EMBU COUNTY
HIV AND AIDS STRATEGIC PLAN

2014/2015 - 2018/2019

maisha!
National AIDS Control Council

THE LAND OF OPPORTUNITIES

EMBU COUNTY HIV AND AIDS STRATEGIC PLAN

2014/15-2018/19

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

National AIDS Control Council

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Acronyms and abbreviations

ACT	Antiretroviral Combined Therapy
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
ANC	Antenatal Clinic
APHIA plus	AIDS, Population and Health Integrated Assistance Plus
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
CACC	County AIDS Community Coordinator
CASCO	County AIDS and STI Coordinator
CASM	County AIDS Sectoral Mainstreaming
CBOs	Community Based Organizations
CCC	Comprehensive Care Clinic
CCHF	County Community Health Strategy focal person
CDC	Centre for Disease Control
CDH	County Director of Health
CEC	County Executive Committee
CHAK	Christian Health Association of Kenya
CHAs	Community Health Assistants
CHC	County HIV Committee
CHD	County health department
CHEWs	Community Health Extension Workers
CHMT	County Health Management Team
CHRO	County Health Record Officer
CHVs	Community Health Volunteers
CMLT	County Medical Laboratory Technologist
COBPAR	Community-Based Programme Activity Reports
COH	Chief Officer of Health
CPHO	County Public Health Officer
CUs	Community Units
DHIS	District Health Information System
DSW	Deutsche Stiftung Weltbevoelkerung
EAC	East African Community
ECASP	Embu County AIDS Strategic Plan
eMTCT	Elimination of Mother to Child Transmission
ERC	Ethics and Research Committee
FBOs	Faith Based Organizations
FGM	Female Genital Mutilation
FHOK	Family Health Options of Kenya
FIDA	Federation of Women Lawyers
FSW	Female Sex Workers
GBV	Gender Based Violence
GOK	Government of Kenya
HAART	Highly Active Antiretroviral Therapy
HCBC	Home and Community Based Care
HCW	Healthcare Workers

HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HRBA	Human Rights Based Approach
HRIO	Health Records Information Officer
HSSP	Health Sector Strategic Plan
HTC	HIV Testing and Counselling
HTS	HIV Testing Services
IGA	Income generating activities
IGAD	Intergovernmental Authority for Development
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic Health Survey
KEMRI	Kenya medical research institute
KMOT	Kenya Modes of Transmission
KNBS	Kenya National Bureau of Statistics
KP	Key Population
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MCAs	Member of County Assembly
MCH	Maternal Child Health
MNCH	Maternal neonatal and child health
MoE	Ministry of Education
MoH	Ministry of Health
MSM	Men who have Sex with Men
MSW	Male Sex Workers
MTCT	Mother to Child Transmission
NACADA	National Agency for the Campaign Against Drug Abuse
NACC	National AIDS Control Council
NASCOP	National AIDS STI Control Programme
NGOs	Non-governmental Organizations
NHIF	National Health Insurance Fund
OVC	Orphans and Vulnerable Children
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PHDP	Positive Health Dignity and Prevention
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PNC	Post-Natal Care
PrEP	Pre-Exposure Prophylaxis
PwD	People with Disability
PWIDs	People Who Inject Drugs
RHC	Regional HIV Coordinator
SAM	Severe Acute Malnutrition
SCACC	Sub-County AIDS Community Coordination
SCASCO	Sub-County AIDS and STI Coordinator

SCHRIO	Sub-county Health Record Information Officer
SRH	Sexual and Reproductive Health
STI	Sexual Transmitted Infections
SW	Sex Workers
SWAK	Society for Women & AIDS in Kenya
SWOT	Strength, Weakness, Opportunities and Threats
TB	Tuberculosis
TBAs	Traditional Birth Attendants
TWG	Technical Working Group
UN	United Nations
UoN	University of Nairobi
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Foreword

In recent years, the county of Embu has experienced significant economic growth. This has been realized in the areas of agriculture, infrastructure and trade among others. It has also raised the living standards of the residents and put the county in the limelight on the national arena.

Alongside this, significant progress has been made in the fight against the HIV and AIDS pandemic. Among the indicators for this is the fall of the overall prevalence from 4.1% to 3.7%. HIV prevalence has also dropped in children with infant prophylaxis now standing at 90% while maternal prophylaxis has reached 83% of all pregnant women living with HIV.

However, regardless of these gains, the HIV pandemic continues to contribute significantly to morbidity and mortality in the county. It has also put a strain on the county's health systems thus concerted efforts are needed to achieve even bigger gains towards the acceleration of care and treatment 90:90:90 targets.

The Embu County AIDS Strategic Plan reflects the strong commitment by all stakeholders to support the county government in the provision of better health for all based on cost effective and socially inclusive approaches to prevent and manage HIV and AIDS as per the Kenya AIDS Strategic Framework (2014/15 – 2018/19). This plan is in line with the Constitution of Kenya, Vision 2030 and the Africa Goals on HIV control.

The coordination and Governance structure led by NACC recognizes devolution and the different levels of county governance, roles of government ministries, NGOs, FBOs, CBOs and the different stakeholders' accountability for the overall outcome of the strategy.

The County Government undertakes to allocate more funds towards the HIV and AIDS prevention and control activities. Alongside this will be the provision of universal healthcare for those living with HIV which will ultimately subsidize the county's future liability for HIV prevention and treatment.

In this regard, therefore, my government takes it upon itself to facilitate the achievement of the targets articulated in this strategic plan. By so doing, we shall build on the gains made over the years through decades of concerted efforts by all stakeholders towards ending the HIV and AIDS pandemic in Embu County and the entire world as a whole.

H.E. Martin Nyaga Wambora
Governor Embu County

Preface

The health services were devolved after promulgation of a new constitution in 2010. All Counties are thus responsible for implementation of HIV services and programmes across different sectors. Due to this reason and the dwindling financing of HIV programmes, Embu County came up with a Strategic Plan which will address the County HIV specific needs in order to maximize the effectiveness of the limited resources available for the next 5 years.

The Counties and National governments have been heavily relying on external donor funding towards HIV and AIDS response. This County specific plan calls for increased domestic financing towards HIV and AIDS response and ownership of the implementation of these activities. Embu County HIV Strategic plan has been developed to tailor the County needs to respond to HIV and AIDS menace in line with the spirit of devolution as per the Constitution of Kenya, 2010.

Together with the partners and the National HIV and AIDS coordinating body; NACC and NASCOP, Embu County is committed to ensure that the county's plan will be successful and will meet its vision and goals in line with the County Integrated Development Plan.

Let's join hands to end HIV in Kenya!

Hon. Pauline Njagi
County Executive Committee Member for Health, Embu County

Acknowledgements

This County HIV Strategic plan is the first edition to be developed by the county Government of Embu together with all the stakeholders and partners.

County Government of Embu would like to appreciate tireless efforts of those who initiated the development of this county HIV strategic plan. In particular, NACC, NASCOP, Population Services Kenya, APHIA plus Kamili, Kenya Red Cross Society, MoH, FBOs, NGOs and County Health Departments. To SWAK and PLHIV who tirelessly participated in development of this plan, thank you.

Special thanks also go to the County Executive Committee member for Health Embu Madam Pauline Njagi for her participation and her support during the entire period of the development. I appreciate the drafting and technical teams that ensured the document was sound and complete during drafting, review and validation.

Finally I am grateful to the Embu Governor for launching this important strategic plan that will serve Embu people both those infected and affected without discrimination.

Francis Ndwigah, PhD(C)
Chief Officer of Health, Embu County

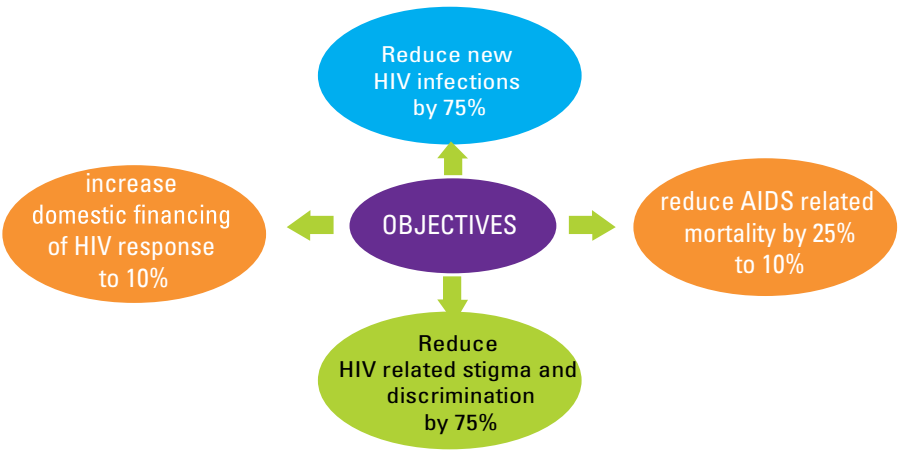
Executive Summary

The Embu County AIDS Strategic plan (ECASP 2014/15 – 2018/19) is a five year plan developed to provide strategic guidance to inform the planning, coordination, implementation, monitoring and evaluation of the county multi- sectoral HIV response. The county HIV prevalence stands at 3.7% with a total number of 11,210 people living with HIV. ART coverage in the county stands at 71%. The county plan aims at achieving zero new infections, zero discrimination and zero AIDS related deaths which in turn compliments the national response.

This plan was developed taking cognizance of the national values of citizen participation which involved a wide range of stakeholders in the County. The process began with the launch and dissemination of the Kenya AIDS Strategic Framework (KASF 2014/15-2018/19) which is the blue print against which this plan is developed. A county drafting team was constituted that undertook the development of the plan, a process which lasted for a period of nine (9) months. This process was further supported by the NACC and a Technical Support Team consisting of key partners.

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

The vision of the ECASP is 'County free of new HIV infections, stigma & discrimination and AIDS related deaths'. To achieve this, four key objectives have been outlined in the figure below;



01.

EMBU COUNTY BACKGROUND

1.1 Embu County

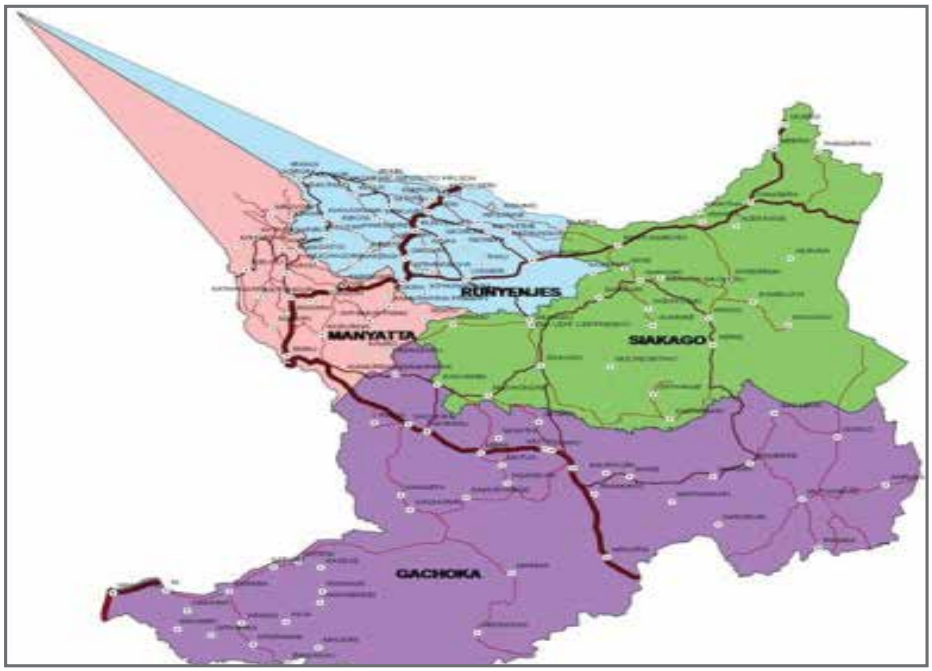
Embu County is divided into four sub counties namely: Mbeere North (Siakago), Mbeere South (Gachoka), Manyatta and Runyenjes. It has 4 constituencies namely: Mbeere South, Mbeere North, Manyatta and Runyejes each represented by a Member of Parliament (Kenya County guide, 2016).

