



# ELGEYO MARAKWET COUNTY HIV AND AIDS STRATEGIC PLAN

2014/2015 - 2018/2019

*"County of Champions"*







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# Abbreviations

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<b>AMPATH</b>	- Academic Model For Providing Access To Healthcare
<b>AMREF</b>	- African Medical Research Foundation
<b>APHIA Plus</b>	- AIDS, Population and Health Integrated Assistance
<b>ART</b>	- Anti-Retroviral Therapy
<b>CACCS</b>	- Constituency HIV and AIDS Coordinating Committees
<b>CASCO</b>	- County AIDS and STI Control Coordinator
<b>CBOS</b>	- Community Based Organizations
<b>CCC</b>	- Comprehensive Care Clinic
<b>CEC</b>	- County Executive Committee
<b>CHD</b>	- County Health Director
<b>CHEWS</b>	- Community Health Extension Workers
<b>CHIRO</b>	- County Health Information and Records Officer
<b>CHIS</b>	- Community Health Information System
<b>CHMT</b>	- County Health Management Team
<b>CHV</b>	- Community Health Volunteer
<b>CIDP</b>	- County Integrated Development Plan
<b>COAC</b>	- County AIDS Coordinator
<b>COBPAP</b>	- Community Based Program Activity Reporting
<b>COP</b>	- Communities of Practice
<b>CSO</b>	- Civil Society Organization
<b>DACCS</b>	- District AIDS Control Committees
<b>DHIS</b>	- District Health Information Systems
<b>DTC</b>	- District Technical Committees
<b>EMCASP</b>	- Elgeyo Marakwet County AIDS Strategic Plan
<b>EMHSSIP</b>	- Elgeyo Marakwet Health Sector Strategic and Investment Plan

<b>EMTCT</b>	-	Elimination of Mother To Child Transmission
<b>FBO</b>	-	Faith Based Organisations
<b>FGM</b>	-	Female Genital Mutilation
<b>HCWS</b>	-	Health Care Workers
<b>HIV</b>	-	Human Immuno-deficiency Virus
<b>HMIS</b>	-	Health Management Information Systems
<b>HRBA</b>	-	Human Rights Based Approach
<b>HTC</b>	-	HIV Testing and Counselling
<b>HTS</b>	-	HIV Testing Services
<b>ICC</b>	-	Inter Agency Coordinating Committee
<b>KAIS</b>	-	Kenya AIDS Indicator Survey
<b>KASF</b>	-	Kenya AIDS Strategic Framework
<b>KDHS</b>	-	Kenya Demographic Health Survey
<b>KEPH</b>	-	Kenya Essential Package of Health
<b>KHIS</b>	-	Kenya Health Information System
<b>MNCH</b>	-	Maternal and Neonatal Child Health
<b>MOEST</b>	-	Ministry of Education Science And Technology
<b>MoH</b>	-	Ministry of Health
<b>MSM</b>	-	Men having Sex with Men
<b>NACC</b>	-	National AIDS Control Council
<b>NASCOP</b>	-	National AIDS and STI Control Program
<b>NEPHAK</b>	-	Network of People living with HIV and AIDS in Kenya
<b>NGO</b>	-	Non Governmental Organizations
<b>NHIF</b>	-	National Hospital Insurance Fund

<b>OVC</b>	- Orphaned and Vulnerable Children
<b>PACCS</b>	- Provincial AIDS Control Councils
<b>PLHIV</b>	- People Living with HIV
<b>PLWD</b>	- People Living with Disability
<b>PLWHA</b>	- People Living with HIV and AIDS
<b>PMS</b>	- Post Marketing Surveillance
<b>PMTCT</b>	- Prevention of Mother to Child Transmission
<b>PWD</b>	- People with Disability
<b>SGBV</b>	- Sexual and Gender Based Violence.
<b>SRH</b>	- Sexual and Reproductive Health
<b>TBD</b>	- To Be Determined
<b>TOWA</b>	- Total War Against AIDS
<b>TWG</b>	- Technical Working Group
<b>USAID</b>	- United States Agency For International Development
<b>VCT</b>	- Voluntary Counselling and Testing

# Foreword

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Elgeyo Marakwet County is one of the 47 devolved units as provided for by the Kenya Constitution 2010. For the last three years of devolution, the county has registered tremendous growth in many areas. The Constitution provides for devolution of power and resources alongside functions that were initially carried out by the central government. It is important to note that since the start of implementation of the new constitution, basic services have been rendered to the people at the local level from county down to the ward level. Elgeyo Marakwet County continues to align its development programs in line with the aspirations and the needs of local people who deserve effective and efficient delivery of services.

Health is one of the devolved functions being implemented by the county government in line with the County Integrated Strategic Plan. A lot of progress has been made with HIV prevalence dropping to 2.5 percentage points in the last five years. New HIV infections among children have almost halved. HIV and AIDS, however, continue to contribute the highest mortality rates, burdening households and straining national health systems.

With this understanding, the Kenya AIDS Strategic Framework demonstrates the firm commitment by key stakeholders to support national and county governments to deliver better health for all with a focus on cost effective and socially inclusive interventions to prevent and manage HIV and AIDS.

The Elgeyo Marakwet County AIDS Strategic Plan strives to provide a paradigm shift in the fight against HIV by putting local leaders at the centre of the HIV response. I wish to declare my commitment and rally all leaders in the county to contribute favourably in the fight against the HIV and AIDS pandemic. The strategic plan emphasizes on an all rounded HIV response that ensures no one is left behind. This is a priority for the county for it to achieve her goals. It promotes calibration of our efforts through effective prioritisation of interventions. The plan focuses on effective evidence-based investments, which target priority populations while ensuring that all Kenyans are reached and stigma and discrimination are reduced for improved health outcomes.

We intend to establish new financing strategies for domestic and sustainable financing for HIV as a priority for the County Government. The Elgeyo Marakwet CASP outlines an innovative leverage funding approach based on implementation of the HIV Fund that will increase resources, increase access to universal healthcare for those living with HIV and ultimately subsidise Kenya's future liability for HIV prevention and treatment.

In this regard, therefore, my Government is committed to facilitating achievement of the results articulated in the Elgeyo Marakwet CASP. In doing so, we will build on the progress made so far through decades of hard work, unity of purpose, courage and commitment to step up the momentum towards ending the AIDS pandemic.

A handwritten signature in blue ink, appearing to read 'Alex Tolgos', written over a light blue circular stamp.

**H.E. Eng. Alex Tolgos**

*Governor, Elgeyo Marakwet County*

# Preface

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Elgeyo Marakwet County AIDS Strategic Plan (2014/15-2018/19) marks a major milestone in our county's efforts to respond to HIV and AIDS pandemic that has claimed the lives of our productive members.

At the heart of this new strategy is the concept of devolution of political and economic power to the 47 counties.

In developing this strategic plan for the county's HIV response, the county government has taken cognizance of the new governance structure in the country, which requires that we shift the characterisation of the HIV response from "crisis management" to "strategic and sustainable" mode. This county understands the importance of engaging all stakeholders in developing the CASP. In working together with our partners over the last several years, we have been able to register some marked progress in a number of critical areas in our HIV response.

On its part, the Elgeyo Marakwet County Government, through the Department of Health Services, has created an enabling and secure environment that allows the county to build a fair and unified society by addressing some central factors that affect human capital including the health of its population. This Strategic Plan requires that all actors pay particular attention to vulnerable and marginalised groups. This paradigm shift calls for the utilisation of social, behavioural, cultural, biomedical, scientific and technological interventions as inputs to make real progress in HIV prevention, treatment and impact mitigation.

I wish to appeal to our partners and stakeholders to join and participate in this noble course to reduce HIV prevalence rate. Let us all join hands as we deepen and strengthen our response while seeking innovative ways to sustain our response in all the counties. If we pull together, our vision of a Kenya free of HIV infections, stigma and AIDS related deaths will be a reality.

A handwritten signature in black ink, appearing to be 'TR' followed by a flourish.

**Hon. Thomas Rutto**

*County Executive Committee Member, Health Services*

# Acknowledgement

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It is our pleasure to acknowledge the significant contributions from individuals and organizations whose efforts, time and knowledge contributed immensely to this valuable document for Elgeyo Marakwet County.

The leadership of the Elgeyo Marakwet County Government led by His Excellency the Governor Eng. Alex Tolgos, is credited for providing the necessary material and moral support throughout the process of drafting this County HIV and AIDS Strategic Plan. We equally appreciate the initial funding accorded to the technical team to hold its initial retreat meeting from the County Government.

We wish to thank the County Executive Committee Member for Health Services – Hon Thomas Rutto, the County Director, Public Health – William c. Kendagor and county director planning and development for their participation and contribution during the two technical team development retreats held at Elgon Resort on 22nd to 25th March 2016 followed by review meeting by the Drafting team and Validation as from 21st to 24th June, 2016. Their support to attend in person and provide strategic direction demonstrates their commitment towards realising the objectives of the EMCASP.

National AIDS Control Council is appreciated for initiating the process after the KASF dissemination meeting held on 6th September 2015 at Kenya School Government (KSG) Kabarnet and the subsequent financial support in all the EMCASP process. We too extend our gratitude to the technical support through NACC Regional coordinator Mr Moses Yatich.

Special thanks are extended to the Elgeyo Marakwet drafting team, National technical team, PLWHIV, Civil Society Organizations, NGOs and FBOs for their contributions in development of this plan. The county HIV coordinating Committee is committed to strengthening, coordination collaboration and stewardship of successful delivery of HIV response.

A handwritten signature in blue ink, appearing to read 'Titus Ayabei'. The signature is fluid and cursive.

**Titus Ayabei**

*Chief Officer of Health, Elgeyo Marakwet County*

# Executive Summary

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Elgeyo Marakwet County is one of the 47 counties created through the devolved system of government by the Constitution of Kenya 2010. The Elgeyo Marakwet County AIDS Strategic Plan (2014/15-2018/19) marks a major milestone in our county's efforts in responding to HIV and AIDS pandemic that has claimed the lives of our productive members in the wake of a new constitutional dispensation that has manifested itself in the peoples' desire for change, government accountability and democracy.

The Elgeyo Marakwet HIV strategy has been developed in line with the Kenya AIDS Strategic Framework (KASF) 2014/2015 – 2018/2019 addressing the unique challenges of the county in HIV programming. The following are the objectives of the KASF that have been adopted by the strategy;

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%.

Great progress has been made in the response to HIV in Kenya with statistics showing a drop in prevalence of 2.5%. New infections among children almost halved (KASF, 2014). However, HIV continues to contribute to high mortality rates, burdening

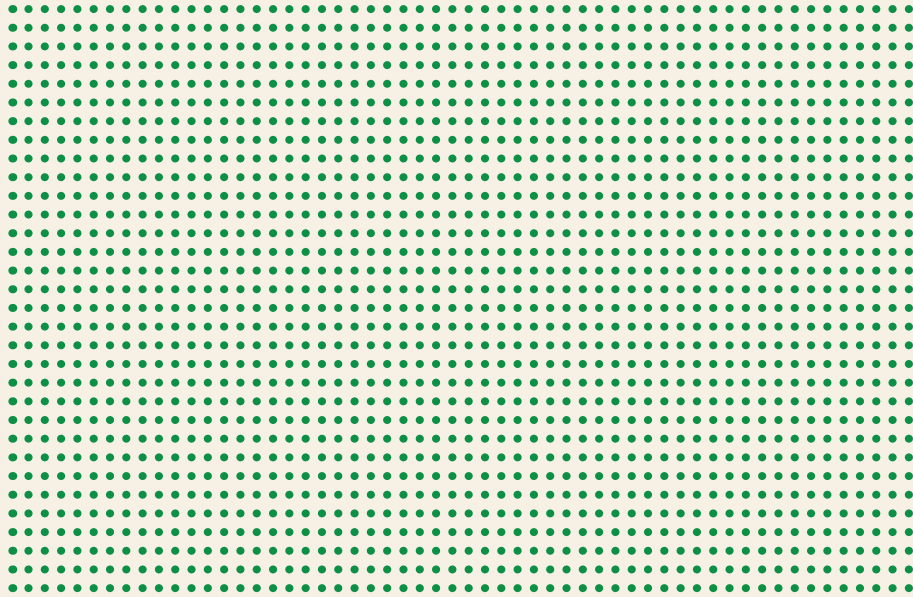
households and straining the national health systems. Elgeyo Marakwet is rated among the 29 medium HIV incidence counties and contributes 15% of all the HIV infections in Kenya (NACC, 2012). With a HIV prevalence of 2.5 %, the county is rated 22nd out of the 47 counties in Kenya (KASF, 2014). At county level, the Elgeyo Marakwet Health Sector Strategic and Investment Plan (EMHSSIP) 2014 - 2018 singles out HIV and AIDS related infections as the leading cause of mortality and morbidity.

This plan has, therefore, put in place strategies to address the high incidence rate of HIV infections especially among the key populations, adolescents and pregnant women. A review of the past HIV control activities is contained in this HIV strategy with the program strengths, weaknesses, opportunities and threats documented to help in choosing the best approaches and implications to control HIV in the county.

The EMCASP has also provided an implementation plan that includes all the timing of activities to be implemented over the next 4 years. This will form a basis for tracking progress during the planned quarterly review meetings and inform all the stakeholders on the key issues surrounding HIV management in the county.

# 01.

## BACKGROUND INFORMATION



## Background on County

Elgeyo Marakwet County has a diverse background comprising of urban and rural set-ups as well as a rich ethnic and cultural diversity. Keiyo and Marakwet are the dominant communities in the county. The county's population cuts into the neighbouring Uasin Gishu and Trans Nzoia counties.

