violation					
			Undertake legal literacy programmes to teach those who are living with or affected by HIV about human rights and the laws relevant to HIV	Number of legal literacy programs supported, that teach PLHIV or those affected about human rights .		250	500	

KASF Objective	CASP Results	Key Activity	Sub-Activity/	Indicators	Baseline & Source	Mid-Term Targets	End-Term Targets	Responsibility
Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Conduct HIV stigma index survey including in health care settings and communities	Conduct monitoring and evaluation for stigma and discrimination and GBV	Number of HIV stigma index surveys conducted.	TBD	250	500	ICC (HIV)
				Conduct baseline survey to document the magnitude and nature of human rights violations in the context of HIV				ICC (HIV)
			Conduct baseline survey to document the magnitude and nature of gender disparities in the context of HIV	Number of baseline surveys supported documenting the magnitude and nature of gender disparities in the context of HIV				ICC (HIV)
			Implementation of programmes aimed at reducing stigma and discrimination against priority populations	Number of Programmes supported to implement activities reducing stigma and discrimination against priority populations.				ICC (HIV) CSOs

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS								
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/**	**Indicators**	**Baseline & Source**	**Mid-Term Targets**	**End-Term Targets**	**Responsibility**
An enabling legal and policy environmentnecessary for a robust HIV response at the national and county levels to ensure access toservices by persons living with HIV	80% of the community reached with a key HIV message	Remove barriers to access of HIV, SRH and rights information and services in public and private entities	Train peer educators among KPs to enhance uptake of services.	Number of peer educators trained to enhance uptake of services among KPs.	500 Peer educators trained among KPs	500 Peer educators trained among KPs	1000 Peer educators trained among KPs	County Director of Fealth and Sanitation County Government AMPATH-PLUS APHIA-PLUS FHI Kenya Red Cross IOM LVCT Other partners
			Sensitize health workers to reduce stigmatizing attitudes in healthcare settings	Number of health workers sensitized to reduce stigmatizing attitudes in health care settings	300 Health workers trained	TBD	600 Health Workers trained	County Director of Health
			Number of population specific and user friendly information related to HIV developed and released.	TBD	TBD	914,475	1,828,949	Department of Health and Sanitation Development partners Implementing partners
			Number of GBV recovery centers for sexual violence victims established.	TBD	TBD	200 GBV recovery centers established	TBD	

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT TO MEET BCASPGOALS							
KASF Objective	**CASP Results**	**Key Activity**	**Indicators**	**Baseline & Source**	**Mid Term Target**	**End Term Target**	**Responsibility**
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Increased evidence based planning , programing and policy changes by 50%	Implementation of research priorities Evaluate the effectiveness of structural interventions, e.g. interventions dealing with cross-border population adherence to HIV and TB, service integration of TB and eMTCT services	Number of evaluations conducted on structural interventions e.g. cross-boarder population adherence to HIV and TB, service integration of TB and eMTCT services.	250 people targeted to participate in implementation research		500 people targeted to participate in implementation research	County Government Department of Health and Sanitation KEMRI Development Partners NACC NASCOP Universities
	Reduce HIV related stigma and discrimination by 50%	Behavioural research priorities like determine socio-behavioural, cultural and gender-related factors as determinants of care & treatment outcomes and adherence to HIV/TB treatment	Number of Behavioural Research supported to determine social cultural and gender related factors as determinants of Care and Treatment outcomes and adherence to HIV/TB treatment.	2 Studies conducted to determine the impact of the Gene Expert on HIV/TB treatment	100 PLHIV involved in this research	200 PLHIV involved in this research	
	Reduce AIDS related mortality by 25%	Determine the impact of the Gene Expert on HIV/TB treatment outcomes	Number of studies conducted to determine the impact of the Gene Expert on HIV/TB treatment outcomes.		4 Studies conducted to determine the impact of the Gene Expert on HIV/TB treatment		
	County HIV research agenda developed	Develop county HIV research agenda through a consultative process	Number of County HIV research agenda supported ,developed and disseminated through consultative process			10 policy makers and researchers constituting the county research team	
	Resource the HIV agenda in the County	Develop and align HIV research financing strategy with the existing health laws, policies and regulations in the county	Number of HIVresearch financing strategies developed and disseminated aligned with the existing health laws, policies and regulations in the County		Advocate for 10% of health research budget for HIV/TB	Advocate for 20% of health research budget for HIV/TB	