1.2 Location

The County occupies an area of 2818 square kilometers and lies in the former Eastern Province. The County borders Kirinyaga to the west, Kitui to the East, Tharaka Nithi to the North and Machakos to the South west (Kenya County guide, 2016).

Map 1: Map of Embu County

1.3 Demography



Source: Google maps

Embu County has a total population of 543,221 people. The County has a male population of 267, 609 (49%) and a female population of 275,612 (51%) with an estimated annual growth rate of 1.7 % (KNBS, 2009). The major ethnic communities in the County are the Aembu, Mbeere, Kikuyu and the Akamba. There are also other cosmopolitan ethnic communities especially in the urban centres of the County (Kenya County guide, 2016).

1.4 Economic activities

Agriculture is the main driver of the economy in this county with over 70% of the residents being small scale farmers. Tea, Banana, Coffee, Macadamia, Miraa (muguka) and cotton have been the main cash crops. However, due to their falling prices, many farmers have in the recent years started growing other crops. Mango farming has become a robust economic activity, finding its market as far as Nairobi. Others include dairy farming in the upper zones of the county (Manyatta and Runyenjes) and livestock and bee keeping in the lower zones (Mbeere North and Mbeere South) (Kenya County guide, 2016).

A small number of the other residents are business people and civil servants working in government institutions. Owing to county's vibrant real estate industry, sand harvesting has lately become a lucrative business. One of the key upcoming economic incentives is the upgrading of Embu airstrip to airport status, which is expected to link the county's agribusinesses to international markets (Kenya County guide, 2016).

1.5 Health facilities

Embu County is endowed with 168 health facilities inclusive of Government, Private and Faith based facilities. The facilities are spread across all the four sub counties with high concentration in Manyatta and Runyenjes Sub Counties (Kenya County guide, 2016).

Table 1: Health facilities by ownership per Sub County

Sub County	Category Ownership	Hospitals	Health centers	Dispensary	Total
Manyatta	GOK	1	4	17	**22**
	Private	2	3	25	**30**
	FBO	1	1	14	**16**
Runyenjes	GOK	2	2	21	**25**
	Private	-	1	10	**11**
	FBO	1	1	3	**5**
Mbeere north	GOK	2	-	14	**16**
	Private	-	1	5	**6**
	FBO	-		2	**2**
Mbeere south	Gok	-	3	24	**27**
	Private	-	-	5	**5**
	FBO	-	-	3	**3**
	Total health facilities				**168**

Source: DHIS, 2016

1.6 Religion and Culture

Majority of people living in Embu County are Christians. There are numerous churches and ministries, with mainstream churches such as Anglican Church of Kenya, Roman Catholic and Presbyterian Church of East Africa having the largest following. Evangelicals include Deliverance, P.E.F.A and Full Gospel Churches among others. There are a few Muslims and Hindus residing mainly in the major towns. The county too has atheists. (Kenya County guide, 2016).

The key cultural, traditional practices and religious beliefs which might contribute to spread of new infections include traditional male circumcision, Female Genital Mutilation (FGM) at 4.6% prevalence (DHIS, 2014), wife inheritance, polygamy and uvulectomy.

1.7 HIV Policy, Coordination and Financing in the County

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

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

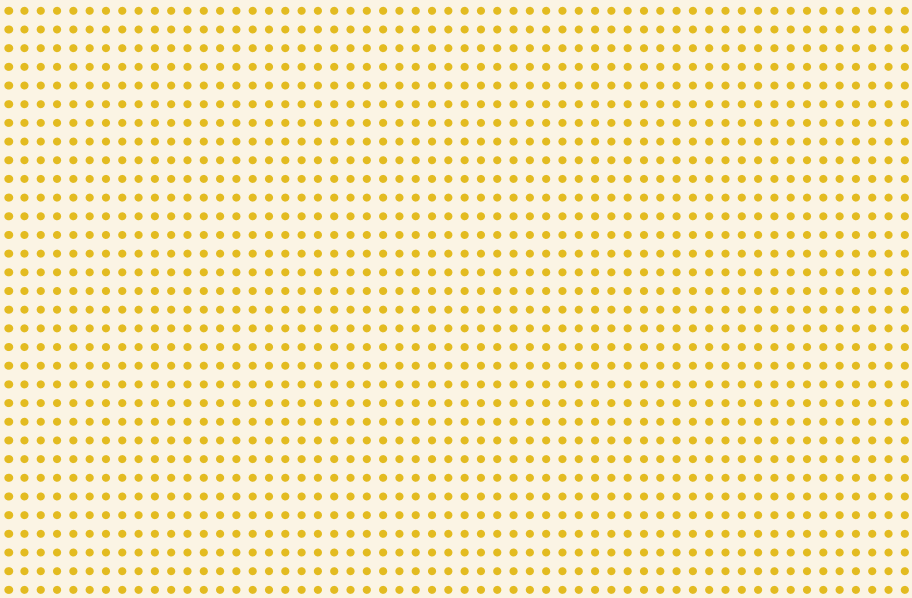
Embu County, HIV and AIDS response activities were under the leadership of defunct District Technical Committee (DTC) chaired by District Commissioner, 4 Constituency AIDS Committees (CACCs) patronized by the area Member of Parliament and technically supported by the District AIDS and STI Coordinators.

Financing of HIV and AIDS control activities in Embu has mainly been from the central government through the NACC for community based activities, the Ministry of Health through National AIDS and STI Control Program (NASCOP) for commodities (HIV testing kits, condoms and medicine), technical support through capacity building and human resources that has since been taken over by the county government.

Non-governmental Organizations (NGOs) and Community Based Organizations (CBOs) have also been active in the county through donor funded projects in different locations of the county. Such partners include USAID through APHIA plus Kamili, World Vision, Kenya Red Cross Society, Action Aid, Population Service Kenya, SWAK, AMREF, Mt. Kenya Trust, CARITAS, CHAK, Dream Kenya, FIDA, University of Nairobi, CDC and DSW.

02.

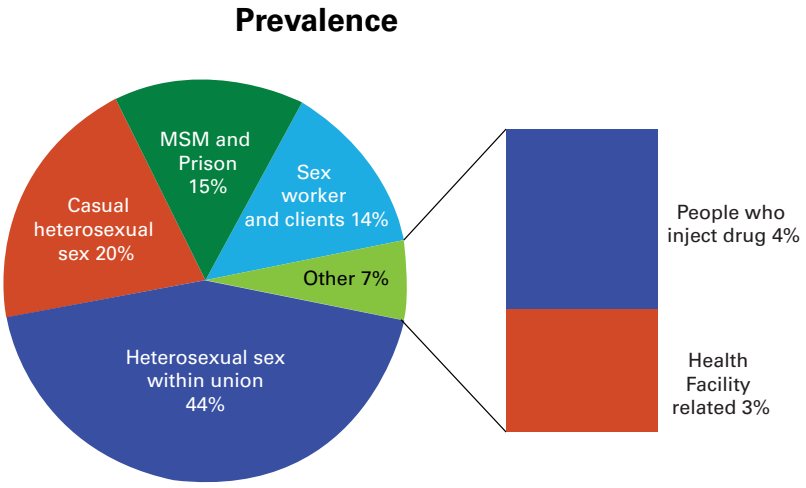
SITUATION ANALYSIS



2.1 National sources of new HIV Infections

The sources of new HIV infections nationally as segmented by populations include MSM, prison, casual heterosexual sex, sex workers and their clients, people who inject drugs (PWID), health facilities injuries, and heterosexual sex within union (NACC, 2009). These sources contribute in varying magnitude with heterosexual sex within union having the highest level.

Figure 1: Sources of new infections in Kenya



Source: Kenya Mode of Transmission, NACC & NASCOP, 2009

2.2 Drivers of HIV epidemic in the County

- The modes of HIV transmission in Embu County are primarily heterosexual and mother to child transmission. The most predisposing factors include:
- Trans-generational relationships which involve older men with young girls due to poverty expose them to multiple partners' sex cycle which can lead to HIV infection.
- Early sexual debut among adolescents compounded by limited information on sex and sexuality.
- Increased numbers of school drop outs from class 5 pupils to form 4 students due to teenage pregnancies, miraa business and boda boda riding since it is the main source of transport around major towns.
- Miraa business has increased the HIV and TB confections among users.
- Tertiary learning institutions like Embu University College, Embu Kenya Medical Training College, Embu College and other Universities where students engage in alcohol and drug abuse, high turnover of sex partners and unprotected sex.
- Retrogressive cultural practices like Female Genital Mutilation, wife inheritance, polygamy and uvulectomy.
- Repugnant religious beliefs from Kavonokia sect members who do not accept any health care interventions and

Catholic Church that does not advocate for condom use.

- Increasing numbers of Key Populations including female sex workers (FSW), male sex workers (MSW) and men having sex with men (MSM).
- Tea bonus season which leads to influx of mobile sex workers in Embu County.
- High poverty level with a prevalence of 35.3% (KNBS, 2014) especially in informal settlements.
- Migrant workers in flower farms and road construction sites

2.3 Target Population

- Adults, Children, Adolescent and young people living with HIV
- Adolescents and young people (primary schools, secondary schools and Tertiary Institutions)
- Teachers
- Key Populations and their clients.
- Pregnant mothers and Traditional Birth Attendants (TBAs).
- Healthcare workers.
- Miraa (muguka and Bodaboda business groups).
- Prison communities and other uniformed forces.
- General Population.

2.4 HIV Epidemiology

The prevalence of HIV in Embu County is at 3.7%. It is higher among women (5.0%) than among men (2.2%). Over the years, the women living in the county have been more vulnerable to HIV infections than the men (County profile, 2014).

HIV counselling and testing and linkages to care and treatment are important steps in reducing the sexual transmission of HIV. Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 36.1% of Men and 16.3% of women in Embu County had never tested for HIV according to (MoH, 2014).