### 1.1 Location

Elgeyo Marakwet County covers a total area of 3029.9 km<sup>2</sup> which constitutes 0.4 percent of the country's total area. It extends from latitude 0° 20' to 1° 30' to the North and longitude 35°

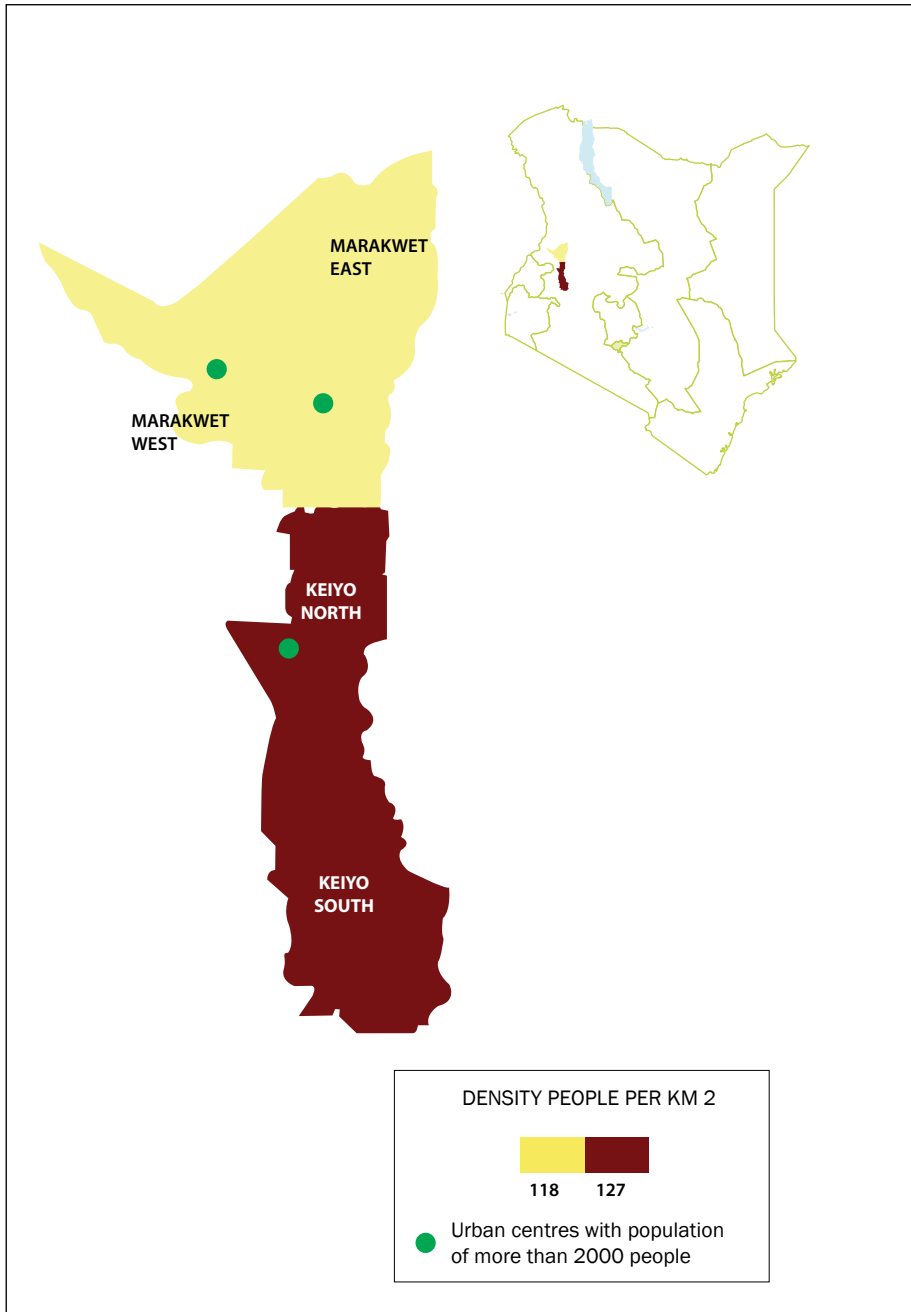
0' to 35° 45' to the East. It borders West Pokot County to the North, Baringo County to the East, Trans Nzoia County to the Northwest and Uasin Gishu County to the West. The county has an elongated shape and is wedged in between the Uasin Gishu Plateau on the South West and the Kerio River on the East. The Kerio River has its source from both northern and southern highlands of the county and drains into Lake Turkana and Lake Victoria. The map below shows the location of Elgeyo Marakwet County and the counties bordering it (CIDP 2013-2017).

**Map 1: Map of Kenya showing location of Elgeyo Marakwet County**



*Figure 1.1 Map of Elgeyo Marakwet County (source: Elgeyo Marakwet County Integrated Development Plan 2014- 2017).*

**Map 2: Elgeyo Marakwet County Administrative/Political Units**



Source: Kenya Mpya, 2012

## 1.2 Demographic Characteristics

The County has a population growth rate of 2.8 per cent per annum with the total population in 2012 estimated at 438,656.

## 1.3 Economic Activities

The economic growth and development of the county is mainly driven by agricultural activities that comprise of crop production and livestock rearing. This gives rise to livestock trading for meat, milk, hides and skins.

The agricultural sector is also thriving with the establishment of horticultural farms for potatoes, mangoes, bananas, passion fruits as well as maize, flowers and vegetables.

There is ongoing oil exploration in the Kerio Valley region that has stimulated economic activities in the county. There is also the timber industry and mining of fluorspar in the Kerio Valley region.

## 1.4 Religion and Traditional Culture

### 1.4.1 Religion

The Marakwet and Keiyo's are monotheistic, believing in a single deity- Asis. Their belief in a single deity has seen most Kalenjins adopting Christianity. Just like the rest of the country, about 95 per cent of the Elgeyo Marakwet residents are Christians with the remaining 5 per cent embracing other religions such as Islam and traditional beliefs.

Traditionally, Elgeyo Marakwet women were tasked with collecting firewood and preparing food among other domestic chores, while men were left free to be warriors - defending their territories and cattle. The role of the children was to look after the livestock. However, this tradition has diminished over time and many Elgeyo Marakwet children are now able to embrace education and go to school.

### 1.4.2 Culture

Elgeyo Marakwet County is rich in culture. It is endowed with numerous artefacts, symbols and songs that need to be preserved through establishment of cultural centres within the county and events to show-case its culture.

It is projected that it can be one of its tourist components that will open up the county to tourism thus enabling it to earn revenue. Preservation of traditional medicinal trees is also part of the community's culture.

## 1.5 Health Access, HIV and Nutrition

### 1.5.1 HIV and AIDS Prevalence

The HIV and AIDS Pandemic is not only a health problem but also a threat to development as it has economic, social and cultural implications. HIV and AIDS prevalence rate is 6.8 percent nationally as compared to 2.5 percent in the county. The pandemic's impact has been felt across all age groups in the county especially the 15-49 age group, which forms the economically active and productive segment of the population. It has also affected production by increasing costs of production through loss of skilled labour, reduced productivity and additional healthcare expenditures. The National AIDS Control Council (NACC) has been addressing the preventive, treatment and mitigation measures of HIV and AIDS. This and other multi-sectoral interventions have been adopted in preventing transmission of HIV and AIDS and mitigating the socio-economic impact of the epidemic. The county government together with NACC and other stakeholders will, therefore, focus on preventive, control and mitigation measures to counter these challenges and reduce HIV and AIDS prevalence and socio- economic impacts.

### 1.5.2 Health Access

There is one referral hospital, six sub-district hospitals, one mission hospital, 16 health centres, 79 dispensaries and 10 private clinics in the Elgeyo Marakwet County. The doctor to patient ratio in the county is 1:15,548 whereas that of nurse to patient is 1:2,241. The average distance to a health facility is 8 km. The county will endeavour to reduce this distance to the accepted 5km for health care services to be accessible to all. All the health facilities will be upgraded, staffed and equipped to provide the highest attainable quality health for all community members. This will be in line with the free medical and maternity services that has been rolled out by the government.

### 1.5.3 Morbidity

The five most common diseases recorded between July 2011 and March 2012 amongst outpatients at the county's health facilities are: Upper respiratory tract infections making 46.2 percent, clinical malaria at 2.4 percent, pneumonia at 10.6 percent, eye infections at 10.3 percent and skin infection at 31.9 percent. The overall prevalence of HIV and AIDS is 3.1 percent and 5.2 percent for Tuberculosis. These diseases are preventable and treatable and, therefore, there is need to put in place strategies to enhance health education and promotion in the community and strengthen community strategy initiatives.

### 1.5.4 Nutritional Status, Hygiene and Sanitation coverage

The prevalence of stunting children below 5 years is 29.9 percent with the highest prevalence (40%) being recorded in the Kerio Valley due to high poverty levels and food insecurity (KDHS 2014). The prevalence is low at the highlands due to availability of food as a result of favourable climatic conditions for farming. Food security initiatives need to be instituted and community sensitisation on

food preparation, which should include infant young nutrition programmes. There is also need to advocate for nutrition programmes along the Kerio Valley. The hygiene and sanitation coverage stands at 74.75%. (KDHS 2014).

### 1.5.5 Immunization Coverage

The county's immunization rate for children aged 0-11 months is 90 percent while the immunisation rate for children below 5 years in Kerio Valley region is the lowest at 60 percent due to ignorance by the parents on the importance of immunisation and also the harsh terrain in the region. This makes it difficult for the relevant government agencies to access the area and administer the immunisation. More strategies should, therefore, be initiated to achieve acceptable levels of immunisation through equipping all health facilities with fridges for vaccines and enhancing mobile clinics in hard-to-reach areas.

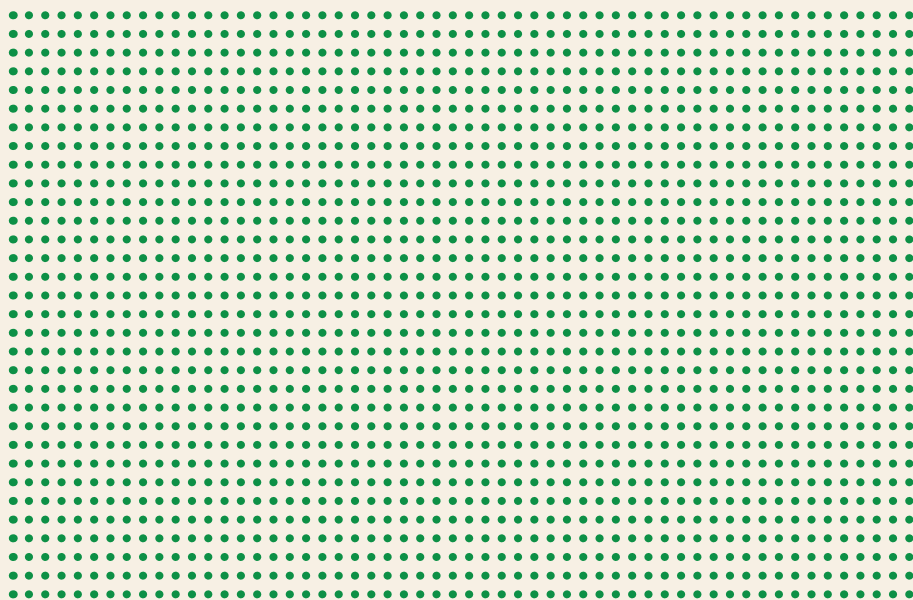
### 1.5.6 Family Planning Services

According to 2012 Kenya Health Information System (KHIS) data, the average number of women in reproductive age receiving family planning was 30.8 percent in the county compared with the national average of 46 percent in 2009. Some of the factors that hinder families from using family planning methods in the county include: Inadequate information and service provision, poor access to family planning commodities and services, low male involvement in family planning and high unmet needs for family planning. However, these setbacks could be alleviated through a number of measures which include; expanding family planning services delivery points including community based distribution, promoting male involvement and participation in family planning, and ensuring appropriate contraceptive method mix and commodity security in service delivery points.



02.

# HIV SITUATION ANALYSIS



There has been significant progress made in the response against HIV in Kenya with statistics showing a prevalence drop of 2.5% while new infections among children almost halved (KASF, 2014). However, HIV continues to contribute to high mortality rates, burdening households and straining the national health systems. Elgeyo Marakwet is rated among the 29 medium

HIV incidence counties. At county level, the Elgeyo Marakwet Health Sector Strategic and Investment Plan (EMHSSIP) 2014 - 2018 singles out HIV and AIDS related infections as the leading cause of mortality and morbidity. According to the Kenya HIV County Profile (2014); the following are the HIV indicators for Elgeyo Marakwet County:

**Table 2.1: HIV burden in Elgeyo Marakwet County**

	INDICATOR	No / %
Adult	Total adult population	438656
	HIV adult prevalence	2.5%
	Living with HIV	5700
	New HIV infections annually	431
	HIV related deaths	338
	Receiving ART (cd4count <350)	1709
	Need for ART	2908
	ART coverage	58.8%
Children	Living with HIV	738
	New HIV infections annually	18
	HIV related deaths	38
	Receiving ART	182
	Need for ART	416
	ART coverage	43.8%
	Need for PMTCT	324
Prophylaxis	Maternal prophylaxis	218
	%	92

## 2.1 Drivers of HIV Epidemic

Elgeyo Marakwet County has two unique and special population groups comprising of Keiyo and Marakwet who are the dominant communities in the county. The establishment of industries and construction of roads and dams have led to an influx of workers from other regions for the last 30 years. The Fluorspar Company, a mining company in the Kerio Valley, for instance, attracted skilled workforce from across the country. This is where the first HIV incidence in the county is believed to have been detected.

Migrant workers such as security forces often deployed to quell armed violent conflict in the Kerio valley have been perceived as some of the factors contributing to increase in prevalence rate of HIV due to interactions with local residents.

The proximity of Elgeyo Marakwet County to Uasin Gishu County which has a HIV prevalence of 4.3% (ranked 25th nationally) and which falls in the high incidence counties has spill-over effects to Elgeyo Marakwet County. This is because Elgeyo Marakwet County offers access to affordable housing for Uasin Gishu residents. This has given rise to other key populations including Men who have Sex with Men (MSM), people who inject drugs and sex workers who reside in the county hence contributing to new infections.

Apart from the economic activities arising from the road network, other notable activities like sale of land and livestock are the main sources of income for the local communities. Other major economic activities include sand harvesting, mining and timber harvesting, potatoes transportation to Eldoret Town and rotational livestock auctions across the county. These activities are believed to contribute to massive movement

of Key Populations into market centres.