KASF Objective	CASP Results	Key Activity	Indicators	Baseline & Source	Mid Term Target	End Term Target	Responsibility
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Establish evidence-based planning, programming and policy development	Establish HIV information portal for Busia County	Number of established HIV information portal for Busia County	2 Studies conducted to determine the impact of the Gene Expert on HIV/TB treatment	Four quarterly paper reviews of key research findings, local innovations, systematic reviews developed and disseminated	Four quarterly paper reviews of key research findings, local innovations, systematic reviews developed and disseminated.	County Government Department of Health and Sanitation KEMRI Development Partners NACC NASCOP Universities
		Publish systematic reviews of research on the BCASP priorities and draft research briefs biennially	Number of Systemic Research Reviews of research on the BCASP priorities published and disseminated.			Draft research briefs biennially	

STRATEGIC DIRECTION 6: PROMOTE UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH, MONITORING AND EVALUATION TO ENHANCE PROGRAMMING								
KASF Objective	**CASP Results**	**Key Activity**		**Indicators**	**Baseline & Source**	**Mid Term Target**	**End Term Target**	**Responsi-bility**
To improve data quality, demand, access and use of data for decision making at the County and National levels	Increased availability of strategic information to inform HIV response in Busia County	Strengthening M&E capacity to effectively track the BCASP performance and HIV epidemics at Busia county	Align the Busia county M&E system to the new governance structure	No. ofCounty HIV M&E System aligned to new governance structure	0	1	2	County HIV ICC
	Planned evaluations, reviews and surveys implemented and timely disseminated results		Conduct National and Busia county M&E engagements	No. of Busia County M&E engagement conducted	0	1	2	County HIV ICC
			Conduct M&E capacity assessment and capacity development at the county	Number of M&E Capacity assessment and Capacity development done in the County		4 M&E Capacity Assessments	8 M&E Capacity Assess-ments	County HIV ICC, NACC Department of Health and Sanitation
			Strengthen functional multi-sectoral HIV M&E co-ordination structure and partnerships at the county	Number of functional multi- sectoral HIV M&E Coordination structure and partnerships strengthened in the County	1	1	1	
			Develop, print & disseminate comprehensive HIV M&E systems guidelines, tools and standard operating procedures	Number of Comprehensive HIV M&E system guidelines, tools, and standard operating procedures developed,printed and disseminated.	400	200	400	
			Put in place sustainable financing for HIV M&E planned activities	Number of sustainable financing mechanisms for HIV related activities put in place in the County.	400	1	1	County HIV ICC

KASF Objective	CASP Results	Key Activity		Indicators	Baseline & Source	Mid Term Target	End Term Target	Responsi-bility
To improve data quality, demand, access and use of data for decision making at the County and National levels	Planned evaluations, reviews and surveys implemented and timely disseminated results	Ensure harmonized, timely and comprehensive routine and non–routine monitoring systems to provide quality HIV data in Busia County	Strengthen HIV M&E data management in Busia County	Number of activities geared towards Strengthened HIV M&E data management supported by Busia County Government	400	200	400	County Gov-ernment and Partners
			Harmonize and create linkages between data collection tools and databases	Number of County supported activities that facilitate harmonization and linkages between data collection tools and database				County HIV ICC, NACC Department of Health and Sanitation
			Conduct periodic data quality audits and verification	Number of Periodic data quality audits and verifications conducted within the county.		200	400	
			Conduct M&E supervision	Number of M&E Supervisions conducted		200	400	
			Scale up coverage of ongoing HIV programme surveillance and surveys	Number of activities conducted ,facilitating the scaling up Coverage of ongoing HIV programs Surveillance and Surveys.				
			Honor global, national and county HIV reporting obligations	Number of activities done that facilitates the national and global HIV reporting obligations.				
			Strengthen routine and non-routine HIV information systems	Number of activities conducted that enhance strengthened routine and non routine HIV information systems in the county.				
	Established M&E information hubs at the County level that provide comprehensive information package on key BCASP indicators for decision making	Establish multi-sectoral and integrated real-time	Establish a multi-sectoral HIV programming web-based data management system	Number of multi-sectoral l HIV programming web-based data management systems established		1	1	County HIV ICC BCASP Moni-toring Unit

KASF Objective	CASP Results	Key Activity		Indicators	Baseline & Source	Mid Term Target	End Term Target	Responsibility
To improve data quality, demand, access and use of data for decision making at the County and National levels	Established M&E information hubs at the County level that provide comprehensive information package on key BCASP indicators for decision making	HIV platform to provide updates on HIV epidemic response accountability	Promote data demand and use of HIV strategic information to inform policy and programming	Number of activities that facilitate Data Demand and Use of HIV strategic information in decision making.	400	1	1	County HIV ICC BCASP Monitoring Unit
			Develop and implement BCASP evaluation agenda	Number of BCASP Evaluation agenda developed and disseminated.		1	1	County HIV ICC CHMT County Assembly Health Committee BCASP Monitoring Unit
			Create and strengthen M&E information hubs at county evel	Number of M&E Information hubs created and strengthened .		1	1	CHRIO NACC
			Align the Busia County M&E system to the 'Three Ones Principle'			1	1	County HIV ICC