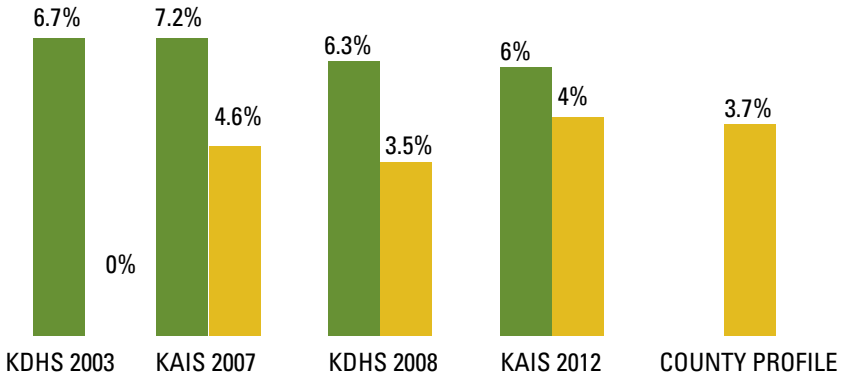
Table 2: HIV burden in Embu County

INDICATORS	NUMBER/ PERCENTAGE
Total population (2013)	**543, 158**
HIV adult prevalence (overall)	**3.7%**
HIV prevalence among women	**5.0%**
HIV prevalence among men	**2.2%**
Number of adults living with HIV	**9,900**
Number of children living with HIV	**1,310**
Total number of PLHIV	**11,210**
Percentage of men never tested	**36.1 %**
Percentage of women never tested	**16.3%**
New adult HIV infections annually	**518**
New children HIV infections annually	**28**

Source: County Profile, 2014; NASCOP National dashboard, 2016; KDHIS, 2014

In the past the County HIV burden was estimated at National level and province level. Due to devolution, data has now been decentralized to the County level and Sub County level. The table below shows prevalence cascade over the years.

Figure 2: Trends in HIV prevalence over the past years in the Region and County



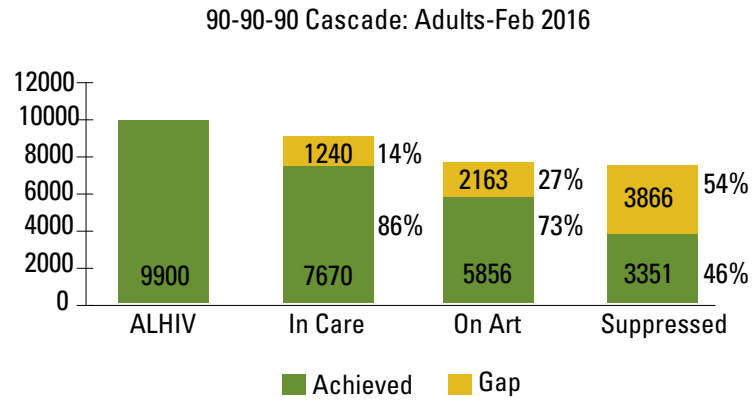
2.5 HIV Mortality (deaths) in the County

In Embu County approximately 326 adults and 63 children died of AIDS related conditions in 2013 (County Profile, 2014). The common conditions that result to deaths in HIV infected person in the County includes: Tuberculosis (TB), diarrhoea and anaemia. These deaths can be reduced by proper use of ART which lowers a person's viral load and prevent onward transmission of HIV.

2.6 HIV treatment in the County

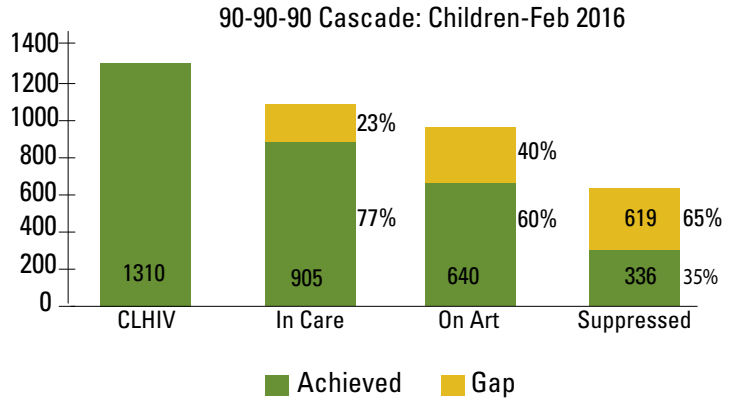
A total of 640 children and 5,856 adults are on ART translating to 60% and 73% ART respectively and about 7670 adults and 905 children. Our biggest challenge is the uptake of testing of viral load in our facilities, which amounts to only 46% for adults and 35% for children of people on ART. This is below the ambitious targets of 90:90:90.

Figure 3: Adult treatment coverage in Embu County



Source: NASCOP National ACT dashboard, 2016.

Figure 4: Children treatment coverage in Embu County



Source: NASCOP National ACT dashboard, 2016.

2.7 HIV and TB co-infection

HIV and TB co-infection is a concern in the County although a decrease in the co-infection rate has been reported for the last four years. TB and HIV co-infection in the County could be as a result of delayed HIV diagnosis, poor adherence to ART, better reporting and integration among other factors. The co-infection rates are shown below;

Table 3: HIV and TB Co-infection Rates in Embu County

Year	Tested	TB and HIV patients	Co-infection rate
2015	1345	259	19%
2014	1230	273	22%
2013	1282	322	25%
2012	1249	293	23%

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

2.8 Nutritional status in the County

Embu County is faced with nutritional challenge in both HIV positive and HIV negative people. There is severe acute malnutrition (SAM) and Moderate Acute Malnutrition (MAM) as a result of lack of balanced diets. The level of malnutrition is at 28.2% with 1,548 people living with HIV in the County affected (DHIS, 2015).

Table 4: Malnutrition levels in Embu County

Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM)									
INDICATOR	Adult	15-17yrs	(Pregnant/ Postnatal	(0-59 months)	(5-15 years)	Re-admission	Relapse	Linked OVC	Total
HIV Positive SAM	251	21	11	36	41	22	9	7	398
HIV Positive MAM	840	64	22	100	55	57	7	5	1150
HIV Negative SAM	109	21	14	1205	5	74	9	2	1439
HIV Negative MAM	244	26	34	1965	14	195	13	4	2495

Source: DHIS, 2015

2.9 Elimination of Mother to Child Transmission (eMTCT)

There were about 581 pregnant women living with HIV in Embu County in 2013. About 48% of HIV positive pregnant women in Embu County do not deliver in a health facility according to DHIS 2015. Only 52% of pregnant women attend the recommended four antenatal visits in Embu County. There are 28 new HIV infections annually among children in the County (County HIV Profiles, 2014).

The County is providing Anti-Retroviral medicines to mothers throughout pregnancy, delivery and breastfeeding period in order to reduce mother to child transmission rates. The County is committed to eliminate new HIV infections in all children by 2020, while keeping their mothers alive.

The County HIV coordinating programme hosted a 'HIV Exposed infants' graduation in February 2016 for the 2013 cohort. The purpose was to raise awareness that the PMTCT programme is effective, assist in fighting stigma & discrimination and also a way of celebrating and improving retention and adherence to prevention practices. In total out of the approximately 360 exposed infants over 93% were HIV negative (MoH 408, 2016).

Despite the effort made in the PMTCT programmes, there are a number of challenges including low male involvement in PMTCT at 4% according to DHIS 2016, unskilled delivery, failure to follow up on women and HIV exposed infants, high staff turnover at the MCH- CCC, lack of skilled personnel and lack of integration services in the comprehensive care clinics (CCCs).

2.10 Embu Orphans and social welfare indicators

Cash transfer programmes have shown that they can reduce HIV risk by delaying sexual debut, pregnancy and marriage among beneficiaries aged between 15 and 25. Only 58% of poor households with orphans are beneficiaries of a cash transfer programme (NACC, 2014).

Table 5: Embu orphans and social welfare indicators

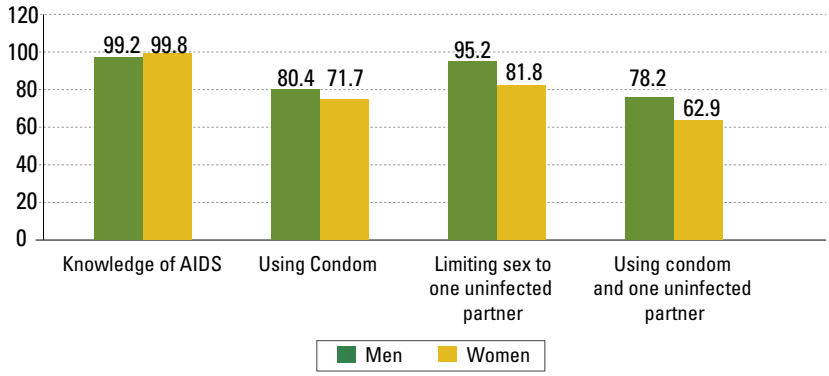
Orphans and Vulnerable children beneficiaries	Estimates
No. of households with an orphan	12,808
Poor Household with an orphan	6,276
Cash transfer Beneficiary Poor Households with an Orphan	3,638

Source: NACC, 2014

2.11 HIV and AIDS Knowledge;- Transmission and Prevention methods

In Kenya, knowledge of AIDS is virtually universal (above 99 percent among both women and men). There is no noticeable variation in awareness by respondents' background characteristics. Awareness of HIV and AIDS in Embu County is very high. Knowledge of condom use and limiting sexual partners as methods of HIV prevention is high while condom use is low among women than men and limiting sex to one uninfected partner (KDHS 2014). This is shown by the figure below:

Figure 5: Trends in knowledge of HIV prevention methods among men and women in Embu

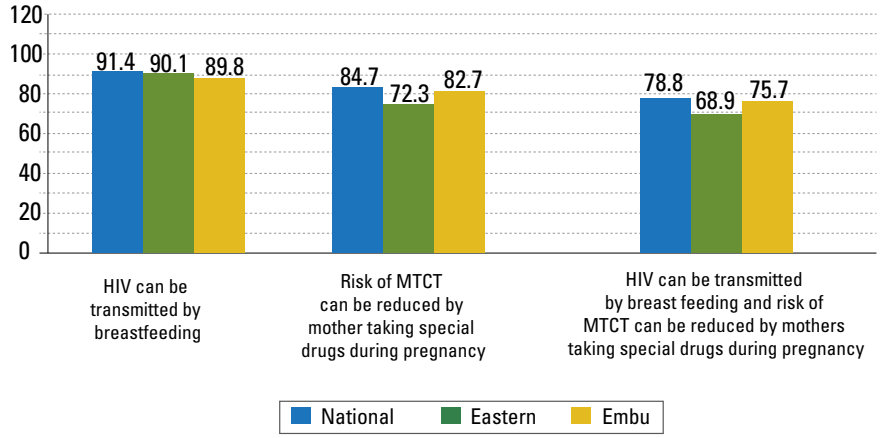


County Source: KDHS, 2014

Increasing the level of general knowledge of how HIV is transmitted from mother to child and reducing the risk of transmission by using Anti-Retroviral drugs is critical to reducing mother-to-child transmission of HIV (MTCT).

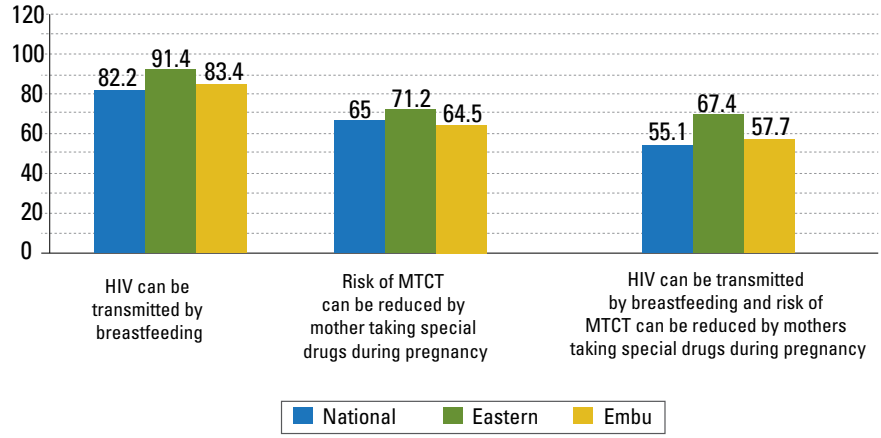
The figures below show MTCT knowledge among women and men aged 15-49 by background characteristics. In Kenya 87% of men know that HIV can be transmitted through breastfeeding, and 76 % of women and 68 percent of men know the risk of MTCT. In Embu County however, 83.4% of men know that HIV can be transmitted through breastfeeding, and 89.9 % of women and 64.5 % of men know the risk of MTCT.