The rural community, especially women between 15-24 years, negative cultural practices like female genital mutilation, early marriages and gender issues arising from the low status accorded to women and polygamy are some of the drivers of HIV in the county. Search for employment in major urban areas causes men to move away from their families in search of income leaving their wives at home. Women who are left at home may opt to trade sex for food which exposes them to HIV infection.

Early sexual debut remains a key challenge with women and girls aged 15 – 24. The urban centres in Elgeyo Marakwet host civil servants, people working in financial institutions as well as staff from other corporates such as NHIF, Tullow, NGOs and Security officers. Alcohol and drug abuse that is rampant especially among the youth is also a key driver to new HIV infections in both the urban and rural areas.

For the rural girls aged 15–24 years, they lack access to education and health services. They have also been exposed to female genital mutilation (FGM), early marriages and sexual and gender based violence (SGBV) making them an extremely vulnerable population. With the high number of rural women delivering at home through unskilled birth attendants (40%), an increase of HIV among traditional birth attendants aged over 60 years has been noted in the county.

## 2.2: HIV Policy, Coordination and Financing in the County.

The National HIV and AIDS response has undergone tremendous growth in terms of planning and policies in the last two decades. The National AIDS Control Council (NACC) has been the focal point providing

policy and a strategy for mobilising and coordinating resources for the prevention of HIV transmission and provision of care and support to the infected and affected people in Kenya.

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

In Elgeyo Marakwet County, HIV and AIDS control activities were under the leadership of defunct District Technical Committee (DTC) chaired by District Commissioner, four Constituency AIDS Committees (CACCs) and patronised by the area Members of Parliament and technically supported by the District AIDS and STI Coordinators. Key HIV prevention activities included increasing community awareness and engagement and condom distribution. HIV services like counselling, testing and treatment were being offered in 31 public facilities and complimented by private health facilities (KAIS, 2012).

Financing of HIV and AIDS control activities in Elgeyo Marakwet has mainly been from the central government through the National AIDS Control Council for community based activities, the Ministry of Health through NASCOP for commodities (HIV testing kits, condoms and medicines), technical support through capacity building and human resources that has since been taken over by the county government. NGOs and Community Based Organizations (CBOs) have also been active in the county through donor funded projects in different locations. Such donors include AMPHATH and Health Right International.

Following introduction of the devolved system of governance, the county government is now supporting HIV and AIDS control services and an integrated health service. Faith Based Organisations (FBO) have also been sponsoring HIV and AIDS activities in the county especially care and support services through other donors.

### **2.3: Strengths, Weaknesses, Opportunities and Threats Analysis**

In developing this strategy, a strengths, weaknesses, opportunities and threats analysis was undertaken to re-examine the status of the past HIV and AIDS control activities in the county and outline the achievements and challenges in order to chart the way forward.

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Presence of strong NACC structures in the County	Lack of harmonisation of donor support programmes	Mobile VCT and PMTCT services	Stigma towards usage of condoms
Trained personnel	Poor adherence to ART and other medication among HIV+ patients not receiving nutrition support	Increased ART services	Food insecurity Poor infrastructure
Declining HIV prevalence rates	Low number of income generating activities supporting HIV affected groups	Cash Transfer Support Programme for OVC, Widows, Persons with Disability and the elderly	Insecurity Stigma and Discrimination
Strong community participation in HIV and AIDS activities	Low support for PLHIV Inadequate staffing levels in health institutions Insufficient PMTCT services	Establishment of youth friendly centres Promote the use of condoms as a contraceptive	
Existence of documents on HIV and AIDS			

### 2.3.1 Strengths

The fact that HIV control activities have been on-going was noted as a strength, coupled with the support of the county government that has retained the previous functional structures at county and sub county level with the presence of trained staff. CBOs and FBOs whose capacity was built through the total war against HIV and AIDS (TOWA) funds and supportive partners offer a good entry point for scaling up HIV activities in the county. The county is also a beneficiary of the Beyond Zero Campaign Ambulance donated courtesy of the First Lady aimed at reducing Mother to Child Transmission of HIV. The county has implemented innovative approaches like the establishment of Drop-In Centres for key population at Iten County Referral Hospital. Male circumcision as a key intervention for HIV is culturally practiced among the community members as a part of initiation to manhood.

### 2.3.2 Weaknesses

A challenge in coordination of HIV activities was a key weakness noted in the program. It was manifested by insufficient partners' reports, lack of technical working groups and skewed partner presence in the county (either over or under representation in some

locations). Erratic supply of HIV commodities, inadequate infrastructure like comprehensive care clinics (CCCs), youth friendly clinics and insufficient competent staff especially counsellors are other weaknesses noted. In some rural areas, inaccessibility to health facilities is also a major weakness to the program. Inadequate funding that has largely been activity-based has also been identified as a major weakness. The county also lacks documented HIV information based on county specific research which is hampering targeted interventions and innovations.

### 2.3.3 Opportunities

The devolved system of government has offered a perfect opportunity for HIV prevention and treatment as it brings the control of resources closer to the community and shortens decision making processes. The availability of a pool of trained personnel that can be engaged in HIV control activities and the presence of institutions of higher learning within the county is a guarantee for potential increased capacity to conducting HIV related research. A rapidly growing and vibrant private sector comprised of financial institutions, small scale enterprises, tourism, horticulture and other untapped

resources offer an opportunity for private public partnership in funding HIV programs. The availability of partners ready to support the county such as the Global Fund through Kenya Red Cross Society, USAID/APHIA PLUS and AMREF is a big opportunity for the county. Implementation of the community strategy also offers an opportunity to scale up community based HIV interventions. The county also boasts of having a strong presence of the Coalition for Positive Movement it can leverage on.

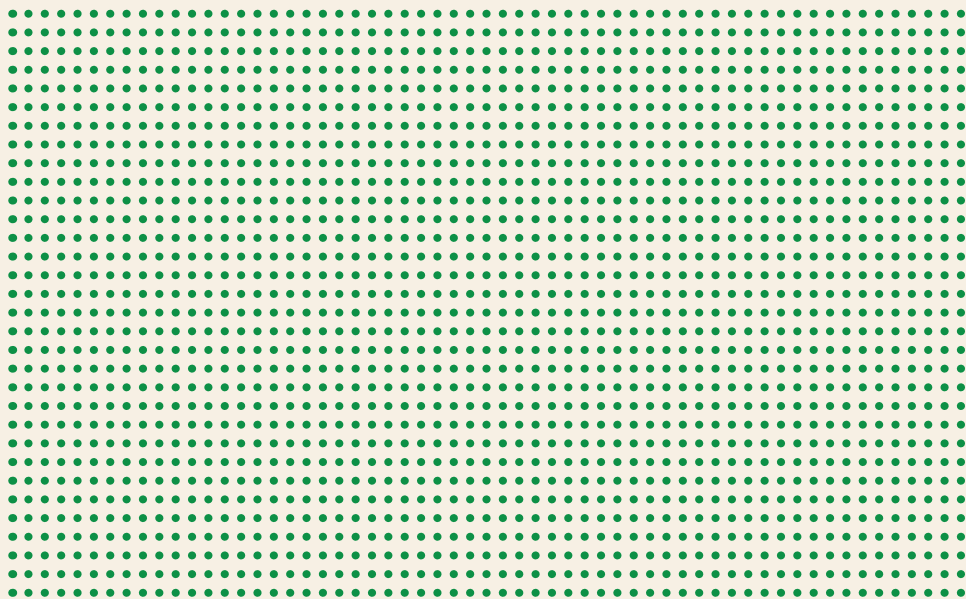
### 2.3.4 Threats

Traditional cultural practices like polygamy, poor healthcare seeking behaviour, violence against women, high poverty and literacy levels remain major threats to HIV control. High poverty levels are evident though there is also high circulation of money in the county arising from various transactions

– land sale, livestock trade and projects such as road construction and dams which are also some of the avenues for sex work which increase HIV acquisition risks. Natural calamities like landslides and floods often lead to displacement which poses a threat to HIV control. Man-made calamities such as armed conflict through cattle rustling along Kerio Valley and eviction of forest dwellers by the government in Cherangani Hills drive populations into camps that become fertile grounds for HIV infections. Mushrooming of private health clinics in urban centres offers an opportunity to increasing access to services. However, it also poses a threat if the quality of HIV services provided remains substandard and unchecked. FGM has been a major threat to HIV prevention in the community as it is used as a rite of passage in the county. This predisposes women and girls to HIV infection since it is carried out in a traditional manner.

# 03.

RATIONALE,  
DEVELOPMENT PROCESS,  
GUIDING PRINCIPLES AND  
ALIGNMENT TO OTHER  
FRAMEWORKS



## Rationale

The Constitution of Kenya 2010 provides for a devolved governance structure with the health service delivery as a function of the counties. This is to ensure that every citizen has a right to access the highest attainable health standards and services.

Each county is unique in terms of the HIV epidemiology, drivers of the epidemic and the social determinants of health. Therefore, there is need to align the HIV prevention efforts to the geographical disparities in the epidemic and leverage synergies across sectors. Another critical area of focus is treatment so as to achieve the 90:90:90 targets by 2020. The 90,90,90 targets anticipate that by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained anti-Retroviral therapy and that 90% of all people receiving anti-Retroviral therapy will have viral suppression (UNAIDS 2014). This strategic plan is, therefore, key so as to reverse the current situation to zero new infection, zero stigma and discrimination and zero related deaths due to AIDS for better economic development of Elgeyo Marakwet County

Following the rebasing of Kenya's economy and its upgrading to a middle income country status, the country does not qualify for concessional loans as it has been in the past. This calls for increased domestic financing of the HIV response at the County and National levels. The county strategic plan will be used by the Elgeyo Marakwet County in mobilisation and allocation of resources to undertake HIV and AIDS activities.

## Strategic Plan Development Process

The Elgeyo Marakwet strategic plan was developed through analysis of the available data and participatory processes involving a wide range of stakeholders who include County and National Government, FBOs, PLHIV, Civil Society Organisations and partners. The process involved:

- Formation of drafting technical committee.

- Drafting process began.
- Stakeholders' review.
- Stakeholders' validation.
- Review of the strategic plan by a taskforce.
- Executive signing and adoption.
- Launch.

## Guiding Principles

1. **Multisectoral Approach:** The EMCASP will promote multi-Sectoral approach and guide on implementation of interventions for desired results through responsible and accountable mechanism as established by the county government.
2. **Evidence based HIV Programming:** The HIV response in the county will embrace development of evidence based, high impact and scalable approaches domesticated to EMCASP.
3. **Accountability:** All stakeholders and partners' efforts will be aligned towards attainment of results as envisioned in the EMCASP.
4. **Human Rights Approach:** The EMCASP will embrace rights of individuals/groups and will promote gender mainstreaming for the success of HIV responses.
5. **Sustainability:** Elgeyo Marakwet AIDS Strategic Plan will identify and implement income generating projects for sustainable domestic funding through improved effectiveness and efficiency in service delivery and innovative approaches aimed at achieving reduced cost without compromising on quality.

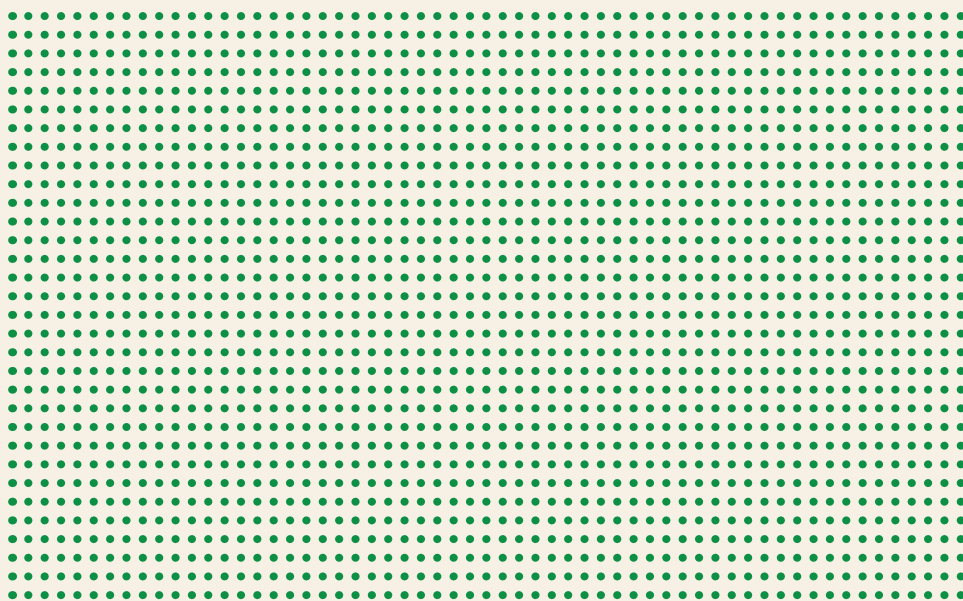
## Alignment with other Frameworks

Elgeyo Marakwet County AIDS Strategic Plan is aligned to the following documents:

1. Kenya AIDS Strategic Framework 2014-2019
2. Kenya Vision 2030
3. Constitution of Kenya 2010
4. Elgeyo Marakwet County Integrated Development Plan
5. Elgeyo Marakwet Investment plan.

# 04.

## VISION, MISSION, GOAL, OBJECTIVES AND STRATEGIC DIRECTIONS



## County Vision:

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

## Mission:

To provide policy and strategic plan, mobilise and coordinate resources for prevention of HIV transmission and provision of care and support to the infected and affected people in Elgeyo Marakwet County.

## Objectives:

1. Reduce the county HIV prevalence to less than 2% from the current rate of 2.5% by 2019.
2. Reduce stigma and discrimination by 50%.
3. Reduce AIDS related death by 40%.
4. Increase domestic funding by 50%.