STRATEGIC DIRECTION 7: INCREASING DOMESTIC FINANCING FOR SUSTAINABLE HIV RESPONSE							
KASF Objective	**CASP Results**	**Key Activity**		**Indicators**	**Mid Term Target**	**End Term Target**	**Responsibility**
Increase domestic financing of the HIV response to 50%	Increased domestic financing for HIV response to 50%	Ensure policy on County HIV financing is put in place		Amount of funds generated through domestic financing	County Domestic Financing Bill in place	County Domestic Financing Bill policy developed and implemented	County Government Partners CEC
			Undertake periodic review of the spending plans	Number of reviews done on HIV spending by the county	1 Review done	3 Reviews done	County Government Partners CEC
			Set up HIV investment unit with a clear management structure within MoH	Number of HIV investment Units set up with a clear management structure within MOH	1	1	County Government Partners CEC
		Promote innovative and sustainable domestic HIV financing options	Establish a trust fund	Evidence of an established trust fund for HIV.	1	1	County Assembly Governor's office County HIV ICC
			All contracts in the county should include a sum of 2% of the contract towards HIV and AIDS program	Percentage of County Government Department ensuring 2% of total sum of contracts they award is set aside to fund HIV activities.	60%	100% of all County departments funding HIV	County Assembly Governor's office County HIV ICC
			Engage the county budget committee allocation to consider 1% of county budget to HIV as an added parameter for consideration in resource allocation	Number of engagement meetings held with County Budget Committee to ensure allocation of 1% of total county government budget to HIV.	250 CSOs funded by County on HIV related activities	500 CSOs funded by County on HIV related activities	County assembly Governor's office County HIV ICC

KASF Objective	CASP Results	Key Activity		Indicators	Mid Term Target	End Term Target	Responsibility
Increase domestic financing of the HIV response to 50%	Increased domestic financing for HIV response to 50%	Promote innovative and sustainable domestic HIV financing options	Lobbying with the development partners to fund BCASP	Number of development partners successfully lobbied to fund BCASP	2	4	County Assembly Governor's office County HIV ICC
			Conduct annual county expenditure tracking survey	Number of annual county expenditure tracking surveys done documenting HIV spending	1	1	County HIV ICC
		Align HIV resources/ investments to strategic plan priorities	Organize development partners HIV forum to facilitate alignment with BCASP	Number of forums organized targeting development partners to facilitate alignment with BCASP	2	4	County Government
			Conduct a stakeholder analysis/ mapping	Number of stakeholder analysis /mapping conducted.	1	1	County Government County HIV ICC
			Facilitate quantification of county resource needs through relevant information on county support	Number of County resource need quantification activities done	2	4	
			Implement a partnership accountability framework to ensure alignment of resources to BCASP priorities.	Number of partnership accountability framework implemented to ensure alignment of resources to BCASP	2	4	
			Conduct annual review meetings to give feedback of development partner's contribution towards BCASP implementation		1	1	

STRATEGIC DIRECTION:8 PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF THE BCASP RESULTS BY ALL SECTORS AND ACTORS								
KASF Objective	**CASP Results**	**Key Activity**	**Sub-Activity/In-tervention**	**Indicator**	**Baseline and Source**	**Mid Target**	**End Target**	**Responsibility**
Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response		Provide policies and strengthen governance systems	Develop/ Review policies that enhance accountability and good governance of resources for multi-sectoral HIV/AIDS response.	Number of reviews done on policies that enhance accountability and good governance of resources for multi-sectoral HIV response.		2	4	County HIV ICC Governor's office
			Develop and implement systems that strengthen good governance of the HIV response	Number of reviews done on HIV spending by the county		1	1	County HIV ICC Governor's office
			Build capacity of partners for resource management and accountability through institutionalized technical support mechanisms	Number of Capacity Building meetings done targeting various development partners on resource management and accountability through institutionalized technical support mechanisms		1	1	County HIV ICC Governor's office
		Build and sustain high-level political commitment	Advocate for political goodwill at the two arms of county government (executive and legislature)			2	4	County HIV ICC Governor's office
		Stakeholder accountability	Establish a HIV inter-agency coordinating and other relevant committees for monitoring of the HIV response	Number of functional Inter -agency coordinating committees established for monitoring of the HIV response.		1	1	County HIV ICC Governor's office