Figure 6: MTCT knowledge among women aged 15-49 by background characteristics



.Source: DHIS, 2016

Figure 7: MTCT knowledge of HIV among men age 15-49 by background characteristics



Source: DHIS, 2016

2.12 Priorities for the county response

- Strong county political and community leadership for a multi-sectoral HIV response.
- Mobilizing additional local resources to increase and sustain the HIV response.
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increased uptake and adherence among adults and children.
- Increasing social welfare services to HIV positive persons and others affected by HIV.
- Invest in HIV prevention and stigma elimination.
- Invest in elimination of mother to child transmission of HIV (eMTCT).

2.13 Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis in Embu County

Table 6: SWOT ANALYSIS

STRENGTHS	WEAKNESSES
A significant health workforce trained in HIV and AIDS management High levels of community awareness on HIV and AIDS Existence of the Kenya National AIDS Strategic framework(2014/15-2018/19) HIV response policies and guidelines Existence of infrastructure for youth friendly centres in Embu level 5 hospitals High uptake of PMTCT Existence of community health units Consistent supply of Anti-Retroviral (ARVs) Improved uptake in HIV testing and services (HTS) in antenatal care (ANC)	Donor dependency in HIV response financing High staff turnover levels in the CCC Shortage of staff at the CCC Low uptake HIV care services despite good awareness Inadequate statistical data on HIV and AIDS in the county/ Sub County A weak laboratory network A weak M&E system Inadequate infrastructure at CCC Misappropriation of resources
OPPORTUNITIES	**THREATS**
Development/implementing partners on HIV response Existence Community volunteers Presence of strong NACC/NASCOP structures for coordination Integration of services in all health facilities Leverage on other sectors to support HIV programs Inter County interaction on health services	Religious and cultural beliefs Alternative / traditional therapy Dwindling donor support Stigma & discrimination for PLHIV Inadequacy of early sex education in schools Erratic supply of HIV diagnostic commodities (test its) Shifting focus from HIV to other emerging diseases

03.

RATIONALE AND PURPOSE, STRATEGIC DEVELOPMENT PROCESS AND GUIDING PRINCIPLES

3.1 Rationale

The purpose of the plan is to align it with the devolved systems of leadership and governance. Health is one of the functions that was devolved and this meant that counties needed to take more responsibilities in HIV prevention and treatment among other disease burdens. This was in order to develop a progressive and sustainable County response to HIV that is in line with the National and World Health Organization guidelines.

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

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

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

3.2 Purpose of the HIV plan

The purpose of Embu AIDS Strategic plan is to guide the County and provide direction to all stakeholders in the HIV programming. The plan identifies major County health challenges, priorities and key interventions that are required to achieve our County objectives.

3.3 Strategic plan development process

The Kenya AIDS Strategic Framework was developed from 2014 to 2015. The key objective of the framework is to guide the Counties to develop their own County Strategic plan. The process started with the dissemination to the County officials, partners and stakeholders in Nkubu Heritage Hotel, Meru town from 6th to 8th October 2015. A committee of 10 people was selected to develop the Embu County AIDS Strategic Plan. The drafting process began in Mountain Breeze Hotel on 8th April 2016.

The plan results from a consultative process involving a wide range of stakeholders namely County Health Team, APHIA plus Kamili, Population Services Kenya, Kenya Red Cross Society and National AIDS Control Council. It was developed through an in-depth analysis of available data. The ECASP is a five years plan covering from 2014/15 – 2018/19.

3.4 Guiding Principles

The following principles will guide the county HIV and AIDS response.

- **Respect and fulfilment of basic human rights:** Respect and fulfilment of human rights is a pre-requisite for an efficient and effective HIV and AIDS response. Efforts

will be made to ensure that duty bearers and other service providers respect and fulfil their obligations to provide quality and comprehensive services to all people. Rights holders (beneficiaries) will be empowered to access and utilize such services.

- **Equity:** Access to services is a basic human right. During the ECASP efforts will be made to ensure equitable distribution, availability and access to services by all people especially priority population and other key populations.

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

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

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

- **Best practices:** Stakeholders will be encouraged to replicate the practices that have proven effective. Such as the youth friendly centre at Embu level five and mentor mother programs, I Choose Life program, PMTCT psychosocial support group among others.

- **The "Three Ones" Principle:** Embu County will continue the application of the three ones principle of having one county coordinating authority, one county strategic plan and one monitoring and evaluation system.

- **Gender sensitivity and responsiveness:** ECASP strategies will address gender inequality of county response including services uptake.

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

04.

VISION, MISSION, OBJECTIVES AND COUNTY STRATEGIC DIRECTIONS

The Embu County AIDS Strategic Plan is a guide to the county's response to HIV and addresses the drivers of HIV epidemic in Embu County. The strategic plan is driven by Kenya's long term vision for HIV control by 2030 in line with Kenya's economic and development vision of creating a globally competitive and prosperous nation with a high quality life by 2030.

4.1 Vision

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

4.2 Mission

To promote and provide quality HIV and AIDS services to the residents of Embu County through providing access to comprehensive HIV prevention, treatment and care.

4.3 Objectives

- Reduce new HIV infections by 75%.
- Reduce AIDS related mortality by 25%.
- Reduce HIV related stigma and discrimination by 50%.
- Increase domestic financing of HIV response to 10%.

4.4 Specific Objectives

- To reduce new HIV infections from 538 to 130 by 2019.
- To reduce HIV transmission rates from mother to child from 3.9% to less than 1.5% by 2019.
- To increase linkage to care within 3 months of HIV diagnosis from 69% to 90% for children, adolescents and adults by 2019.
- To increase ART coverage from 60% to 90% for children, adolescents by 2019.
- To increase ART coverage from 73% to 90% among adults by 2019.
- To increase retention on ART at 12 months to 90% in children, adolescents and Adults.
- To increase viral suppression from 35% to 90% in children, adolescents 2019
- To increase viral suppression from 69% to 90% in adults by 2019.
- To increase evidence based planning, programming, policy changes and implementation of research by 25%.
- To establish a 10% HIV activities finance kit from County department budgets.

4.5 Strategic Directions

The ECASP will adopt the following strategic directions as outlined in the KASF:

Table 7: Strategic directions to implement ECASP

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

4.5.1 Strategic Direction 1 – Reducing New HIV Infections

Embu County is a medium HIV incidence County with a total of 546 new infections, with adults being 518 and 28 children annually. The total number of people living with HIV is 11,210 which is 3.7% of the population. The HIV prevalence in women is higher (5%) than that of men (2.2%) (NACC, 2014; DHIS, 2016).

The main gaps include; Low uptake of HIV Testing and Counselling for sexual active partners, Adolescent and children, Inefficient referral and linkage of newly tested HIV positive clients to care and treatment, Low male involvement in interventions to eliminate MTCT of HIV, significantly high HIV infection among young girls and women of reproductive age and mother to child transmission of HIV.

Table 8: Interventions for reducing new HIV infections

Strategic Direction 1 – Reducing New HIV Infections					
KASF objective	**ECASP Result**	**Key activities**	**Sub-activity/Interventions**		
			Biomedical	**Behavioral**	
Reduce annual new HIV infections by 75%	Reduced Mother to Child Transmission from 3.9% to less than 1.5%	Integrate uptake of HIV services in lactating mothers	• Provide Pediatric ARV for all HIV + children • Integration of HIV testing in Post Natal Care (PNC) and immunization programmes Early ANC attendance Encourage hospital delivery Initiation of Highly active antiretroviral therapy (HAART) Offer HTS services for TBAs	• To advocate for Exclusive breastfeeding for up to 6 months as per the national guideline	
	Increased HIV awareness among youth	Establish and integrate HIV and sexual reproductive health services in learning institutions	Provide HIV & STI testing, sexual and reproductive health services	• Promote mentorship by leaders of Girl Guides and Boy Scouts • Conduct Healthy choices programs • Offer peer to peer outreach in school and out of school • Conduct conditional motivation for HIV negative to stay negative • Construct and circulate messages on intergenerational sex as risk factor	
	Reduced HIV transmission and viral load from discordant couples	To provide treatment to discordant couples	-Provide ART regardless of CD4 counts -Provide pre-exposure prophylaxis (PrEP) eMTCT as per the National guideline	Motivate negative partner to stay negative through risk reduction programs	
			• Linkage to care • Adherence to treatment • eMTCT	Encourage positive health, dignity and prevention, condom use, assisted partner disclosure, Provide universal access to HIV and sexual and reproductive health education	
	Reduced HIV transmission and viral load to KPs	To provide treatment to KPs	• Provide ART to all positive KPs, • Provide PrEP, post exposure prophylaxis (PEP) • Provide HPV vaccines • Integration of eMTCT and family planning services • Male and female condom use and lubricants Frequent and Regular HTS	• Conduct campaigns to motivate those tested HIV negative to adopt risk reduction and stay negative • Encourage Positive Health, Dignity and Prevention • Encourage reduction of number of partners • Sensitize KPs on alcohol and substance abuse programs	

		Target population	Geographic location	Responsibilities
	Structural			
	• Promote Exclusive Breastfeeding for up to 6 months • Sensitization of TBAs, community health extension workers (CHEWs) to advocates for HIV testing services (HTS) • Advocate and sensitize on Male involvement in Prenatal, ANC and Postnatal care • Support functional Psychosocial support groups • Sensitize TBAs on PMTCT	• Infant (0-5 years) and pregnant mothers and their partners • TBAs	Embu County	County Health Department (CHD), Healthcare workers (HCW)
	• Establish HIV and sexual and reproductive health (SRH) education clubs in schools. • Promote initiatives to keep girls and boys in school • Strengthen SRH education in school. • Formation of youth support groups e.g. In football leagues • Conduct community sensitization and advocacy for legal action against sex offenders. • Establish conditional Economic support programs - IMAGE • Programmes to prevent Gender – Based violence • Protection from cultural issues directly linked to HIV risk	Adolescent and young people	County	County Ministry of Education (MoE)
	Implement partners notification for HIV testing	Discordant couples	County	CHD
	Enforce laws that reduce stigma and discrimination	People living with HIV	County	Kenya police, Judiciary
	-Promote Human right protection of MSM • Establish Safe spaces/ Drop in centres • Social support – Empowerment programs • Formation Psycho social support mechanisms • GBV prevention programmes • 100% condom use policy • Sensitization of Health care providers and police on KP interventions	Key Populations(KPs) (FSW, MSW, MSM, and PWIDs)	County	CHD and partners