### Strategic Direction 1: Reducing new HIV infections

#### Biomedical Interventions

KASF objective	EMCASP Results	Key Activity	Key Sub - Activity
Reduce new HIV infections by 75%	Reduced HIV transmission among adolescents and adults by 75%	Provide HIV prevention services	Counselling and testing
	Reduced HIV transmission from mother to child from 6.7% to less than 5%		<ul style="list-style-type: none"> <li>Use of new technologies on HIV care</li> <li>Targeted STI screening and treatment</li> <li>Deliver routine community based HTS for priority and key populations.</li> <li>Deliver integrated HTS packages to include TB screening, family planning services, cervical cancer screening, other health checks such as blood pressure/sugar, weight and include other risk reduction services (counselling, condoms).</li> <li>Strengthen early infant diagnosis infrastructure                             <ul style="list-style-type: none"> <li>• Counselling for feeding options</li> <li>• Integrated PMTCT</li> <li>• Partner involvement and disclosure</li> </ul> </li> </ul>

## Strategic Directions

### Strategic Direction 1: Reducing new HIV infections by 75%.

The economic, social and cultural implications of the HIV and AIDS in Elgeyo Marakwet County makes the pandemic not only a health issue but also a threat to development. Even

though the county's HIV prevalence rate is far below the national average, its impact has been felt across board by all in the society. This is particularly because it has affected the economically active and productive members of the society. It is, therefore, imperative that the pandemic is tackled from all fronts to reduce its prevalence and its socio economic impact.

The table below shows the population that has been infected by HIV in the county.

INDICATOR	TOTAL	RANK*
Total Population (2009)	421,282	9
HIV Prevalence (Overall)	2.5%	7
Number of Adults living with HIV	5,200	8
Number of Children Living with HIV	765	6
Total Number of People Living with HIV	5,965	6

Source: KAIS 2012

Target Population	Geographic areas by County/ sub- county	Responsibility
General population	County	County Director of Medical Services, CASCO and partners.
General population	County	Director Planning and Administration, CASCO and partners.
General population	County	County Director of Medical Services, CASCO and partners Laboratory technician/ technologist
Key Population	County	COAC, CASCO.  Director of Public Health
General population	County	CEC health,  Director of Medical Services
Mother and Child	County	County Director for Medical Services, CASCO, CMLT

## Structural Interventions

Reduce new HIV infections by 75%	Reduced HIV transmission among adolescents and adults by 75%	Promote Access to HTS	<p>Utilize community health extension workers (CHEWS) and community health volunteers (CHV) to link diagnosed individuals with clients and support groups.</p> <p>Strengthen engagement and leadership of networks of people living with HIV to mobilize and facilitate HTS</p> <p>Strengthen capacity of service providers and increase demand for delivery of HIV prevention services including active engagement of private sector for eMTCT.</p> <p>Strengthen engagement and leadership of faith communities and people living with HIV.</p> <p>Conduct and adapt stigma free HIV prevention campaigns.</p> <p>Scale up prison based HIV and AIDS programme that look into drug misuse in prison, provision of clinical services and support</p> <p>Expand workplace programmes on HIV and AIDS in the public, private and civil society sector through policy development implementation and review.</p> <p>Institutionalisation of HIV information sources for effective efficient management of the HIV response.</p> <p>Focus attention on the mining and extracting companies in Elgeyo Marakwet County on HIV and AIDS management. STRENGTHEN (Abstinence, Being Faithful Condoms( ABC)</p>
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## Strategic Direction 2: Improving Health Outcomes and Wellness of all People Living with HIV

This strategic direction focuses on three key intervention areas namely: Improve timely linkage to care for persons diagnosed with HIV, increased coverage to care and treatment and reduce the loss in the cascade of care and scale up interventions to improve quality of care and treatment outcomes. To achieve timely identification, linkage and retention in care, targeted HIV testing and counselling strategies will be

utilised to increase the detection rate for HIV positive cases. Testing programmes play a pivotal role in client linkage to care. The point of linkage and subsequent follow up is critical to enrolment and retention in care and treatment. The scale-up of screening, ART sites and integration of services will increase the number of people under care and treatment. To improve quality of care and treatment outcome, the CDH and HIV implementing partners and other key sectors shall put efforts towards the tracking and improvement of quality of care.

General population	County	CASCO,
PLHIV	County	All ministries and departments in the county.
Healthcare workers	County	Director Planning and Administration CASCO, CHMT
Faith Sector	County	County Director for Public Health CASCO, CHMT
General population	County	County Director for Public Health
People in closed settings	County	County Director for Public Health, County Commissioner
Public and Private sector Institutions	County	All ministries and departments in the county.
All Sectors	County	All ministries and departments in the county.
Migrant Workers	County	CEC, and Company managers/ contraction



*A monitoring team from USAID Kenya has given Iten County Referral Hospital a 97% performance score in the area of general healthcare. USAID supports the hospital under its PEPFAR programme.*



*Beyond Zero Launch*

## Strategic Direction 2: improving health outcomes and wellness of people living with HIV

KASF objective	EMCASP Results	Key Activity	Sub-Activity/ Intervention
Improving health outcomes and wellness of people living with HIV	Improved timely identification, linkage and retention in care for persons diagnosed with HIV by 90% for each case.	1. improve linkage and retention in care	A. Strengthen facility and community linkages e.g. having facility referral protocols and linkages strategies e.g. mentor mothers, peer educators.
			B. Integrate HIV testing, care and treatment services into MCH settings
			C. Public education and education of care givers
			D. Utilise technology including social media for education , recruitment and retention in care
			E. Enhance peer mobilization strategies for recruitment, enrolment and retention in care and extend flexible timings for care.
			F. Home visits for newly diagnosed in high yield sites
		2. Increase coverage to care and treatment and reduce the loss in the cascade of care	A. Scale up HIV screening in all service delivery points in health facilities and also in communities e.g. use of index case to get more testers
			B. Reduce HIV stigma and discrimination to increase access to care and treatment e.g. sensitisation programmes in schools and communities
			C. Integrate ART into Youth Friendly Services, MNCH, TB clinics, key population
			D. Scale up ART sites.
		3. Improve quality of care and treatment outcome	F. Enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure interventions with full involvement of civil society and communities especially PLHIV support groups.
			A. Strengthen supply systems and ensure continuous availability of quality HIV commodities
B. Strengthen laboratory networks			
C. Scale up use of people living with HIV peer support groups strategies			
D. Continuous quality improvement initiatives through health worker training and use of electronic records management system.	F. Conduct routine facility performance review meetings and clinical audit.		

	Target Population	Geographic areas by County/sub- county	Responsibility
	PLHIV	County	CASCO, Implementing partners
	Expectant mothers/infants		CASCO, Implementing partners
	PLHIV		CACC
			CASCO
			Implementing partners.
	PLHIV		CACC
			CASCO
			Implementing partners
	PLHIV		CACC
			CASCO
			Implementing partners.
	PLHIV		Retention workers
			CASCO,
			Implementing partners.
	GENERAL POPULATION		CASCO, Implementing partners
	PLHIV		CASCO, Implementing partners
	PLHIV	CASCO, Implementing partners	
	PLHIV	CASCO, Implementing partners	
	PLHIV,	CACC	
	NEPHAK	CASCO	
		Implementing partners	
	HCWS	CHMT	
	HEALTH FACILITIES WITH LAB	CHMT	
		CMLT	
		Implementing partners.	
	PLHIV	CACC	
		CASCO	
		Implementing partners.	
	HCWS	CASCO/CHRIO, Implementing partners	
	HCWS	CASCO/CHRIO, Implementing partners	

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

This strategic direction focuses on using human rights approach to establish an enabling environment necessary for a robust HIV response at county level. This will ensure PLHIV access health services.

The Kenyan Constitution guarantees the human rights of every citizen. HIV

services should aim at reducing stigma and discrimination, reducing sexual and gender based violence, increasing the protection of human rights and increasing social inclusion for PLHIV, key and vulnerable populations. Article 27 of the Constitution of Kenya 2010, outlaws discrimination on the basis of one’s health status. It also provides for equality between men and women and allows the use of affirmative action to redress past discrimination. Kenya HIV and AIDS Prevention and Control Act, 2006, provides the legal framework to address HIV. It provides for protection and promotion of

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

KASF objective	EMCASP Results	Key Activity	Sub-Activity/
			Intervention
1.Reduced stigma and discrimination related to HIV and AIDS by 50%	1.Reduced self-reported stigma and discrimination related to HIV and AIDS by 50%	Remove barriers to access of HIV Sexual Reproductive Health and rights information and services in Private and public entities  Create refuge centres	i. Promote use of key population peer groups to enhance uptake of services
	2. Reduce levels of sexual and gender based violence for PLHIV, Key populations, women, men boys and girls by 50%	Improve county legal policy environment for protection and promotion of the rights of priority and key populations and PLHIV	Sensitise law makers and law enforcement agencies on HIV and the consequences of their interpretation and implementation of laws in the provision of HIV services to priority populations.
	3.Reduce social exclusion for PLHIV, key populations, women, men, boys and girls by 50 %	Reduce and monitor stigma and discrimination, social exclusion, and gender based violence	Implementation of programmes aimed at reducing stigma and discrimination against key populations
	4.Increased protection of human rights and improved access to justice for PLHIV, Key Populations and other priority groups including women ,boys and girls	Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector	Facilitate access to justice and redress in cases of HIV related discrimination and other legal matters.

public health, the appropriate treatment, counselling and support and care of persons infected or at risk of HIV infection. Access to justice for those infected with HIV is embedded in the establishment of the HIV & AIDS Tribunal.

Stigma and discrimination have been identified as barriers to HIV prevention and uptake of care and treatment services. The socially excluded, poor and vulnerable people who are living with HIV are unlikely to take up services. The Kenya Stigma Index Survey (2013) reported stigma and

discrimination at over 40%. An estimated 15% of PLHIV reported discrimination by a health professional through disclosure of their sero-status without their consent. Gay, bisexual and other men who have sex with men; transgender people; people who inject drugs; and sex workers are socially marginalised, often criminalised and face a range of human rights abuses that increase their risk of HIV infection. Access to, or uptake of, relevant services is significantly lower for these populations than for other groups.

	Target Population	Geographic areas by County/ sub- county	Responsibility
	Health staff, Key populations, PLHIV	County	CDH, Implementing partners, NACC
	MCA's, Law enforcement agents		CDH, Implementing partners, NACC
	PLHIV, Key populations, Men, women, boys and girls		CDH, Implementing partners, NACC
	PLHIV, Key populations, Men, women, boys and girls, NGOS	Elgeyo Marakwet County at large	CDH, Implementing partners, NACC

## Strategic Direction 4: Strengthening integration of health and community systems

This strategic direction focuses on building a strong and sustainable system for HIV service delivery at county level through specific health and community systems approaches, actions and interventions to support the HIV response. The main goal is to improve the general health outcomes, considering that HIV services are delivered with existing health and community systems.

Strategic Direction 4: Strengthening integration of health and community systems				
KASF Objective	EMCASP Results	Key Activity	Sub-Activity/	
			Intervention	
Strengthening integration of Health and Community Systems	1. Improved health workforce for HIV response in the county by 40%.	i. Provide a competent motivated and adequately staffed workforce at the county to deliver HIV services integrated in the essential health package	i. Recruit health staff to health facilities and redistribution of staff by county to ensure availability of appropriate, competent and skilled clinical personnel in line with county staffing norms especially at tier 2 health facilities.	
			ii. Integrate and improve capacity building staff in HIV management and leadership in general pre-service and in-service health training.	
			iii. Create incentives for health staff in terms of training remuneration and other rewards with a particular focus on high HIV burdened and disadvantaged areas	
			iv. Support the development and revision of Health Human Resource Development Plan to guide human resource needs of the health sector in the county, taking into account additional needs to provide HIV prevention treatment and care	
			v. Develop a system for caring for care givers especially in areas with high burden of HIV.	
	2. Increased number of health facilities ready to provide KEPH defined HIV and AIDS services from 67% to 90%	Strengthen health service delivery system at county level for the delivery of HIV services integrated in the community Strategy	Adopt strategies to make comprehensive HIV service more accessible to Key Populations	
	3. Strengthen HIV commodity management through effective and efficient management of medicine and medical products	Improve access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services	<ul style="list-style-type: none"> <li>Add food rations and therapeutic foods</li> </ul>	i. Strengthen HIV commodity management and supply chains monitoring at county and health facility level including pharmacovigilance (drug safety) and post marketing surveillance (PMS)
				ii. Promote efficiency and timely forecasting and quantification and periodic supply/procurement planning for HIV commodities
				iii. Establish infrastructural support for effective distribution and appropriate storage of HIV commodities
	4. Strengthened community level AIDS competency/ response	Strengthen community service delivery system at county level for provision of HIV prevention, treatment and care services	iv. Strengthen governance and leadership for community and workplace health actions at all levels	
			Empower communities and workplaces to ensure improved capacity and capability to take charge of their health.	

	Target Population	Geographic areas by County/sub- county	Responsibility
	Health care workers	Entire County	CDH, Implementing Partners, COAC
	Health staff,	Elgeyo Marakwet County at large	CDH, Implementing partners, NACC
	PLHIV	Elgeyo Marakwet County at large	CDH, Implementing partners, NACC County pharmacist
	Health Staff, Peer groups, CSOs	Elgeyo Marakwet County at large	CDH, Implementing partners, NACC
	CHVs, CHEWS		CASCO, CACC, implementing partners

## Strategic Direction 5: Strengthening research and innovation to inform the Elgeyo Marakwet County AIDS Strategic plan goals

This strategic direction focuses on identification and implementation of high impact research priorities, innovative programming and capacity strengthening to conduct research. It also focuses on resourcing for research agenda at the county level that are guided by national research policies.