KASF Objective	CASP Results	Key Activity	Sub-Activity/Intervention	Indicator	Baseline and Source	Mid Target	End Target	Responsibility
Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response		Stakeholder accountability	Build capacity of stakeholders to promote strong accountable institutions that hold duty bearers accountable for the HIV response	Number of stake holders taken through Capacity Building to promote strong accountable institutions that hold duty bearers accountable for the HIV response.	20 Stake holders trained	40 Stake holders trained		County HIV ICC
		Development partners accountability	Hold the development partners HIV forum focusing on alignment to BCASP priorities	Number of development partners HIV forums focusing on alignment to BCASP priorities.		2	4	County HIV ICC Governor's office
		Implementing partners accountability	Develop and implement a partnership accountability mechanism based on targets and results	Number of partnership accountability mechanisms developed and implemented based on targets and results.		2	4	County HIV ICC Governor's office
		Private sector accountability	Review reporting mechanisms to capture private sector contribution to the HIV response	Number of reviews done on reporting mechanisms capturing private sector contribution to the HIV response.		2	4	County HIV ICC Governor's office
		Multi-sectoral accountability	Facilitate target setting and align sector reporting of results against targets	Number of meetings held to facilitate target setting and sector reporting alignment.		2	4	County HIV ICC Governor's office
		BCASP governance	Establish a BCASP monitoring committee to oversee tracking of progress towards results	Number of BCASP monitoring committee established and functioning to oversee the tracking of progress towards results		2	4	County HIV ICC Governor's office

Annex 2:

Resources required for implementing BCASP (in USD Millions)

Strategic Directions	Specific BCASP Intervention Areas	% of resource dedicated for the strategy	2014/15	2015/16	2016/17	2017/18	2018/19	Total
SD1	HIV prevention	25.00%	6.62	7.54	8.51	9.52	10.32	42.52
SD2	Treatment and care	54.00%	14.31	15.64	16.34	16.64	16.43	79.36
SD3	Social inclusion, human rights and gender	4.06%	1.08	1.40	1.74	2.11	2.51	8.83
SD4	Health systems	6.35%	1.68	1.52	1.25	1.12	0.59	6.16
	Community systems	3.95%	1.05	0.94	0.77	0.70	0.36	3.82
SD7 & SD8	Leadership, governance and resource allocation	3.94%	1.04	1.06	1.03	0.97	0.88	4.99
SD6	Monitoring and evaluation	1.84%	0.49	0.49	0.48	0.45	0.41	2.32
SD5	Research	0.49%	0.13	0.15	0.16	0.17	0.18	0.79
	Supply chain management	0.37%	0.10	0.11	0.12	0.13	0.14	0.60
	Grand Total	100.00%	26.49	28.86	30.41	31.81	31.81	149.39

Annex 3: References& Operational Documents

References

1. Busia County Health Strategic Plan 2014
2. Busia County Integrated Development Plan (2013- 2017)
3. HIV and AIDS Prevention and Control Act, 2006
4. KASF – Kenya AIDS Strategic Framework
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15. The Constitutionof Kenya, 2010
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Operational Documents

1. The Kenya HIV Prevention Roadmap
2. HIV program network
3. HIV estimates and County profiles
4. Kenya AIDs epidemic report 2012
5. Strategic Framework Towards Elimination of Mother to Child Transmission of HIV and Keeping Mothers Alive 2012-2015
6. A Strategic Framework for Engagement of the First Lady in HIV Control and Promotion of Maternal, Newborn and Child Health in Kenya 2013-2017
7. National Guidelines for HIV Testing and Counseling and Prevention with Positives
8. Guidelines on use of antiretroviral drugs in treating and preventing HIV, Rapid advice, 2014
9. Kenya Quality Model for Health 2009
10. Kenya HIV Quality Improvement Framework

Annex 4: List of Drafting and Technical Review Teams

County Drafting Team

1.	Steve G. Kathaka	- NACC Regional HIV Coordinator (Team Leader)
2.	Dr. Melsa Lutomia	- County Director of Health
3.	Dr. Festus Kigen	- County AIDS and STI Coordinator
4.	Wilfred Magoba	- County HIV Coordinator
5.	Dr. Allan Wafula	- Deputy County Pharmacist
6.	Nelson Andanje	- County Health Promotion Officer
7.	Napoleon Nyongesa	– Sub-County HIV Coordinator, Teso North
8.	Bruno Otsyula	- Field Officer ADEO
9.	Vicent Olouch	- KENAPOTE
10.	Bernard Bosire	- County TB Coordinator

BCASP Technical Review Team

1.	Elly Assurah	- KEMRI-RCTP-SEARCH, Consultant
2.	Steve G. Kathaka	- NACC Regional HIV Coordinator
3.	Bryan Okiya	- NACC Program Officer, Strategy
4.	Dr. Suzanne Waweru	- Nairobi Hospital


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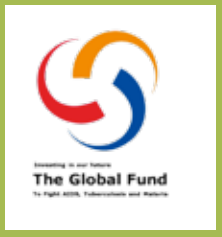
National AIDS Control Council


The Global Fund