Strategic Direction 1 – Reducing New HIV Infections					
KASF objective	**ECASP Result**	**Key activities**	**Sub-activity/Interventions**		
			Biomedical	**Behavioral**	
Reduce annual new HIV infections by 75%	Reduced HIV transmission and viral load to Prison communities and other uniformed forces	To provide treatment and care services	• Provision of HTS, sexual transmitted infections (STI), human Papilloma virus (HPV) screening • Provide ART to all positive • Provide eMTCT	Encourage frequent and regular HTS and STI Screening Promote Risk reduction for HIV negative testers Positive Health, Dignity and prevention	
	Increased efficiency in service delivery	Maximize efficiency in service delivery through integration	• Offer PEP. • Offer HTS • Encourage self-testing	- Health care providers' trainings HIV service provision.	
			• Linkage to care • Adherence to treatment • eMTCT	- Promote Positive Health, Dignity and Prevention	
	Increased male involvement in HTS form 4.3% to 30% by 2019	To engage male partners in HTS through sensitization	Encourage self-testing and moonlight Voluntary counseling and testing (VCT)	- Introduction of mentor couples	
	HIV programs integrated in other sectors	Leverage opportunities through creation of partnership with other sectors	- Offer HTS to their staff		

		Target population	Geographic location	Responsibilities
	Structural			
	Capacity building of prisoners, Prison officers Provision of more health care workers	Prison communities and other uniformed forces	County	CHD and partners
	-Strengthen capacity of service providers and increase demand for delivery for HIV prevention services including active engagement of private sector Sensitization on stigma, discrimination and confidentially programs	Health care workers		CHD and partners
	Identify and capacity build peer educators, community health volunteers (CHVs) and community health assistants (CHAs) Equip and utilize peer educators, community health workers and outreach workers with commodities to effectively provide referral services	Peer Educators, Community Health Volunteers and Community Health Assistants Traditional Birth Attendance		
	Invite male partners to maternal child health (MCH) (using improved invitation cards) In cooperate male partners in psychosocial groups Carry out daily advocacy, communication and social mobilization activities Hold chiefs barazas/dialogue meeting Sensitize community and religious leaders on the importance of male involvement	Community leaders Religious leaders Local Administration		CHD
	Strengthening Public private partnership Sensitize private sector, ministries and Parastatals on HIV prevention awareness	Private Sector Ministries Parastatals, Departments		County HIV Committee

4.5.2 Strategic direction 2 – Improving health outcomes and wellness of all People Living With HIV

The guideline recommends early ART initiation for PLHIV. In addition the guideline recommends the use of potent effective and feasible Anti-Retroviral regimes and routine viral load testing for treatment monitoring. Currently in Embu County there are 5856 adults and 640 children receiving ART. Our key intervention is to make all PMTCT sites to offer ART services.

Table 10: Interventions for improving health outcomes and wellness for all people living with HIV

Strategic direction 2 : Improving health outcomes and wellness of all people living with HIV				
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/Intervention**	
			Biomedical	**Behavioural**
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50%	• Improved referral and patient management system and infrastructure • Increased linkage to care within 3 months of HIV diagnosis to 90% for children, adolescents • Increased retention on ART at 12 months to 90% in children, adolescents and Adults • Increased viral suppression to 90% in children, adolescents and adults	Conduct needs assessment, build health care worker capacity Integrate HIV services in all Health care facilities	• Confirm HIV Status as early as possible • Provide TB screening • Isoniazid preventive therapy (IPT) • Conduct nutrition assessment, and support (NACS) • Conduct screening and management of opportunistic infections and non-communicable diseases • Conduct screening and management of STI • Reproductive Health • Family planning and Partner testing	• Promote Positive Health dignity and prevention (PHDP) • Encourage status disclosure in couples
			• HIV counseling and testing at all service delivery points • Enroll to youth friendly centre /dedicated adolescent clinic • Profile a baseline clinical assessment for WHO staging and lab investigations for hemoglobin, CD4, creatinine, alanine transcriptase enzyme, Hepatitis B virus screening • Provide ART for those in need • Conduct opportunistic infections diagnosis, treatment such as TB Conduct STI screening and treatment (for those sexually active) and assessment for gender based violence • Conduct cervical cancer screening (integrated in CCC) • Provide family planning services and • HPV vaccination (as per national program) • Conduct drug toxicity in every clinic visit	• Promote Partner/family disclosure • Sensitize on Drug and substance use • Advocate for Condom use

Table 9: HTC, PMTCT, ART/CCC sites in Embu County

Sub county	HTS	PMTCT	ART/CCC sites
Manyatta	31	27	10
Runyenjes	25	25	8
Mbeere North	16	16	6
Mbeere South	28	25	5
Total	100	93	29

The key challenges are: Limited access to and unequal geographical distribution of services and human resource, inefficient referral and tracking mechanisms, limited accessibility to ART sites and need for quality care and treatment services including viral suppression

	Target Population	Geographical areas by County/ sub- county	Responsibility
Structural			
• Ensure all PMTCT and TB treatment sites are antiretroviral combined therapy (ACT) sites • Improve terms and conditions for health care workers • Development a policy on how to retain the health care workers in the CCC and PMTCT sites • Implementation of national policy on transfers • Improve on staff placement based skills	PLHIV	County	County Health Department (CASCO and SCASCO) and partners
• Establishment of youth friendly centers in every sub county and tertiary institutions • Conduct and review baseline psychosocial assessment • Establish and enroll adolescents in psychosocial support groups. • Conduct treatment literacy/life skills sessions on topics such as adherence, disclosure, drug and substance abuse, HIV and • AIDS, PMTCT, TB, sexually transmitted infections, growth and development, Abstinence, safer sex practices and relationships etc. • Provide adolescent Information Education and Communication materials such as youth magazines, Television sets, computers, video tapes, films, posters, pamphlets • Train adolescent/youth peer educators. • Ensure transition of care for those who turn 20 while in the program • Provide linkages to facility multi-disciplinary teams for management of complicated cases. • Conduct intra-facility & inter-facility referrals e.g. obstetrician/gynecologist, psychologist, psychiatrist, pediatrician, physician. • Network with youth community groups-target youth out and in school • Empower health care providers in adolescent sexual reproductive health • Establish linkages to other services – legal centers, paralegal services, gender based violence response services, educational – bursary, income generating activities, scholarships, constituency development fund, vocational training centers for skills development, post abortion care etc.	Adolescent and young people	County	CASCO and SCASCO Health Care Workers

Strategic direction 2 : Improving health outcomes and wellness of all people living with HIV					
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/Intervention**		
			Biomedical	**Behavioural**	
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50%	• Improved referral and patient management system and infrastructure • Increased linkage to care within 3 months of HIV diagnosis to 90% for children, adolescents • Increased retention on ART at 12 months to 90% in children, adolescents and Adults • Increased viral suppression to 90% in children, adolescents and adults	Conduct needs assessment, build health care worker capacity Integrate HIV services in all Health care facilities		• Promote Partner/family disclosure • Sensitize on Drug and substance use • Advocate for Condom use	
	Increased linkage to care within 3 months of HIV diagnosis to 90%	Strengthen facility and community linkages with inter and intra facility referral protocols and linkage strategies Improve referral and patient management system and infrastructure Improve availability and accessibility of infrastructure in all health care settings			
	Increased coverage of care and treatment and reduce loss in the cascade of care		Integrate Accelerated Care and Treatment (ACT) services to "Beyond Zero Campaign" Quick access to treatment and linkage to care to the nearest facility		

		Target Population	Geographical areas by County/ sub- county	Responsibility
	Structural			
	• Invest in adequate skilled staff, commodity security and quality assurance • Train the health care workers on Adolescent package of care (APOC) • Integrate alcohol and drug dependence reduction strategies in care services	Health Care Workers	County	County Health Department (CASCO)
	Integrate care services in drop in centers	Key Population	County	County Health Department (CASCO), NACADA
	Provide referral tools to all facilities	Health Facilities	County	County and Sub-county Health record officer (CHRO & SCHRIO)
	Provide resources to strengthen referrals and linkages	Health Facilities	County	County Director
	Update health staff on referral protocols	Health Care Workers	County	County Health Management team (CHMT)
	Prepare and regularly update facility databases and contact directories for all HIV services	Health Care Workers	County	CHRO & SCHRIO
	Engage public transport system for prevention messages and condom distribution	Community	County	County Promotion Officer
	Promote a bold mass media HIV prevention campaigns that challenges norms attitudes and beliefs	Community	County	Health Promotion Officer
	Reduce turnaround time for results and feedback for viral load and CD4 samples	Health Facilities	County	CMLT Beyond zero Coordinator

Strategic direction 2 : Improving health outcomes and wellness of all people living with HIV					
KASF objective	**CASP Results**	**Key Activity**	**Sub-Activity/Intervention**		
			Biomedical	**Behavioural**	
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50%	Improved quality of care and health outcomes	Strengthen capacity the of county to monitor quality of care and utilize care data for decision making Strengthen laboratory networks	Ensure availability of quality HIV commodities at the point of service delivery		
			Conduct improved sample rejection analysis	Improve on accountability of commodity from health care workers	
			Improved cohort analysis		

4.5.3 Strategic direction 3 – Using a human rights approach to facilitate access to services for PLHIV, KP and other priority population

Article 27 of the Constitution of Kenya 2010 outlaws discrimination on the basis of one's health status. It 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 providing for protection and promotion of public health, the appropriate treatment , counselling, support and care of persons infected or at risk of HIV infection. Access to justice is embedded in the establishment of HIV and AIDS tribunal. (KASF, 2014/15 -2018/19).

Stigma and discrimination have been identified as barriers to HIV prevention and uptake of care and treatment services. The Kenya Stigma Index Survey (2013) reported stigma & discrimination for Eastern Region where Embu County lies to be at 49.2%.

Gender inequalities and cultural practices including wife inheritance, sexual and gender based violence, early marriages and high attrition in school limit effective HIV prevention.

Sexual and gender violence increases biological vulnerability to HIV, reduces ability to negotiate for safer sex, with long term psychological

		Target Population	Geographical areas by County/ sub- county	Responsibility
	Structural			
	Establish systems and ensure continuous availability of quality and monitor adherence to laboratory protocols	Health Facilities	County	County Medical Laboratory Technologist (CMLT)
	Conduct continuous quality improvement through health worker training and use of electronic records management systems Improve on the ordering and quantification of commodity	Lab Department Pharmaceutical Department	All facilities	CMLT County Pharmacist
		PLHIV	County	CASCO SCASCO, CHRO and M & E implementing partners

outcomes that impact sexual risk taking behaviour.

Inadequacy of Cohort related services e.g. lack of youth and key populations friendly services, drugs and alcohol abuse, extreme religious, witchcraft and herbalists (traditional) beliefs and teachings/doctrine, and lack of age appropriate sex education and HTS in schools also present a main challenge to access of HIV services.