Strategic Direction 5: Strengthening research and innovation to inform the Elgeyo Marakwet County AIDS Strategic Plan goals						
KASF Objective	EMCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic areas by County/ sub- county	Responsibility
Strengthening Research, Innovation and Information Management to meet KASF goals	1.Increased evidence based planning, programming and policy changes by 50%	Increase evidence based planning, programming and policy changes	<ul style="list-style-type: none"> <li>Establish a multi sectoral and interactive web-based County HIV research hub with geographic mapping of all research on HIV,TB and SRH</li> </ul>	Research Institutions	Elgeyo Marakwet County	NACC
			<ul style="list-style-type: none"> <li>Establish communities of practice (CoP) on the CASP priorities to review evidence and propose policy recommendations</li> </ul>			NASCOP
			<ul style="list-style-type: none"> <li>Establish standing or ad hoc research committees to identify county research priorities, determine policy changes from existing research and disseminate findings</li> </ul>			KEMRI, Research Institutions, AMPATH
	2.Increased implementation of research on the identified CASP related HIV priorities by 50%	Resource and implement an HIV research agenda informed by CASF	<ul style="list-style-type: none"> <li>Advocate for allocation of 1% health budget for research through sound investment case</li> </ul>	County Government	Countywide	CDH, Implementing Partners, NACC, KEMRI, NASCOP, Research Institutions
			<ul style="list-style-type: none"> <li>Develop County HIV research agenda through a consultative process to complement the National HIV and county health research agenda</li> </ul>			
			<ul style="list-style-type: none"> <li>Strengthen synergies between HIV research and other health research areas such as TB, gender violence and SRH</li> </ul>			
3.Increase capacity to conduct HIV research at county level by 10%	Identify and build the capacity of research staff at the county level.	<ul style="list-style-type: none"> <li>Strengthen county HIV research capacities including epidemiologic surveillance, good laboratory and clinical practices and ethics.</li> </ul>	Health staff, PLHIV, Key Populations	Countywide	NACC, KEMRI, NASCOP, Research Institutions	
		<ul style="list-style-type: none"> <li>Determine social, behavioural, cultural, religious and gender-related factors as determinants of health outcomes and adherence to treatment</li> </ul>				

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

Research is essential in the development and implementation of evidence based interventions and it also informs policies. This strategic direction will focus on improving the undertaking of research and utilisation of the findings/information generated.

Strategic Direction 6: Promoting utilisation of strategic information for research and monitoring and evaluation (M&E) to enhance programming.						
KASF Objective	EMCASP Results	Key Activity	Sub-Activity/Intervention	Target Population	Geographic areas by County/sub-county	Responsibility
Promote Utilisation of Strategic information for Research and Monitoring and Evaluation to enhance programming	1.Increased availability of strategic information to inform HIV response at county level	Establish multi-sectoral and integrated real-time HIV platform to provide updates on HIV epidemic response accountability at county and national level	<ul style="list-style-type: none"> <li>Establish a multi-sectoral HIV programming web-based data management system</li> </ul>	HIV Implementers, General Public	Elgeyo Marakwet County	NACC
			<ul style="list-style-type: none"> <li>Promote data demand and use of HIV strategic information to inform policy and programming</li> </ul>			CHRIO
			<ul style="list-style-type: none"> <li>Develop and implement EMCASP-1 evaluation agenda</li> </ul>			MOH
			<ul style="list-style-type: none"> <li>Create and strengthen M&amp;E information hubs at county and sub-county level</li> </ul>			CDH, Implementing partners, NACC
	2.Planned evaluations, reviews and surveys implemented and results disseminated in a timely manner	Ensure harmonised, timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data	<ul style="list-style-type: none"> <li>Strengthen HIV M&amp;E data management at county, sub county and community levels</li> </ul>	HIV Implementers, General Public	Elgeyo Marakwet County	Elgeyo Marakwet County Government, Implementing partners, NACC
			<ul style="list-style-type: none"> <li>Harmonise and create linkages between data collection tools and databases</li> </ul>			
			<ul style="list-style-type: none"> <li>Conduct periodic data quality audits and verification</li> </ul>			
			<ul style="list-style-type: none"> <li>Conduct M&amp;E supervision</li> </ul>			
			<ul style="list-style-type: none"> <li>Scale up coverage of ongoing HIV programme surveillance and surveys</li> </ul>			
<ul style="list-style-type: none"> <li>Honour national and county HIV reporting obligations</li> </ul>						
3. M&E information hubs established at county level providing comprehensive information package on key CASP indicators for decision making.	Strengthen M&E capacity to effectively track the CASP performance and HIV epidemics at all levels	<ul style="list-style-type: none"> <li>Establish County HIV M&amp;E systems aligned to the National HIV M&amp;E system</li> </ul>	County Health Staff, Implementing Partners	Elgeyo Marakwet County	Elgeyo Marakwet County Government, Implementing partners, NACC	
		<ul style="list-style-type: none"> <li>Conduct county and sub county M&amp;E capacity assessment and capacity development</li> </ul>				
		<ul style="list-style-type: none"> <li>Establish and strengthen functional multi-sectoral HIV M&amp;E co-ordination structure and partnerships within the national and county M&amp;E engagements</li> </ul>				
		<ul style="list-style-type: none"> <li>Ensure sustainable financing for HIV M&amp;E planned activities</li> </ul>				

## Strategic Direction 7: Increasing domestic financing for sustainable HIV response

This strategic direction focuses on three key intervention areas namely: Maximise efficiency of existing delivery options, promote innovative and sustainable domestic HIV financing options and align resources/ investment to strategic framework priorities.

Strategic Direction 7: Increasing domestic financing for sustainable HIV response in Elgeyo Marakwet County						
KASF Objective	EMCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic areas by County/sub-county	Responsibility
Increasing domestic financing for sustainable HIV response.	Increased domestic financing for HIV response to 50%.	1. Maximise efficiency by refocusing our existing efforts to deliver better results to our county within current funding levels	A. Align the HIV / AIDS response with CASP	HIV Implementers, Partners	County	CDH, CASCO, Implementing Partners
			B. Promote effective cost saving models of HIV and AIDS service delivery.	HIV Implementers, Partners, CDH	County	CDH, CASCO, Implementing Partners
		2. Promote innovative and sustainable domestic HIV financing options	C. Participation in the annual county budgetary resource allocation	County Assembly, CDH, Public	County	CDH , CO-Health and implementing partner
			D. Establish AIDS lottery programme.	General Public, Private Sector	County	CDH and implementing partner, Private Sector
			E. Source for funds from partners and national government.	General Public	County	CDH CO health.
			F. Various departments in the county to allocate funds for HIV programme	All departments	County	CDH, CEC-Health
			3. Align HIV resources / investment to strategic Plan priorities	G. Strengthen development partners HIV forum to facilitate alignment with CASF	Development Partners, Stakeholders	County
		H. Implement a partnership accountability frame work to ensure alignment of resources to CAF.		HIV Implementers, Partners	County	CDH and implementing partners
		I. Facilitate planning by reporting contribution to CASP routinely		HIV Implementers, Partners, Department of Planning and Administration	County	CDH and implementing partners

## Strategic Direction 8: Promoting accountable leadership for delivery of the CASP results by all sectors and actors.

The Constitution of Kenya 2010 provides a new legal and policy environment upon which the HIV response will be implemented. Articles 10(2) and 73 outline key defining elements of good governance and leadership while Article 21 (3) bestows on all State organs and all public officers the duty to address the needs of vulnerable groups within society.

County planning, prioritisation, implementation, monitoring, resource allocation and budgeting of programmes and interventions in counties are functions under the devolved government. Thus, counties are responsible for implementation of HIV services and programmes across different sectors

This strategic direction seeks to promote good governance practices by identifying, developing and nurturing and harnessing effective and committed leadership for the HIV response.

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

KASF Objective	EMCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical areas by county/ sub-county	Responsibility
1. Build and sustain high level political and technical commitment for county ownership of the HIV & AIDS response	1. Good governance practices and accountable leadership for HIV and AIDS response in the county	i) Provide direction to the public sector including ministries /departments, agencies and state institutions on the county response	i) Conduct sensitisation forum for county assembly and the public to incorporate HIV activities during public participation forum and during the county budget process	Youth and women, children, PWDs, elderly	County	County Government, Judiciary, MOEST, NACC, NASCOP and partners, CHWs
		ii) Reporting to the public, County Assembly on the measures, progress achieved in the implementation of CASP on HIV & AIDS.	ii) Conduct monitoring and evaluation on the progress on HIV and AIDS	Youth and women, children, PWDs, elderly.	County	County Government, COAC, CASCO and Planning
		iii) County Assembly to enact laws on HIV & AIDS prevalence in the county and provide allocation of funding on of HIV & AIDS and exercise oversight of departments and institution	iii) County Assembly to enact laws and bills.	General public	County	CEC health, County Assembly
		iv) Judiciary to ensure compliance to the rule of law and enforcement of Bill of Rights	iv) Law enforcement	General public	County	Judiciary, County Public Prosecutor
		v) Create dialogue between the leadership of the Judiciary and the county on matters on HIV & AIDS.	v) Conduct dialogue forums in the county	General public	County	County government, COAC, Judiciary
		vi) NACC to provide leadership, develop policies, regulation, guidelines, co-ordination of stakeholders and mobilise and disburse resources for HIV & AIDS	vi) Develop policies, guidelines and regulation on HIV & AIDS.	County government, partners,	County	County government, COAC

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

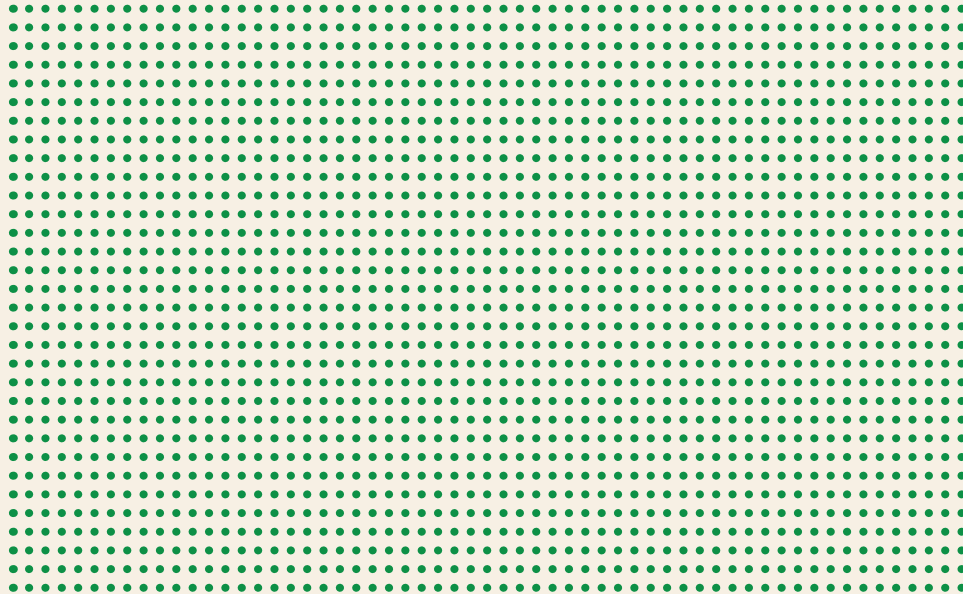
KASF Objective	EMCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical areas by county/ sub-county	Responsibility
1. Build and sustain high level political and technical commitment for county ownership of the HIV & AIDS response	1). Good governance practices and accountable leadership for HIV and AIDS response in the county	vii) County government to provide effective leadership, ensure high level political support, and report on measures and progress achieved in the implementation of CASP	vii) Conduct sensitisation to the political class on matters of HIV & AIDS	MCA's, county government.	County	County government, COAC, CASCO
		viii) Ensure equitable access to HIV & AIDS services	viii) Conduct assessment on service delivery on HIV & AIDS	Health facilities	County	County government, COAC, CASCO

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

KASF Objective	EMCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographical areas by county/ sub-county	Responsibility
2. Entrench good governance and strengthened multi-sector and multi-partner accountability to delivery on CASP results.	2). 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	Conduct advocacy meeting with the county leadership to build and sustain high-level political commitment HIV & AIDS response.	ix) Conduct advocacy meetings	County	County	CSOs, County Secretary, CHWS, Ministry of Health
3. Establish and strengthen functional and competent HIV co-ordination mechanism at the county and national level.	3). Coordination and collaboration among CSOs, FBOs, the private and public sector and stakeholders to align and harmonise HIV activities in the county	Mobilize and allocate adequate resources for HIV and AIDS response	x) County leadership, county ICC, sub-county HIV coordination committee	Ministries, departments	County	County executive, County Assembly, CASCO,

# 05.

## IMPLEMENTATION ARRANGEMENT, ROLES AND RESPONSIBILITIES

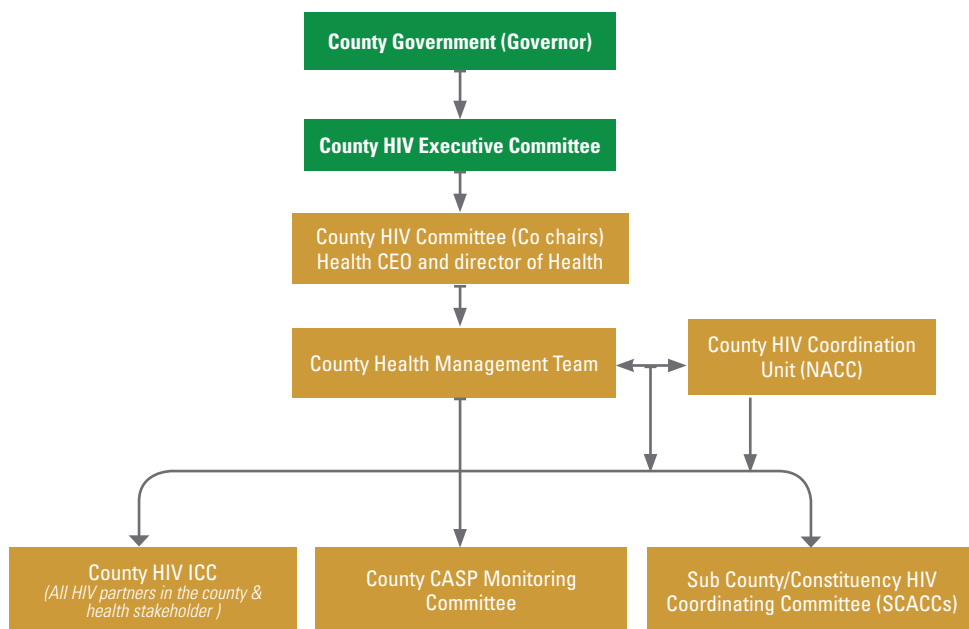


## Implementation Arrangement

The KASF recognises that counties are responsible for implementation of HIV services and programmes across different sectors. It has within its coordination structure singled

out the county governments as providing the link with the sub-counties, HIV committees, implementers, PLHIV and special interest groups hence the need to provide a strategic communication framework to coordinate the efforts of all stakeholders.

### Sub County/Constituency HIV coordinating Committees



## Roles and Responsibilities.

### Governor

The Governor will be responsible for implementing National and County legislation. He is responsible for the delivery of a range of services, planning and prioritisation of resource allocation to address HIV burden in Elgeyo Marakwet County.

### County HIV Committee

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

### Membership

The committee shall be chaired by the County Health CEC with NACC/NASCOP as secretariat. Membership will include: Chair Health Assembly, Partners, County Commissioner and or representative, CACC/ Sub-CASCO, Private sector representatives, FBO, PLHIV, Youth and PwD. The committee can co-opt three members from relevant departments in the County.

### Roles:

The county HIV committee shall be:

- The custodian of the EMCASP. It will be holding meetings on a quarterly basis to review implementation plan.

- Responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of EMCASP.
- Approving the county HIV targets and plan.
- Reviewing and presenting County HIV Budget.
- Setting the County HIV agenda.
- Receiving reports on EMCASP progress from the monitoring committee.
- Forming sub TWG to review and advice on issues HRBA to HIV services.
- Receive reports from County ICC, EMCASP and routine monitoring committee.

## Sub-County / Constituency HIV Coordinating Committee ( SCACCs)

### Membership

THE PATRON: will be the area member of parliament.

This committee will be composed of:

- a) The national government official at the Sub county level-Deputy Sub County Commissioner.
- b) One person nominated from among the active Civil Society Organization (CSO) in the constituency.
- c) Representative of PLHIV.
- d) Representative of Persons with Disability (PwD).
- e) One person representing interest of women.
- f) Representative of Youth who is a youth at the date of appointment.
- g) SCACC Coordinator-County department of public health(PHO)

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

### Roles:

- Stakeholder mobilization to respond to HIV issues in the community.

- Monitor community's response to HIV issues and submit biannual reports to the HIV Committee.
- Receive and disseminate appropriate national and County policies, guidelines and strategies on HIV & AIDS.
- Account for any funds advanced to the SCACC.

## County HIV Coordination Unit

This will be the responsibility of the CHMT at the county in partnership with NACC Secretariat. The unit shall coordinate the day to day implementation of the strategic framework at county level.

### Roles

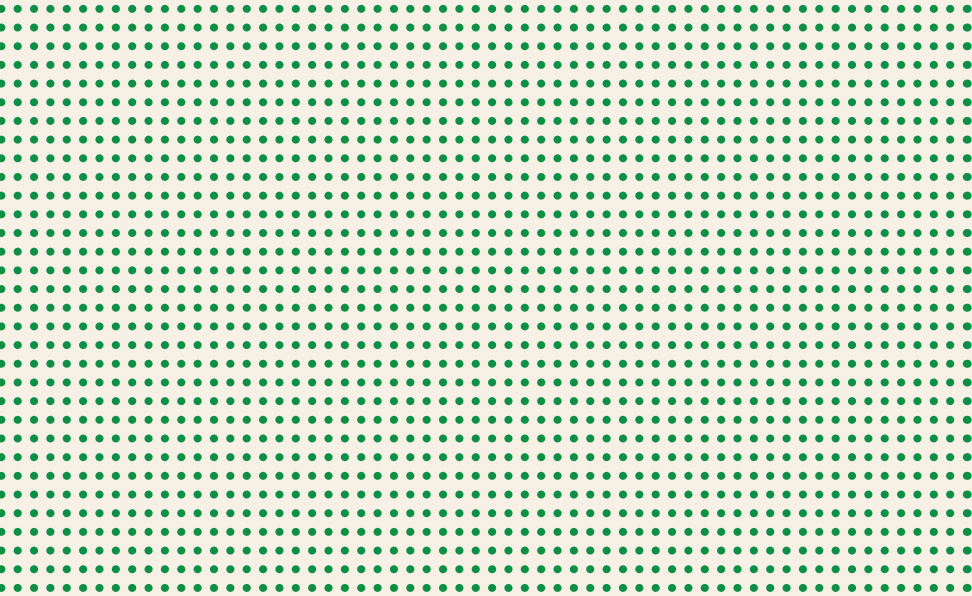
- Ensure Quarterly County ICC HIV meetings are held and follow through on actions.
- Ensure HIV agenda is active in the CHMT.
- Regular engagement of all state and non-state actors within the county in planning, prioritisation, implementation, monitoring and evaluation of HIV and AIDS programmes.
- Strengthening linkages and networking among stakeholders and providing technical assistance, facilitation and support for Elgeyo Marakwet.
- Elgeyo Marakwet County CASP delivery.
- Monitor county legislation to ensure all Bills are HIV non-discrimination compliant.

## Monitoring and Evaluation Unit

- Once established the unit will have terms of reference that will include:
- Ensure that all the prerequisite tools and materials for data collection are available at the point of collection at all times.
- Building the capacity of health workers on data collection and transmission.
- Ensuring the data collection, quality control, consolidation, interpretation and dissemination and feedback.
- Ensure the preparation and publication of County Department of Health newsletter on an annual basis for dissemination of health articles, data and human interest stories including HIV.

06.

MONITORING AND  
EVALUATION PLAN



The monitoring and evaluation section of the County Department of Health services is not fully established. Currently there is only one staff member attached to the section and is expected to serve all the programs. At the county referral hospital, there are eight Health Records and Information Officers (HRIO) who collect health facility based data. The HRIO are expected to receive and compile all the health related data including data from community health volunteers.

Past M&E activities on HIV have largely been supported from NACC in terms of HIV specific data collection and reporting on a routine basis. This includes community based activities

through Community Based Program Reports (COBPAP form) as completed by CSO on a quarterly basis. Through NASCOP, health facility based data is collected and submitted on a monthly basis. In the absence of a well-structured M&E unit at the county level, there is an obvious gap in the collection and use of strategic information to enhance programming.

The M & E plan will provide a robust plan for evaluating the Elgeyo Marakwet County HIV Strategic Plan. Critical surveys, evaluations and surveillance will be undertaken to measure outcomes and impact of the strategic framework.

**Table 6:16: Roles and responsibilities for various officers and institutions**

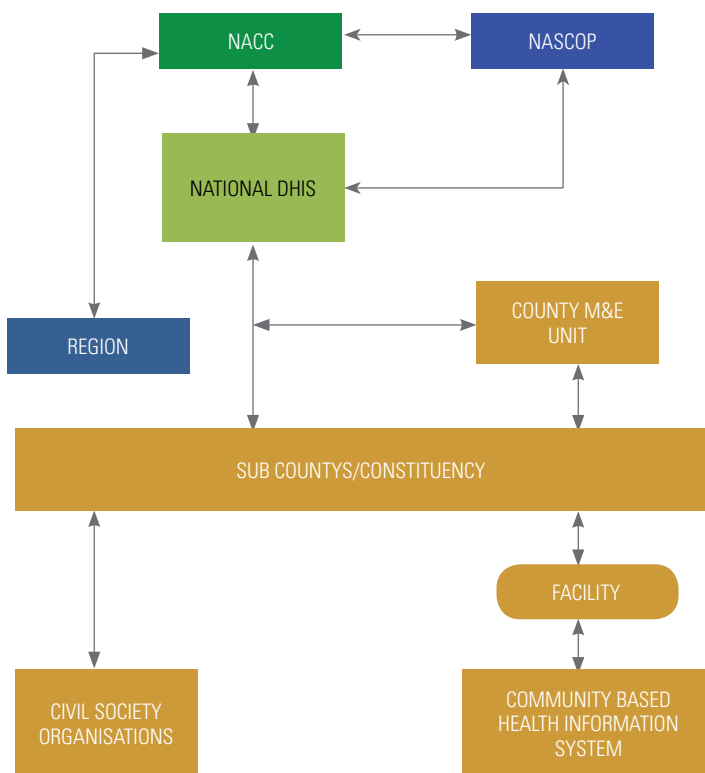
Institution	Role	Frequency	Reporting Tool
Service delivery points (Health facilities)	Report HIV sector data	Quarterly	DHIS
County Health Records and Information Officer	Receive and compile all the health related data including data from community health volunteers	Monthly/Quarterly	DHIS and COBPAP form
County HIV coordination unit and County AIDS and STI Coordinating Officer (CASCO)	Provide the health sector HIV response data for use at the county level	Quarterly	DHIS
County government	Annual evaluation surveys	Annually	Merge DHIS and COBPAP form

Under the M & E framework of Elgeyo Marakwet County, a Community Based HIV Information System (CBIS) will be strengthened to address some of the HIV data source challenges. This system will report mainly behavioural and structural indicators comprising of the following data tools:

- **Database of CSOs:** The common HIV database will include a civil society organisation (CSO) module to capture all CSOs implementing HIV activities in each sub-county. CSOs captured in the database will be expected to report on their HIV interventions based on set guidelines.

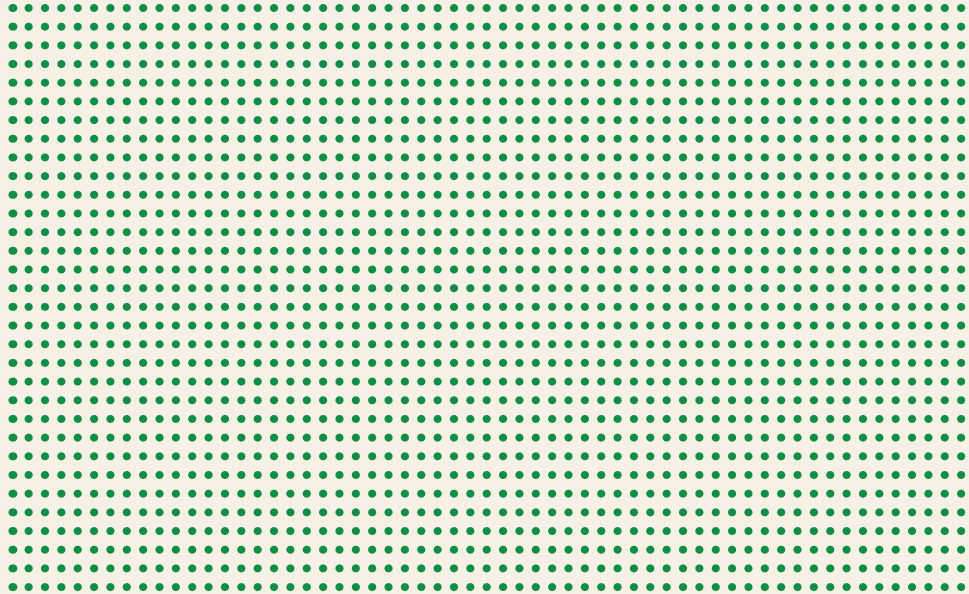
- **Community-based HIV response reporting tool:** The COPBAR tool will be revised to enable CBOs report against their planned band outputs. The revised tool and guidelines for completing the tool will be developed and disseminated to the CBOs
- **COBPBAR data** collection will continuously move towards integration with the Community Health Information System (CHIS).

**Figure 6:5: Elgeyo Marakwet County data and information flow for community based HIV response.**



# 07

## RISKS, ASSUMPTIONS AND MITIGATION PLAN



The anticipated risks during implementation of this plan will be assessed and mitigated through continuous review of the plan. However, an assumption has been made that implementation of this plan will proceed without hitches. The county HIV Coordinating Unit will be responsible for this and will be expected to report to the county department of health.

**Table 7.17: Assumptions and Risks Management Matrix**

Risk Category	Risks	Status	Probability	Impact	Mitigation	Assumptions	Responsibility	When
Technological	Lack of the required technologies to implement the plan	The EMCASP has just been developed with key areas for technological support identified	High	High	Establishment of the proposed technology and training of the staff	There is enough technical capacity in the county	County government	Y1
Political	Disruption of Implementation due to political unrest	Implementation of the various interventions is ongoing and will be guided by the plan	Medium	High	Put in place sustainability strategies for HIV interventions like enough stock of ARVs and other commodities	2017 General election will be peaceful	County government	Y1
Operational	Non – achievement of the targets due to Inefficient implementation of the plan	Efficiency and Effectiveness studies are yet to be undertaken	Medium	High	Continuous monitoring, Training and capacity building	All the required support and capacity will be provided	County HIV oversight committee	Y1
	Non utilization of evidence based programming approach	Most of the evidence is available to inform programming though with some gaps in the information use and management	Low	High	Implement HIV research agenda	Surveys and operation research will be undertaken to provide data for programming	County government	Y1
	Poor absorption of HIV finances	The absorption capacity has not been determined	Low	High	Put in place financial management systems.	The county will have financial absorption capacity	Implementing partners	Y2

Risk Category	Risks	Status	Probability	Impact	Mitigation	Assumptions	Responsibility	When
Legislation	Lack of ownership by the county leadership and passing of proposed bills/policies	The bills and policies are yet to be drafted	Medium	High	Engagement of the county leadership	All HIV related bills/policies will be passed in good time	CEC- Health	Y2
Financial	Inadequate funding to implement the plan	There are inadequate funds and the resource needs as projected have not been factored in the County Integrated Plan or Investment plan	Low	High	Lobby partners for funding.	Funds will be available	County –HIV Coordination Unit	Y1

# Annex 1: Results Framework

Strategic Direction 1: Reducing New HIV Infections		
KASF Objective	EMCASP Results	Key Activity
Reduce new HIV infections by 75%	Reduced HIV infection among children, adolescents and adults by 75%	1. Counseling and testing
		2. Use of new technologies on HIV care
		3. Targeted STI screening and treatment
		4. Scale up facility base and ensure linkage to care.
		5. Deliver routine community based HTS for priority and key populations.
		6. Deliver integrated HTS packages to include TB screening, family planning services, cervical cancer screening, other health checks such as blood pressure/sugar, weight and include other risk reduction services (counselling, condoms).
		7. Strengthen early infant diagnosis infrastructure
		8. Utilise community health extension workers (CHEWS) and community health workers (CHW) to link diagnose individuals with clients and support groups.
		9. Strengthen engagement and leadership of networks of people living with HIV to mobilise and facilitate HTS
		10. Strengthen capacity of service providers and increase demand for delivery of HIV prevention services including active engagement of private sector for eMTCT.
		11. Strengthen engagement and leadership of faith communities and people living with HIV.
		12. Increase knowledge on HIV status, STI and HPV among teachers and students.
		13. Conduct and adapt stigma free HIV prevention campaigns.
		14. Scale up prison based HIV and AIDS programme that look in to drug misuse in prison, provision of clinical services and support
		15. Expand workplace programmers on HIV and AIDS in the public, private and civil society sector through policy development implementation and review.
		16. Institutionalization of HIV information sources for effective and efficient management of the HIV response
		17. Focus attention on the mining and extracting companies in Elgeyo Marakwet county on HIV and AIDS management.