Table 11: Interventionsto facilitate access to services for PLHIV, KP and other priority population using a human rights approach

Strategic direction 3 – Using a human rights approach to facilitate access to services for PLHIV, KP and other priority population			
KASF Objectives	**ECASP Results**	**Key Activity**	**Sub-activity/intervention**
Reduce new HIV infections by 75%	Reduced stigma and discrimination related to HIV and AIDS in Embu county by 50%	Improve on knowledge on HIV stigma reduction	Conduct sensitization workshops for health care workers to reduce stigmatizing attitudes in healthcare settings
			Conduct community dialogue days, meetings and barazas
			Form psychosocial support groups
	Increased services for youth and Key Population in the county	Remove barriers to access of HIV, SRH and rights information and services in Public and private entities	Establish youth friendly centre
			Establish a drop in centers for Key Population
			Promote use of key population peer groups to enhance uptake of services
	Reduced levels of sexual and gender based violence for PLWH, key populations, women, men, boys and girls by 50% Increased recognition, involvement and participation for PLHIV, key populations women and youth in all development matters by 20% in the county.	Reducing and monitoring stigma and discrimination, social exclusion and sexual & gender based violence	Conduct community dialogue days, meetings and barazas to educate communities on legal issues, rights and gender
			Provide SGBV related and legal services e.g. PEP, P3s, prosecutions etc.
			Promote uptake of HIV pre and post-exposure prophylaxis among survivors of sexual violence and priority population
			Invest in community programmes to change harmful gender norms, negative stereotypes and concept of masculinity
			Advocate for male involvement through establishment male support groups/networks
			Motivate men to accompany women for essential services by giving them priority in seeking services
	Reduced drugs and alcohol abuse	Enact a county legislation/bill on drug and alcohol use Engage regulatory bodies on drugs & alcohol use	Sensitize law enforcement agency
			Regulate drugs & alcohol use in the county by law enforcing bodies
	Increased protection of human rights and access to justice for PLHIV, key populations, women, boys and girls	Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector. Improve county legal and policy environment for protection of PLHIV, key populations, and other priority.	Hold community groups and forums, and utilize persons living positively to campaign against HIV-related stigma and discrimination
			Develop, adopt and implement policies to protect key populations when accessing HIV and health services
	Increased age appropriate sex education and HTC services in schools To reduce stigma and discrimination among adolescents and young people by 25%	Implementation of evidence based behavioral interventions	Sensitize school management, parents, guardians
			Form school health clubs for psychosocial support and HIV discussions

	Target population	Geographic area	Responsibility
	Health care Workers	County	CASCO
	Community	County	CPHO/CASCO
	PLHIV	County	CASCO CACC PMTCT Coordinator
	Adolescent Youth	County	County Director of Health
	Key Population General Population	County	County public health officer (CPHO)
	Key Population	County	CASCO University of Nairobi (UoN) NASCOP
	Community	County	CASCO CPHO Administration
	Community	County	Regional HIV Coordinator (RHC)
	Community	County	CASCO
	Community	County	Administration PSS CACCs Ministry of Gender and Social Services
	Community	County	Administration PSS CACCs Ministry of Gender and Social Services
	Community	County	HCW Administration PSS CACCs Ministry of Gender and Social Services
	Law enforces agency	County	County Commissioner Judiciary County Secretary CDH
	Community	County	County Commissioner NACADA CDH
	Community	County	HCW Administration PSS CACCs Ministry of Gender and Social Services
	Female and male sex workers Men who have sex with men Prison communities	County	CEC Health Members of County Assembly (MCAs) Prison department Judiciary
	Parents, Guardians and School Management	County	Ministry of Education County Health Team
	Pupils, Students Teachers	County	Ministry of Education, County Health Team

4.5.4 Strategic direction 4 – Strengthening integration of Health and Community Systems

The County's healthcare system is characterized by lack of adequate personnel, uneven distribution of health personnel geographically and across the health sector, low staff morale, poor leadership and inadequate financing. Add to these governance systems, lack of accountability, weak and uncoordinated linkages and referrals, weak collaboration and coordination between and across both public and private sector health systems, lack of capacity for planning and monitoring including data analysis and use of strategic information, weak M & E tools for community health services, few functional Community Units (CUs) and weakened community mobilization processes, which limits demand creation efforts/utilization of key HIV prevention interventions

There is inadequate integration of HIV services in primary health care including mother and child health and sexual and reproductive health services at county level. Sustained investments in health and community systems especially human resources, pharmaceutical and laboratory infrastructure and systems are inadequate. The ensuing prevention and treatment programmes and policies also need to be more sensitive to the needs of the poor and vulnerable population including key population. Finally a sustained and effective county response needs stable and predictable funding.

Table 12: Interventions for strengthen integration of community and health systems

Strategic Direction 4: Strengthening integration of community and health systems		
KASF Objective	**ECASP Results**	**Key Intervention/ Activity**
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of HIV response to 10%	Improved health work force and management of HIV response in the county	Provide a competent, motivated and adequately staffed workforce at county level to deliver HIV services integrated in the essential health package Improve procurement and management of medical products and technologies, with emphasis being placed on ensuring the commodities are accessible, affordable, meet defined standards for quality.

The County Government has initiated major projects at Embu Level Five Hospital to position it as a modern medical facility with state-of-the-art equipment to make it a teaching and referral centre.

	Sub Activity / Intervention	Target Population	Geographical areas by County/ sub-county	Responsibility
	Recruit more health workforce and rationalize existing staff in facilities Recruit skilled community health Resource persons who are in the County payroll and attached to the facilities	HCWs	County	Chief Officer of Health (COH) CDH County Service board
	Placements of officer as per their qualification and skills	HCWs	County	COH
	Equal training opportunities	HCWs	County	COH
	Conduct regular refresher courses, updates and exchange visit	HCWs	County	CDH
	Improve on remunerations and promotions	HCWs	County	COH
	Improve on procurement and supply management systems	HCWS	County	CDH
	Improve on the reporting system for laboratory commodities.	Laboratory department	County	CMLTC

Strategic Direction 4: Strengthening integration of community and health systems		
KASF Objective	**ECASP Results**	**Key Intervention/ Activity**
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of HIV response to 10%	Increased number of functional community units	Establish more community units
	Increased support for CBO, FBO and NGOs	
	Strengthened community health systems to deliver competent HIV services Increase access and uptake of HIV services in all county	Strengthen community service delivery systems at county level including community units and Non state actors
	Strengthened community mobilization processes, to increase demand creation efforts/utilization of key HIV prevention interventions.	Social mobilization, building community linkages, collaboration and coordination

	Sub Activity / Intervention	Target Population	Geographical areas by County/ sub-county	Responsibility
	Training, equipping and supporting of Community health volunteers, community health assistants and the Community health committees	CHEWs CHVs CHAs Community Health Committee	County	County Community Health Strategy focal person (CCHF) CACC
	Provide the relevant County Heath Information Systems tools, equipment and supportive supervision to strengthen the sites.	CHEWs CHVs CHAs Community Health Committee	County	CCHF CACC
	Establish model sites for reference and learning	CHEWs CHVs CHAs Community Health Committee	County	CCHF
	Lobby from development partners, private to support Budget allocation from County Government	CBOs FBOs NGOs		County Government
	Support frequent meetings between the community health committees and health facility committees for health discussions to take place.	CHEWs CHVs CHAs Community Health Committee	County	CCHF
	Community dialogue days, meetings and barazas to sensitize communities and encourage team work	CHEWs CHVs CHAs Community Health Committee	County	MCAs County Community CCHF Chief Ward Administrators Religious leaders
	Printing and provision of referral tools	CHEWs CHVs CHAs Community Health Committee	County	CCHF
	Sensitize the Community unit workforce on frequent household visits to clients and making of referrals	CHEWs CHVs CHAs Community Health Committee	County	CCHF
	Community dialogue days to sensitize community members of available services at the facilities.	CHEWs CHVs CHAs Community Health Committee	County	CCHF
	Community action days for mobilization services.	Community	County	CPHO
	Frequent outreaches in hard to reach areas to provide essential services using beyond zero van	Community	County	Beyond zero coordinator

4.5.5 Strategic direction 5: Strengthening research, innovation and information management to meet ECASP goals

The overall goal of the HIV and AIDS Research Agenda is to guide implementation of Research at the County level to support the ECASP. It will provide guidance to donors and researchers seeking to align with county priorities.
It will provide a mechanism for effective knowledge generation, information sharing and management that will inform the County HIV response. The key gaps are absence of a County HIV research agenda, lack of research funds allocation and lack of coordinating Research Body. Embu County has identified the following as their research priority areas according to the different strategic directions:

1. **Strategic Direction 1:Reducing new infections**
   - Identify barriers to testing and access to interventions services by population.
   - Determine optimal effective models for increasing uptake of HTS to linkage to care and adherence.
   - Understand the correlation of risk perceptions on HIV prevention, adherence and retention (Socio – behavioural).
   - Evaluate effectiveness of implemented structural interventions (Keeping girls in schools, cash incentives, MSM and Sex workers empowerment) in reducing HIV transmission amongst adolescents and young people.
   - Evaluate the feasibility of scale up of pre exposure prophylaxis options in different populations.

2. **Strategic Direction 2: Improving Health outcomes and wellness of people living with HIV.**
   - Identify and test interventions that address determinants and barriers to linkage into care for PLHIV .
   - Determine HIV transmission rates among HIV positive adolescents and individuals unaware of status.
   - Determine optimal interventions for addressing gender and socio – cultural factors affecting effectiveness of PMTCT.
   - Evaluate optimal HIV testing strategies for different epidemics in the County for optimal diagnosis of those HIV positive.
   - Determine optimal strategies for application of community interventions for effective linkage to care and retention.
   - Determine barriers to ART access in paediatric populations and adolescents, in and out of school.
   - Determine effective models for increasing adherence in different health care community settings to achieve optimal viral suppression.

3. **Strategic Direction 3: Using Human Rights Approach to facilitate access to services.**
   - Determine barriers and facilitators of access to legal justice programs such as the HIV and AIDS Tribunal for Embu County.
   - Review of County legislation and policy that impact access to HIV and SRH and participation in research for PLHIV, Key Populations and Adolescents.
   - Determine the impact of stigma and discrimination on key outcomes

including HTS uptake, enrolment and retention in care and adherence.

- Evaluate effective and optimal interventions to reduce stigma, discrimination and social exclusion in the Embu County.

- Conduct age and population disaggregated stigma index, social exclusion and human rights violation studies.

4. **Strategic Direction 4: Strengthening integration of community and health systems.**
   - Determine effective mechanisms of task shifting and its impact on quality of HIV services.

   - Determine the most effective and efficient models for integration of HIV services delivery.

   - Determine the optimal distribution and retention of skilled HIV workforce at the county.

5. **Strategic direction 5: Strengthening research, innovation and information management to meet ECASP goals**
   - To determine the estimates for the number of PWID in the county.

   - To find the association of miraa business and the use of Intravenous drug in Embu County.

6. **Strategic Direction 7 and 8: Increasing domestic financing and promoting accountable leadership.**
   - Undertake costing and expenditure analysis for HIV programs by different stakeholders and sectors to improve efficiency.

   - Evaluate effectiveness of existing HIV coordinating mechanisms at the county level.

Table 13: Interventions to strengthen research, innovation and information management to meet ECASP goals

Strategic Direction 5 : Strengthen Research, Innovation and information management to meet ECASP goals						
KASF Objective	**ECASP Results**	**Key Activity**	**Sub Activity / Intervention**	**Target Population**	**Geographical areas by County/sub-county**	**Responsibility**
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of HIV response to 10%	A county HIV research agenda formulated	Increased evidence based planning, programming and policy changes	Develop a County research hub	General Population	Embu County	CASCO County HIV Committee (CHC)
	Funds allocated for research	Mobilize Resource for HIV research	Formation of a resource mobilization Technical working group that reports to the CHC Advocate for allocation of health research budget for HIV through the County	General Population	Embu County	CASCO CHC

Strategic Direction 5 : Strengthen Research, Innovation and information management to meet ECASP goals						
KASF Objective	**ECASP Results**	**Key Activity**	**Sub Activity / Intervention**	**Target Population**	**Geographical areas by County/sub-county**	**Responsibility**
Reduce new HIV infections by 75%	Coordinated Research that leads to evidence based planning, programming and policy formulation	Strengthen Coordinated Research Review of Research	Establish county health research and ethics Review committees on EMCASP priorities. Partnership with Universities and all tertiary institutions , Parastatals ,Development and Implementing partners	Universities, Kenya medical research institute (KEMRI) NACC NASCOP MOH Development and Implementing partners	Embu County	CASCO
	Increased capacity to conduct research	Build County capacity for sound research and peer reviewed publication.	Capacity building training for review and Ethics committee Strengthen county HIV research capacities by training and staffing of research units	HCW	Embu County	CASCO County Research Coordinator

4.5.6 Strategic direction 6: Promote utilization of strategic information for research, M&E to enhance programming

The M&E framework provides mechanisms for communication and information sharing within the county and between the county and the national government. It further leverages on the use of technology to enhance timely reporting and improve data management. The framework also facilitates the tracking of progress towards ECASP results and generation of strategic information to inform decision making by stakeholders at the county levels.