	Indicators	Baseline	Mid Term Target	End Term Target	Responsibility
		2015	2017	2019	
	Number of people counselled and tested for HIV and who received the results	105,629	205,629	305,639	CASCO and partners.
	Number of user friendly technologies to improve diagnosis and care.	3	7	10	County Department of Health
	Number of persons tested for STI and treated.	TBD	TBD	TBD	CDH CASCO and partners Laboratory technician/ technologist
	Number of CCCs sites	27	35	63	CDH CASCO and partners, CDF
	Number and percentage of key population reached with HIV prevention programmes	TBD	TBD	TBD	CASCO.
	Number of facilities with integrated HTS/TB/FP/ CA screening and other vital signs.	8	25	63	CDH, CEC health.
	Number of health facilities providing early infant diagnosis	27	35	63	CDH, CASCO, CMLT
	Number of clients referred by CHEW/ CHV for health services	TBD	TBD	TBD	CASCO,
	Number of meetings held aimed at strengthening engagement and leadership of PLHIV	0	5	17	All ministries and departments in the county
	Number of health workers trained on HIV prevention services	300	600	900	CHMT
	Number of FBOs offering HIV care.	6	8	10	CHMT
	Number of schools visited and sensitised on HIV/STI/HPV	TBD	TBD	TBD	CDH MOEST
	Number of campaigns held on stigma reduction.	TBD	TBD	TBD	CDH,
	Number of prisons reached and sensitized on HIV programme	0	1	1	CDH, County Commissioner
	Number of ACUs provided	1	5	9	All ministries and departments in the county.
	Number of departments, agencies with result based-HMIS plans	1	5	9	All ministries and departments in the county.
	Number of companies involved.	1	2	5	Director Public Health

## Strategic Direction 2: Improving health outcome and wellness of people living with HIV.

KASF Objective	EMCASP Results	Key Activity	Indicator
Improving health outcomes and wellness of people living with HIV	Improved timely identification, linkage and retention in care for persons diagnosed with HIV by 90%.	1. Improve linkage and retention in care	A. Percentage of people diagnosed HIV positive linked to care
			B. Number of facilities with integrated testing care and treatment services into MCH settings
			C. Number of sensitisation meetings held with care givers
			D. Number of social awareness campaigns conducted through social media for education, recruitment and retention in care.
			E. Number of peer mobilisation strategies held for recruitment, enrolment and retention in care and extend flexible timings for care
			F. Number of home visits for a newly diagnosed in high yield sites
		2. Increase coverage to care and treatment and reduce the loss in the cascade of care	A. Percentage of persons that have been diagnosed with HIV linked to care and treatment.
			B. Percentage of people living with HIV experiencing stigma and discrimination.
			C. Number of facilities with integrated ART into YFS, MNCH, TB clinics, key population,
			D. Number of new ART sites
			E. Number of interventions documented to enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure with full involvement of civil society and communities especially PLHIV
		3. Improve quality of care and treatment outcome	A. Percentage of health facilities dispensing ART that have not experienced a stock out of at least one required anti-retro viral drug for the last 12 months.
			B. Number of facilities with improved laboratory capacity.
			C. Number of new PLHIV peer support groups established
			D. Percentage of health facilities implementing continuous quality improvement activities according to MOH standardized protocols
			E. Number of surveillance plans, protocols and periodic surveys and cohort analysis
			F. Number of routine facility performance review meetings and clinical audit conducted annually.

	Baseline (2015)	Midterm target-(2017)	End term target-(2019)	Responsibility
	TBD	TBD	90%	CASCO, Implementing partners
	8	27	63	CASCO, Implementing partners
	TBD	TBD	12 annually	CACC
				CASCO
				Implementing partners
	TBD	10	20	CACC
				CASCO
				Implementing partners
	TBD	4	8	CACC
				CASCO
				Implementing partners.
	TBD	4	4	Retention Workers
				CASCO
				Implementing partners.
	58%	90%	90%	CASCO, Implementing partners
	36%	25%	18%	CASCO, Implementing partners
	1	27	35	CASCO, Implementing partners
	27	34	63	CASCO, Implementing partners
	0	5	10	CACC, CASCO, Implementing Partners
	TBD	TBD	100%	CHMT
	1	4	8	CHMT
				CMLT
				Implementing partners
	31	60	100	CACC
				CASCO
				Implementing partners
	10%	20%	50%	CASCO/CHRIO, Implementing partners
	0	2	4	CDH
				CASCO/CHRIO
				Implementing partners
	20	20	20	CDH
				CASCO
				Implementing partners

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

KASF Objective	EMCASP Results	Key Activity
Using Human rights based approach to facilitate access to services	1. Reduced self-reported stigma and discrimination related to HIV and AIDS by 50%	Remove barriers to access of HIV Sexual Reproductive Health and rights information and services in Private and public entities
	2. Reduce levels of sexual and gender based violence for PLHIV, Key Populations, women, men boys and girls by 50%	Improve county legal policy environment for protection and promotion of the rights of priority and key populations and PLHIV
	3. Increased social inclusion for PLHIV, key populations, women, men, boys and girls by 50 %	Reduce and monitor stigma and discrimination, social exclusion, and gender based violence
	4. Increased protection of human rights and improved access to justice for PLVIV, Key Populations and other priority groups including women ,boys and girls	Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector

### Strategic Direction 4: Strengthening integration of health and community systems

KASF Objective	EMCASP Results	Key Activity
Strengthening integration of Health and Community Systems	1. Improved health workforce for HIV response in the county by 40%.	Provide a competent motivated and adequately staffed workforce at the county to deliver HIV services integrated in the essential health package
	2. Increased number of health facilities ready to provide KEPH defined HIV and AIDS services from 67% to 90%	Strengthen health service delivery system at county level for the delivery of HIV services integrated in the community strategy
	3. Strengthen HIV commodity management through effective and efficient management of medicine and medical products	Improve access and rational use of quality essential products and technologies for HIV prevention, treatment and care services
	4. Strengthened community level AIDS Competency/response	Strengthen community service delivery system at county level for provision of HIV prevention, treatment and care services

	Indicators	Baseline	Mid Term Target	End Term Target	Responsibility
		2015	2017	2019	
	Percentage of self-reported HIV stigma and discrimination	80%	70%	50%	CDH, Implementing partners, NACC
	Number of county laws, regulations and policies reviewed or enacted at the county level that affect HIV response positively	0	1	0	CEC
	Percentage of PLHIV, who experience SGBV	TBD	20%	10%	CDH, Implementing partners, NACC
	Number of anti-stigma campaigns carried out in the county annually	TBD	20	50	CDH, Implementing partners, NACC
	Percentage of SGBV survivors accessing legal services	TBD	80%	100%	CDH, Implementing partners, NACC

	Indicators	Baseline	Mid Term Target	End Term Target	Responsibility
		2015	2017	2019	
	Ratio of cadres of health care staff to population in line with staffing norms	No data	20%	40%	CDH, Implementing Partners
	Number of health care facilities offering HIV services	27	40	60	CDH, Implementing partners, NACC
	Number community units integrating HIV and AIDS	20	60	80	CACC, CASCO, Implementing Partners
	Percentage of health facilities dispensing ART that experience stock-out of ARVs at least once in the last 12 months	0%	0%	0%	CDH, Implementing partners, NACC
	Percentage of Community units implementing AIDS competency guidelines	0%	40%	60%	CDH, Implementing
	Number of CBOs that deliver non-biomedical services for HIV according to national and internally acceptable service delivery standards	3	10	15	Partners, NACC

**Strategic Direction 5: Strengthening research and innovation to inform the Elgeyo Marakwet County AIDS Strategic Plan goals.**

KASF Objective	EMCASP Results	Key Activity
Strengthening Research, Innovation and Information Management to meet KASF goals	1.Increased evidence based planning, programming and policy changes by 50%	Increase evidence based planning, programming and policy changes
	2.Increased implementation of research on the Identified EMCASP related HIV priorities by 50%	Resource and implement an HIV research agenda informed by EMCASP
	3.Increased capacity to conduct HIV research at county level by 10%	Identify and build the capacity of research staff at the county level.

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

KASF Objective	EMCASP Results	Key Activity	Indicators
Promote Utilisation of Strategic information for Research and Monitoring and Evaluation to enhance programming	1.Increased availability of strategic information to inform HIV response at county level	Establish multi-sectoral and integrated real-time HIV platform to provide updates on HIV epidemic response accountability at county level	Interactive website developed capable to provide real-time HIV information
	2.Planned evaluations, reviews and surveys implemented and results disseminated in timely manner	Ensure harmonised, timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data	Percentage of planned EMCASP M&E evaluations, reviews and surveys conducted
	3. M&E information hub established at county level providing comprehensive information package on key EMCASP indicators for decision making.	Strengthen M&E capacity to effectively track the EMCASP performance and HIV epidemics at all levels	County M&E information system established that is linked to national HIV M&E system
			Number of staff trained on M&E

	Indicators	Baseline	Mid Term	End Term	Responsibility
		2015	2017	2019	
	Proportion of research reports disseminated to inform policy planning and programming	TBD	100%	100%	NACC NASCOP KEMRI AMPATH Research Institutions
	Percentage of funds allocation to EMCASP priorities	0	1% of Health budget	5% of Health budget	Elgeyo Marakwet CDH, Implementing partners NACC KEMRI, NASCOP Research Institutions
	Percentage of biomedical and behavioural research studies conducted by the county	TBD	50%	80%	NACC KEMRI, NASCOP Research Institutions

	Baseline	Mid Term	End Term	Responsibility
	2015	2017	2019	
	0	1	1	NACC, Elgeyo Marakwet CDH, DOH, Implementing partners, NACC
	0	70%	100%	Elgeyo Marakwet County Government, Implementing partners, NACC
	0	1	1	Elgeyo Marakwet County Government, Implementing partners, NACC, KEMRI
	0	11	20	County Government, Implementing Partners

## Strategic Direction 7: Increasing domestic financing for sustainable HIV response.

KASF Objective	EMCASP Results	Key activity
Increasing domestic financing for sustainable HIV and AIDS response to 50%.	Increased domestic financing for HIV response to 50%.	1. Maximise efficiency by refocusing our existing efforts to deliver better results to our county within current funding levels
		2. promote innovative and sustainable domestic HIV financing options
		3. Align HIV resources /investment to strategic framework priorities.

## Strategic Direction 8: Promoting accountable leadership for delivery of the EMCASP results by all sectors and actors.

KASF Objective	EMCASP Results	Key Activity	Indicators
Build and sustain high level political and technical commitment for county ownership of the HIV & AIDS response.	Good governance practices and accountable leadership for HIV and AIDS response in the county	i) Provide direction to the public, ministries/ departments and agencies on the county response.	Formation of county HIV Committee.
		ii). Judiciary to ensure compliance to the rule of law and enforcement of bill of rights	Percentage of cases concluded
		iii). Create dialogue between the leadership of the Judiciary and the county on matters on HIV &AIDS	Number of forums held
		iv). NACC to provide leadership, develop policies, guidelines, co-ordination of stakeholders and mobilise and disburse resources for HIV &AIDS	Number of policy papers and guidelines.
		v) County government to provide effective leadership, ensure high level political support and report on measures and progress achieved in the implementation of CASP	Number of forums held
Entrench good governance and strengthened multi-sector and multi-partner accountability to delivery of KASF results	Effective and well-functioning stakeholder co-ordination and accountability mechanism in place	i). Establish effective committees	Establishment of Stakeholders committee
Establish and strengthen functional and competent HIV co-ordination mechanism at the county and National level.	An enabling policy, legal and regulatory framework for the multi-sectoral HIV & AIDS response strengthened and fully aligned to the Constitution of Kenya 2010	ii). Establish regulatory framework in all sub-counties to respond to HIV & AIDS and align to the Constitution	Establish a regulatory committee

Indicator	Baseline	Mid term	End term	Responsibility
	2015	2017	2019	
A. Presence of cost effective models of HIV and AIDS service delivery	0	1	1	CDH, CASCO, Implementing Partners
B. Percentage of county health budget set aside to address HIV pandemic.	0	10	20	CDH, CO-Health, Implementing Partners
C. Number of AIDS lottery programmes established	0	2	4	CDH, Implementing Partners
D. % of HIV domestic funding from national and county government	TBD	20%	80%	CDH, CO-Health, Implementing Partners
E. HIV investment fund in place and operational	0	1	1	CDH, CEC - Health
F. % of departmental budget set aside for HIV response	0	5	0	CDH, Departmental Heads
G Alignment of HIV /AIDS response with local context	0	1	1	CDH, CASCO, Implementing Partners
H. Proportion of funds allocation to EMCASP by strategic direction	0	1	5	CDH, Development Partners
I. Partnership/ accountability framework in place to ensure alignment of resources to EMCASP.	0	1	1	CDH and implementing partner

	Baseline 2015	Mid Term Target - 2017	End Term Target - 2019	Responsibility
	2	4	8	Director of health services and technical support from CASCO and MOEST
	TBD	50%	70%	Judiciary, law enforcement agencies. children's officers, County Public Prosecutor
	1	4	8	County government, Judiciary, children's officer CASCO, CAOC
	0	0	1	CASCO, CAOC
	1	8	16	County government, CASCO, COAC
	0	2	4	County government, CASCO & COAC
	0	4	8	County government, CASCO & COAC