In Embu County the M&E systems are in place but they need strengthening, support and capacity building. An efficient M&E system will provide data requirements and assign responsibility for effective tracking of ECASP implementation, define data management protocols, assign responsibilities for data collection, data flow analysis, and reporting by different stakeholders at the county. It will also ensure efficient data feedback mechanisms and utilization for decision making at the county and among stakeholders.

The key gaps in Embu County M&E system include poor tracking of performance to provide quality data, weak monitoring and evaluation capacity, and lack of data centre (information hub) for consolidating data.

Table 14: Interventions to promote utilization of strategic information for research, M&E to enhance programming

Strategic Direction 6: Promote utilization of strategic information for research, M&E to enhance programming						
KASF objectives	**ECASP Results**	**Key Activities**	**Sub Activity / Intervention**	**Target Population**	**Geographical areas by County/sub-county**	**Responsibility**
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of HIV response to 10%	Improved M&E system to effectively track the performance Increased availability of strategic information to inform HIV response at national and county level Planned evaluations, reviews and surveys implemented and results disseminated in timely manner	Scale up availability of strategic information to inform HIV response in Embu County	• Align County M&E system to the new governance structure. • Put in place sustainable financing for M&E planned activities. • Harmonize and create linkages between data collection tools and data bases. • Scale up coverage of ongoing HIV programs • Strengthen routine and non-routine HIV information systems. • Ensure M&E reports are developed quarterly Example: Situation room report • Establish and operationalize County M&E TWG that reports to the County HIV Committee (CHC) • Hold quarterly M&E stakeholders forums to share and disseminate M&E findings	All Health Facilities	Embu County	CASCO SCASCOs CHRIO SCHRIOs M&E Coordinator M&E TWG NACC
	Increased capacity on M&E	Conduct M&E capacity assessment and development at the county	• Conduct monitoring and evaluation capacity assessment and trainings • Strengthen the monitoring and evaluation Unit at the County Department of Health	All Health facilities M&E division		
	Ensure harmonized timely and comprehensive monitoring systems to provide quality data.	To promote data demand and use of HIV strategic information to inform policy and programming across various sectors.	• Conduct periodic data quality audit and verification. • Conduct monitoring and evaluation supervision.	All Health facilities Implementing Partners		
	M&E information Hub established	Establish M&E information hubs at the County	• Establish a monitoring and evaluation information hub at County • Link the County information hub to the National Hub	Systems		

4.5.7 Strategic direction 7 – Increasing domestic financing for a sustainable HIV response

Embu County relies heavily on donor funding for its HIV and AIDS related interventions. With the reduced investment by the donor community over the recent years, sustainable domestic HIV and AIDS financing mechanisms are needed to accelerate focused interventions and ownership by the County Government. Currently the County Government has not allocated any budget for HIV and AIDS response hence the need to lobby for domestic funding through county government and other stakeholders. The County highly depends on donor funding to run HIV activities. There is also absence of a specific needs analysis document and lack of county HIV and AIDS coordination forums.

The key interventions include:

- Advocate for political support.
- Involve other stakeholders and community to supplement HIV and AIDS funding.
- Develop an HIV and AIDS investment plan
- Mapping of High burden HIV and AIDS Zones in the county.
- Fast track integration of HIV services into maternal, neonatal child health and reproductive health services.

Table 15: Interventions to Increase domestic financing for sustainable HIV response

Strategic direction 7: Increased Domestic financing for sustainable HIV response						
KASF objective	**ECASP Results**	**Key Interventions**	**Recommended Actions**	**Target Population**	**Geographical areas by County/sub-county**	**Responsibility**
Increase domestic financing by 50%	Increased funding for HIV and AIDS activities in the County by 10% by 2019	Advocate for political support Involve stakeholders and Community to supplement HIV and AIDS funding	• Engage the county assembly to allocate funds to HIV and AIDS activities • Develop a county policy to allocate 10% of health budget to HIV and AIDS services • Develop a county policy to all departments to allocate 1% of their budgets to HIV and AIDS. • Capacity build and support CUs, CSOs on income generating activities (IGA)	County Assembly CSOs Implementing partners	Embu County	CHC CHMT CASCO NACC
	• Costed investment plan available	• Develop a HIV and AIDS investment plan	• Develop a costed HIV and AIDS investment plan for Embu County.			CHC CASCO RHC
	• Coordination units formed	• Map HIV and AIDS stakeholders • Establish and activate the HIV and AIDS coordination forums.	• Identify all stakeholders involved in HIV and AIDS activities. • Hold Quarterly HIV and AIDS Forums.	Stakeholders		CHC CASCO RHC
	• Targeted High impact HIV and AIDS interventions	• Mapping of High burden HIV and AIDS Zones.	• Identify areas of inefficiency in resource allocation. • Allocate Funds to areas of highest prevalence for maximum impact.	Committee		CASCO CHC
	• HIV services integrated into maternal, neonatal child health and reproductive health services	• Fast track the implementation of HIV services into maternal, neonatal child health and reproductive health services	• Disseminate and distribute • HIV and AIDS policy • Capacity build staff at all levels of interventions • Conduct supportive supervision and on-site mentorship • Conduct regular monitoring and evaluation	HCW Health facilities		CASCO CHC

4.5.8 Strategic direction 8 – Promoting accountable leadership for delivery of the ECASP 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.

The County government Act 2012 requires County Executive Committee members to design a sectoral health plan following the devolution of health care services. These plans are forwarded and submitted by the governor to the County Assembly for approval. Therefore, Counties are responsible for implementation of HIV services. There's need to entrench good governance that builds accountable leadership for HIV response. The dwindling resources to manage HIV and AIDS calls for all counties to own HIV response through political engagement, civil society engagement, communities and people living with HIV and strong partnership with a shared responsibility and enhanced accountability. The main challenges are inadequate county political ownership, weak leadership capacity and minimal community participation.

The key interventions include:

- Engage county political entities and technical committees for county ownership of HIV response.
- Community engagement through strengthening multi-sectoral and multi partner accountability.
- Capacity building on HIV and AIDS.
- Establish and strengthen functional HIV coordination committee.

Table 16: Interventions to promote accountable leadership for delivery for ECASP results by all sectors and actors

Strategic Direction 8: Promote accountable leadership for delivery for ECASP results by all sectors and actors						
KASF objectives	**ECASP Results**	**Key Interventions**	**Recommended Actions**	**Target Population**	**Geographic Area**	**Responsibility**
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of HIV response to 10%	Full ownership for HIV and AIDS agenda	Engage county political entities	Convene stakeholder forums Commemoration of World AIDS Day	Community	Embu County	RHC CASCO CHC
	Enhanced community Participation in HIV and /AIDS activities	Community Engagement	Hold community dialogue meetings. Carry out targeted Household Visits. Carry out monthly advocacy, communication and social mobilization activities. Establish and support more community Units in the county	Community		CASCO CACC
	Empowered leadership on HIV and AIDS agenda An enabling policy, legal and regulatory framework for the multi – sectoral	Capacity building on HIV and AIDS	Conduct sensitization on HIV and AIDS training for key leaders in the county	MCAs Department CEC Religious leaders Members of parliament		RHC CASCO
		Conduct stakeholders activity audits	Conduct Stakeholders' quarterly activity audits	County		CASCO RHC
	Improved HIV and AIDS interventions outcome	Performance contracting	To create awareness on HIV and AIDS at work place Appraise County staff on HIV and AIDS indicators	County staffs	County	County government

05.

IMPLEMENTATION ARRANGEMENT

5.1 Stakeholders management and accountability

The County department of health will carry out a comprehensive mapping of all key stakeholders involved in the fight against HIV and AIDS and establish a robust structure to coordinate all players. Deliberate efforts will be made to efficiently coordinate all stakeholders involved in the fight against HIV and AIDS. The County will develop a coordination structure led by top county government officials for ownership. The health department will reach out to other sectors and private entrepreneurs in order to tap into additional resources to fund HIV and AIDS activities.

The overall goal will be to improve efficiency and effectiveness which will ultimately lead to accountability in results of Embu County Strategy.

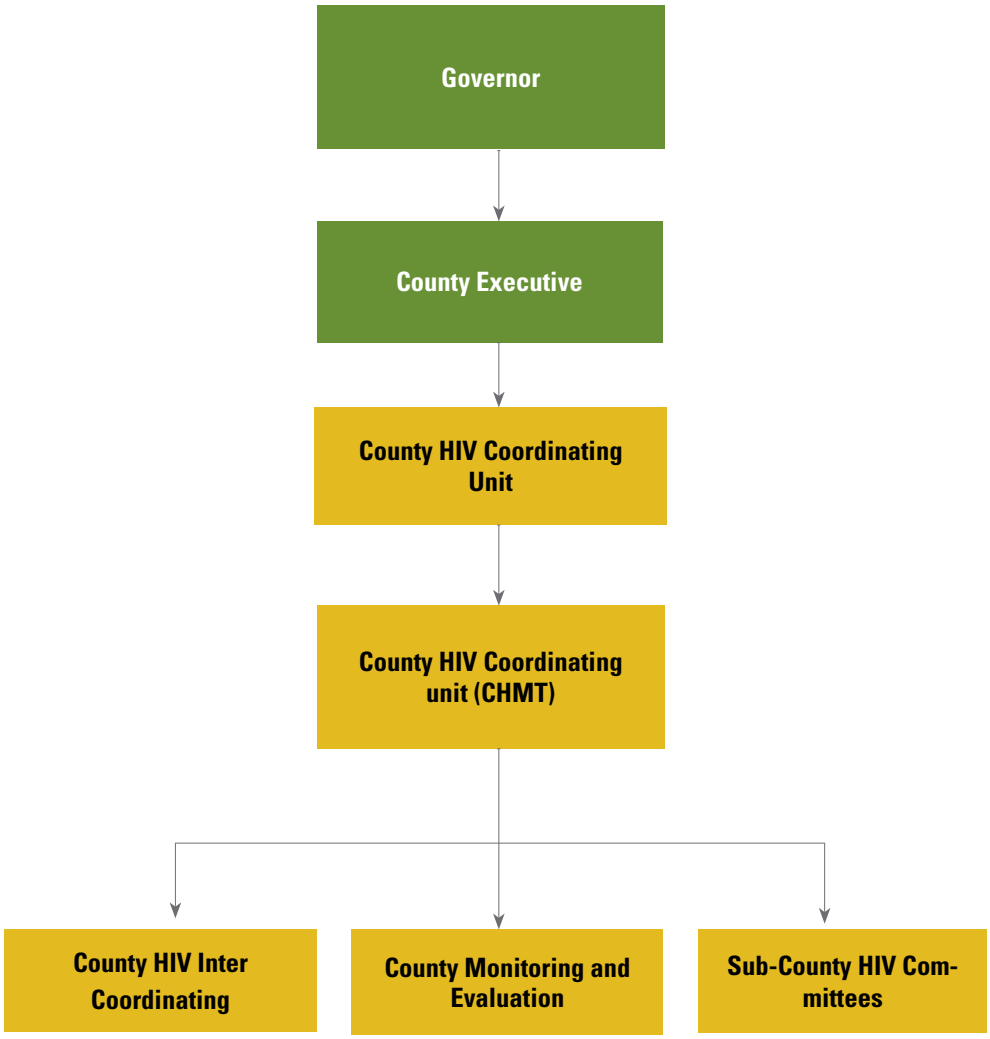
Specifically, there shall be quarterly stakeholders' forums, to review the progress made in implementing ECASP. Results will be shared to review progress on the road map to end HIV. We envisage having annual stock taking meetings with all stakeholders to review milestones achieved in the implementation of the strategy.