# ANNEX 2: Resource Needs

## Resource needs in Millions (Ksh.)

### Strategic Direction 1: Reducing New HIV Infections

KASF Objective	EMCASP Results	Key Activity
A) Reduce new HIV infections by 75%	i).Reduced HIV transmission among children, adolescents and adults by 75%	1. Counseling and testing
		2. Use of new technologies on HIV care
		3. Targeted STI screening and treatment
		4. Scale up facility base and ensure linkage to care
		5. Deliver routine community based HTS for priority and key populations.
		6. Deliver integrated HTS packages to include TB screening, family planning services, cervical cancer screening other health checks such as blood pressure/sugar, weight and include other risk reduction services (counselling, condoms)
		7. Strengthen early infant diagnosis infrastructure
		8. Utilize community health extension workers (CHEWS) and community health workers (CHW) to link diagnosed individuals with clients and support groups
		9. Strengthen engagement and leadership of networks of people living with HIV to mobilise and facilitate HTS
		10. Strengthen capacity of service providers and increase demand for delivery of HIV prevention services including active engagement of private sector for eMTCT
		11. Strengthen engagement and leadership of faith communities and people living with HIV
		12. Increase knowledge on HIV status, STI and HPV among teachers and students
		13. Conduct and adapt stigma free HIV prevention campaigns.
		14. Scale up prison based HIV and AIDS programme that look in to drug misuse in prison, provision of clinical services and support
		15. Expand workplace programmers on HIV and AIDS in the public, private and civil society sector through policy development implementation and review
		16. Institutionalisation of HIV information sources for effective efficient management of the HIV response.
		17. Focus attention on the mining and extracting companies in Elgeyo Marakwet County on HIV and AIDS management.
<b>SUB-TOTAL</b>		

	Indicators	2017	2019	TOTAL
	Number of people counselled and tested for HIV and who received the results	115	56	171
	Number of user friendly technologies to improve diagnosis and care.	8	6	14
	Number of persons tested for STI and treated	20	20	40
	Number of CCCs sites	5	5	10
	Number and percentage of key population reached with HIV prevention programmes(-meeting)	1.14	1.14	2.28
	Number of facilities with integrated HTS/TB/FP/ CA screening and other vital signs.	0	0	0
	Number of health facilities providing early infant diagnosis	0	0	0
	Number of clients referred by CHEW/CHV for health services (20 outreaches)	3.8	3.8	7.6
	Number of meetings held aimed at strengthening engagement and leadership of PLHIV	1.249	1.429	2.678
	Number of health workers trained on HIV prevention services	1.308	1.308	2.616
	Number of FBOs offering HIV care	0	0	0
	Number of schools visited and sensitised on HIV/STI/HPV	9.5	9.5	1.9
	Number of campaigns held on stigma reduction	0.57	0.57	1.14
	Number of prisons reached and sensitised on HIV programme	0.57	0.57	1.14
	Number of ACUs provided	2	2	4
	Number of departments, agencies with result based-HMIS plans	0	5	5
	Number of companies involved.	0.57	0.57	1.14
		<b>169</b>	<b>113</b>	<b>264</b>

**STRATEGIC DIRECTION 2: Improving health outcome and wellness of people living with HIV.**

**Strategic direction 2: Improving health outcome and wellness of people living with HIV.**

KASF Objective	EMCASP Results	Key Activity
Improving health outcomes and wellness of people living with HIV	Improved timely identification, linkage and retention in care for persons diagnosed with HIV by 90%.	<ol style="list-style-type: none"> <li>1. Improve linkage and retention in care</li> </ol>
		<ol style="list-style-type: none"> <li>2. Improve quality of care and treatment outcome</li> </ol>
<b>SUB - TOTAL</b>		

	Indicator	2017	2019	TOTAL
	A. Percentage of people diagnosed HIV positive linked to care.	1.9	1.9	3.8
	B. Number of facilities with integrated testing care and treatment services into MCH settings	0	0	0
	c. Number of sensitisation meetings held with care givers	9.12	13.68	22.8
	D. Number of social awareness campaigns conducted through social media for education, recruitment and retention in care	5.7	5.7	11.4
	E. Number of peer mobilisation strategies held for recruitment, enrolment and retention in care and extend flexible timings for care.	2.28	2.28	4.56
	F. Number of home visits for a newly diagnosed in high yield sites	0.76	0.76	1.52
	G. Percentage of people living with HIV experiencing stigma and discrimination	0	0	0
	H. Number of facilities with integrated ART into YFS, MNCH, TB clinics, key population	0	0	0
	I. Number of new ART sites	0	0	0
	J. Number of interventions documented to enhance treatment literacy, patient empowerment, psycho-social and adherence support and disclosure with full involvement of civil society and communities especially PLHIV	2	2	4
	A. % of health facilities dispensing ART that have experienced a stock out of at least one required Anti-Retroviral drug for the last 12 months.	0	0	0
	B. Number of facilities with improved laboratory capacity	10.2	10.2	20.4
	C. Number of new PLHIV peer support groups established	4.5	4.5	9
	D. Percentage of health facilities implementing continuous quality improvement activities according to MOH standardised protocols	0	0	0
	E. Number of surveillance plans, protocols and periodic surveys and cohort analysis	10	10	20
	F. Number of routine facility performance review meetings and clinical audit conducted annually.	2.1	2.1	4.2
		<b>48.56</b>	<b>53.12</b>	<b>101.68</b>

### STRATEGIC DIRECTION 3:

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

KASF Objective	EMCASP Results	Key Activity
Using Human rights Based approach to facilitate access to services	1. Reduced self-reported stigma and discrimination related to HIV and AIDS by 50%	Remove barriers to access of HIV Sexual Reproductive Health and rights information and services in Private and public entities
	2. Reduce levels of sexual and gender based violence for PLHIV, Key populations, women, men boys and girls by 50%	Improve county legal policy environment for protection and promotion of the rights of priority and key populations and PLHIV
	3. Increased social inclusion for PLHIV, key populations, women, men, boys and girls by 50 %	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 sector
	4. Increased protection of human rights and improved access to justice for PLHIV, Key Populations and other priority groups including women, boys and girls	
		Number of anti-stigma campaigns carried out in the county annually
		Percentage of SGBV survivors accessing legal services
<b>SUB-TOTAL</b>		

### STRATEGIC DIRECTION 4:

#### Strategic Direction 4: Strengthening integration of health and community systems

KASF Objective	EMCASP Results	Key Activity
Strengthening integration of Health and Community Systems	1. Improved health workforce for HIV response in the county by 40%.	Provide a competent motivated and adequately staffed workforce at the county to deliver HIV services integrated in the essential health package
	2. Increased number of health facilities ready to provide KEPH defined HIV and AIDS services from 67% to 90%	Strengthen health service delivery system at county level for the delivery of HIV services integrated in the community strategy
	3. Strengthen HIV commodity management through effective and efficient management of medicine and medical products	Improve access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services
	4. Strengthened community level AIDS Competency/response	Strengthen community service delivery system at county level for provision of HIV prevention, treatment and care services
<b>SUB - TOTAL</b>		

	Indicators	2017	2019	Total
	<ul style="list-style-type: none"> <li>Percentage of self-reported HIV stigma and discrimination</li> </ul>	0.57	0.57	1.14
	Number of county laws, regulations and policies reviewed or enacted at the county level that affect HIV response positively <ul style="list-style-type: none"> <li>Percentage of PLHIV, who experience SGBV</li> </ul>	0	0	0
		0	0	0
		11.4	17.1	28.5
		0.57	0.57%	1.14
		<b>12.54</b>	<b>18.24</b>	<b>30.78</b>

	Indicators	2017	2019	TOTAL
	Ratio of cadres of health care staff to population in line with staffing norms(10 doctors/nurses employed)	28.8	28.8	57.6
	Number of health care facilities offering HIV services	10	10	20
	Number community units integrating HIV and AIDS	1.84	1.84	3.68
	Percentage of health facilities dispensing ART that experience stock-out of ARVs at least once in the last 12 months	0	0	0
	Percentage of community units implementing AIDS competency guidelines	0	0	0
	Number of CBOs that deliver non-biomedical services for HIV according to national and internally acceptable service delivery standards	9	9	18
		<b>49.64</b>	<b>49.64</b>	<b>99.28</b>

## STRATEGIC DIRECTION 5:

### Strategic Direction 5: Strengthening research and innovation to inform the Elgeyo Marakwet County AIDS Strategic Plan goals

KASF Objective	EMCASP Results	Key Activity
Strengthening Research, Innovation and Information management to meet KASF goals	1. Increased evidenced based planning, programming and policy changes by 50%	Increase evidence based planning, programming and policy changes
	2. Increased implementation of research on the Identified CASP related HIV priorities by 50%	Resource and implement a HIV research agenda informed by CASP
	3. Increased capacity to conduct HIV research at county level by 10%	Identify and build the capacity of research staff at the county level.
<b>SUB-TOTAL</b>		

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

KASF Objective	EMCASP Results	Key Activity
Promote Utilisation of Strategic information for Research and Monitoring and Evaluation to enhance programming	1. Increased availability of strategic information to inform HIV response at county level	Establish multi-sectoral and integrated real-time HIV platform to provide updates on HIV epidemic response accountability at county level
	2. Planned evaluations, reviews and surveys implemented and results disseminated in timely manner	Ensure harmonised, timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data
	3. M&E information hub established at county level providing comprehensive information package on key EMCASP indicators for decision making	Strengthen M&E capacity to effectively track the EMCASP performance and HIV epidemics at all levels
<b>SUB - TOTAL</b>		

	Indicators	2017	2019	TOTAL
	Proportion of research reports disseminated to inform policy planning and programming	3.22	3.22	6.44
	Percentage of funds allocation to CASP priorities	0.57	0.57	1.14
	Percentage of biomedical and behavioural research studies conducted by the County	3.22	3.22	6.44
		<b>7.01</b>	<b>7.01</b>	<b>14.02</b>

	Indicators	2017	2019	TOTAL
	Interactive website developed capable to provide real-time HIV information	5.5		5.5
	Number of planned EMCASP M&E evaluations, reviews and surveys conducted	5	5	10
	County M&E information system established that is linked to national HIV M&E system	5		5
	Number of staff trained on M&E	21.46	17.514	38.974
		<b>36.96</b>	<b>22.514</b>	<b>59.474</b>

## Strategic Direction 7: Increasing domestic financing for sustainable HIV response.

KASF Objective	EMCASP Results	Key Activity
Increasing domestic financing for sustainable HIV response to 50%.	Increased domestic financing for HIV response to 50%.	<p>1.maximise efficiency by refocusing our existing efforts to deliver better results to our county within current funding levels</p> <p>2.Promote innovative and sustainable domestic HIV financing options</p> <p>3. Align HIV resources /investment to strategic frame work priorities.</p>
<b>SUB-TOTAL</b>		

	Indicator	2017	2019	Total
	Presence of cost effective models of HIV and AIDS service delivery	10		10
	Percentage of county health budget set aside to address HIV pandemic.	2.498	2.498	4.996
	Number of AIDS lottery programmes established			
	Percentage of HIV domestic funding from national and County government			
	HIV investment fund in place and operational			
	Percentage of departmental budget set aside for HIV response			
	A. Alignment of HIV and AIDS response with local context.	2.498	2.498	4.996
	B. proportion of funds allocation to EMCASP by strategic direction			
	C. Partnership/ accountability framework in place to ensure alignment of resources to EMCASP.			
		<b>14.996</b>	<b>4.996</b>	<b>19.992</b>

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

KASF Objective	EMCASP Results	Key Activity
A). Build and sustain high level political and technical commitment for county ownership of the HIV & AIDS response.	1). Good governance practices and accountable leadership for HIV and AIDS response in the county	i) Provide direction to the public, ministries/ departments and agencies on the county response.
		ii). Judiciary to ensure compliance to the rule of law and enforcement of bill of right
		iii). Create dialogue between the leadership of the Judiciary and the county on matters on HIV &AIDS
		iv). NACC to provide leadership, develop policies, guidelines, co-ordination of stakeholders and mobilise and disburse resources for HIV &AIDS.
		v) County government to provide effective leadership, ensure high level political support, and report on measures and progress achieved in the implementation of EMCASP
B). Entrench good governance and strengthened multi-sector and multi-partner accountability to delivery of KASF results.	2). Effective and well-functioning stakeholder co-ordination and accountability mechanism in place	i). Establish effective committee
C). Establish and strengthen functional and competent HIV co-ordination mechanism at the county and National level.	3). An enabling policy, legal and regulatory framework for the multi-sectoral HIV & AIDS response strengthened and fully aligned to the constitution of Kenya 2010	i). Establish regulatory framework in all sub-counties to respond to HIV & AIDS issues and align it to the constitution
<b>SUB - TOTAL</b>		
<b>GRAND TOTAL</b>		

	Indicators	2017	2019	TOTAL
	Formation of county HIV Committee.	0.21	0.21	0.42
	Percentage of cases concluded	0.57	0.57	1.14%
	Number of forums held	2.98	2.98	5.96
	Number of policy papers and guidelines.	0	0	0
	Number of forums held	2.498	2.498	4.996
	Establishment of Stakeholders committee.	0.21	0.21	0.42
	Establish a regulatory committee	0.21	0.21	0.42
		<b>6.678</b>	<b>6.678</b>	<b>13.356</b>
		<b>344.991</b>	<b>274.885</b>	<b>602.776</b>

# ANNEX 3:

## References

1. District Health Information System 2015
2. Elgeyo Marakwet Health Strategy Sector Integrated Plan 2014
3. Elgeyo Marakwet County Integrated Development Plan 2013-2017
4. Kenya AIDs Indicator Survey 2012
5. Kenya AIDs Strategic Framework 2014/2015-2018/2019
6. Kenya National Bureau of Statistics 2009 national census
7. MOH( 2014) Kenya HIV County Profile,2014
8. KDHS 2014
9. HIV estimates NASCOP 2014
10. NACC (2014) the National HIV and AIDS Stigma and Discrimination Index
11. Kenya vision 2030
12. Kenya constitution 2010

## ANNEX 4:

### List of Drafting and Technical Review Team

#### County Drafting Team

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