The coordination structure aims to achieve the following purposes:

- Ensure mandates, roles and responsibilities among institutions, stakeholders and sectors at different levels in the County.
- Enabling all actors to play an effective role in promoting implementation of the ECASP.
- Maximizing efficiency and effectiveness, strategic partnerships, public participation, stakeholders' coordination and accountability.
- Ensuring accountability for performance and results by all implementing partners.

5.2 Embu County HIV coordination structure for ECASP delivery

Figure 8: Embu County HIV coordination structure for ECASP delivery



5.3 Coordinators and their roles

5.3.1 Governor

Role:

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

5.3.2 County HIV Committee

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

Membership:

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

Roles:

- The county HIV committee shall be:
- The custodian of the ECASP.
- Holding quarterly meetings to review implementation plan.
- Responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of the ECASP.
- Approving the county HIV targets and plan.
- Reviewing and presenting County HIV Budget.
- Setting the County HIV agenda.
- Receiving reports on ECASP progress from the monitoring committee.
- Forming sub TWG to review and advice on issues human right based approach (HRBA) to HIV services.
- Receive reports from County ICC and routine Monitoring Committee.

5.3.3 County HIV Coordination Unit

This will be the responsibility of the NACC Secretariat at the county level. The unit shall coordinate the day to day implementation of the strategic plan at county level, working closely with the County Health Management Team and the various line ministries department at the county level with a direct link with the NACC secretariat at the national level.

Roles:

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

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

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

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

e) Monitor county legislation to ensure it is not HIV discriminative.

5.3.4 County HIV Inter Coordinating Committee (County HIV ICC)

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

Membership:

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

Roles:

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

b) Ensure harmonization, coordination, resource mobilization, allocation, and tracking progress of HIV & AIDS programs within Embu County.

c) Ensure information sharing within, and across partners in the county

d) Advocate for implementation of ECASP M&E tools, and activities into members and partners' own work plans within Embu County.

e) Offer technical support in implementation of ECASP.

f) Review programs and projects supporting ECASP implementation.

5.3.5 Monitoring and Evaluation Unit

The committee shall be co-chaired by the County AIDS and STI Coordinator (CASCO) with County Health Record and Information Officer as secretariat. Membership to include: Sub County AIDS and STI Coordinator (SCASCO) and Sub County Health Record and Information officers and County implementing partners. The committee can co-opt three members.

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

a) Ensuring that all the pre-requisite tools and materials for data collection are available at the point of collection at all times.

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

c) Ensuring the data collection, quality control, consolidation, analysis, interpretation and dissemination of information.

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

5.3.6 Sub-county/Constituency HIV Co-ordinating Committees (SCACCs)

Membership:

This committee will be composed of:

a) The national government official at the Sub county level- Deputy 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 health services.

The chair will be appointed by the area Member of Parliament in consultation with SCACC Coordinator and the Deputy County Commissioner.

Roles:

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

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

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

d) Account for any funds advanced to the SCACC.

06.

MONITORING AND EVALUATION PLAN

The current Monitoring and Evaluation section of the Embu County Department of Health has one Health Records and Information Officer (HRIO) attached to the section that is expected to serve all the programs. At the sub-county level there are 4 sub-county Health Records and Information Officers who compile and upload health facility based data onto DHIS. This includes data from community health volunteers.

M&E activities on HIV have largely been supported by NACC in terms of HIV specific data collection and reporting on a routine basis. This was necessitated by absence of a well-structured M&E unit at the county including community based activities through Community-based Participation Reports (COBPAR form) as completed by CSO on a quarterly basis. Through NASCOP, health facility based data is collected and submitted on a monthly basis. M&E unit needs to be strengthened in order to effectively perform its mandate.

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

Table 17: Roles and responsibilities of Embu County M & E plan

Institution	Role	Frequency	Reporting Tool
Health facilities	Report on routine HIV sector data	Monthly	DHIS
County Health Records and Information Office and NACC	Receive and compile all the health related data including data from community health volunteers	Monthly/Quarterly	DHIS and COBPAR form
County HIV coordination unit and county AIDS and STI coordinating officer (CASCO)	Provide the health sector HIV response information for use at the county level	Quarterly	Monthly reports
County government	Annual evaluation surveys	Annually	DHIS and COBPAR form

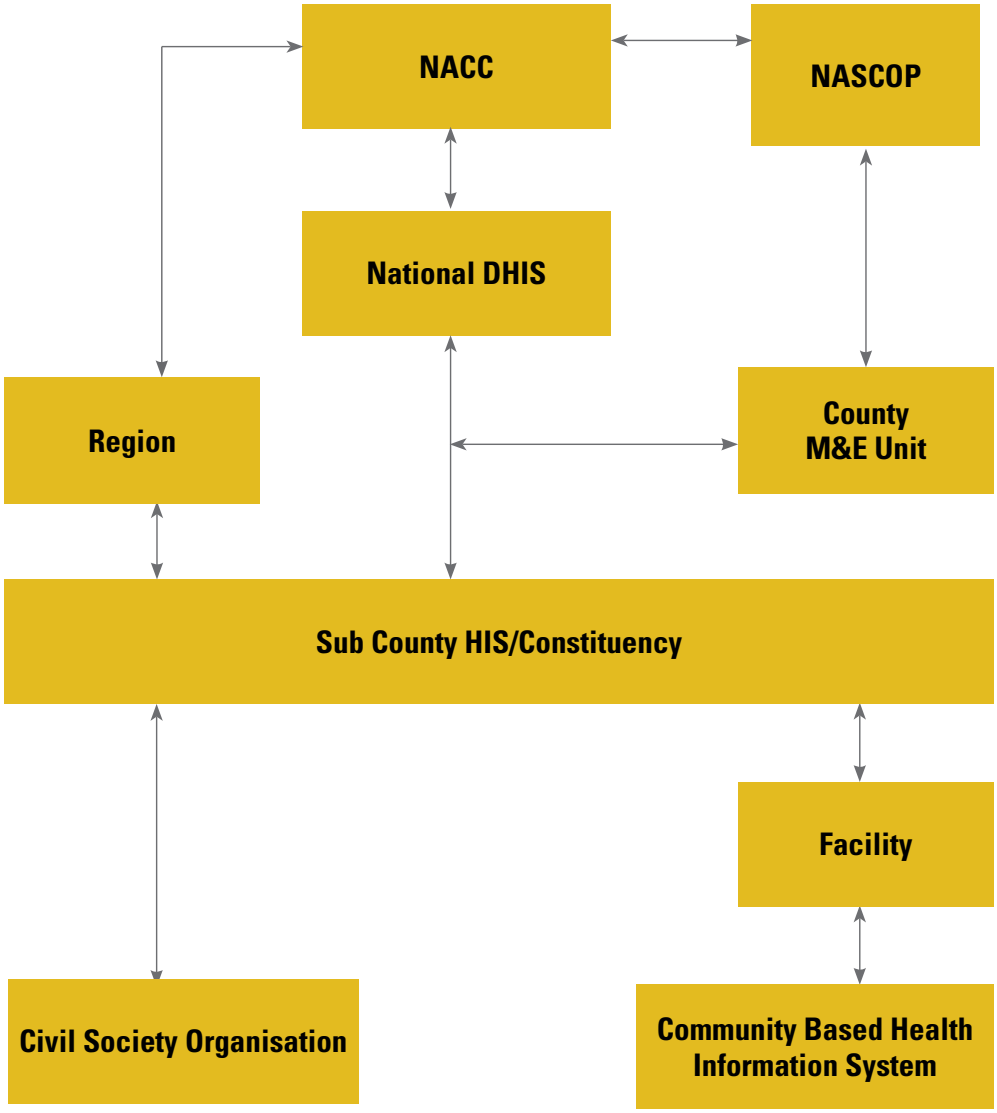
Under the M&E framework of Embu County, a community based HIV information system (CBIS) will be strengthened to address some of the HIV data source challenges. This system will report mainly behavioural and structural indicators comprising of the following data tools:

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

- **Community-based HIV response reporting tool:** The COBPAR tool will be used to report against their planned band outputs.

- **COBPAR data** collection will continuously move towards integration into DHIS

Figure 9: Embu County data and information flow for community based HIV response



07.

RISKS, ASSUMPTIONS AND MITIGATION PLAN

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

Table 18: Assumptions and Risk Management Matrix

Risk Category	Risks	Status	Probability	Impact	Mitigation	Assumptions	Responsibility	When
Technological	Limited technologies to implement the plan	The ECASP has just been developed with key areas for technological support identified	High	High	Establishment of the proposed technology and training of the staff	There is enough technical capacity in the county	County IT Department, County Health Department	Y3
Political	Leadership dynamics	Dynamics in leadership affect prioritization of HIV programming	Medium	High	Put in place policies to secure HIV funding	2017 General election will be peaceful, few executive reshuffles	CEC, Health	Y3
Operational	Non – achievement of the targets due to Inefficient implementation of the plan	Efficiency and Effectiveness studies are yet to be undertaken	Medium	High	Continuous monitoring, Training and capacity building.	All the required support and capacity will be provided	County HIV Committee	Y3
	Non utilization of evidence based programming approach	Most of the evidence is available to inform programming with some gaps in the information utilization and management	Low	High	Implement HIV research agenda	Surveys and operational research will be undertaken to provide data for programming	County government	Y3
	Poor financing and poor accountability of HIV programs	A needs assessment has not yet been determined	Low	High	Put in place financial management systems.	The county will have financial management systems and carry out a needs assessment.	Implementing Partners CHC	Y3

Risk Category	Risks	Status	Proba-bility	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 drafted	Medium	High	Engagement of the County leadership	All HIV related bills/Policies will be passed in good time	CEC- Health	Y3
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	Y3
	Poor financing and poor accountability of HIV programs	A needs assessment has not yet been determined	Low	High	Engagement of the County leadership	All HIV related bills/Policies will be passed in good time	Implementing Partners CHC	Y3

08.

COSTING AND RESOURCE MOBILIZATION STRATEGIES

8.1 Costing model

The County Resource Needs for this strategic plan period was estimated from KASF 2014/15-2018/19 that used Stover Resource Model. The model utilizes EPI and program data to form the baselines and projects the resource needs over a period of time. The baseline information utilized in this model is as follows; the default values are national level costs and program costs are calculated as a percentage of total costs.

8.2 Sustainability

The County Government has the responsibility of health service provision to universal access to HIV treatment and universal health care. To achieve this, there is need for predictable and sustainable HIV financing. The Embu County government working with the development partners and private sector players needs to set up a HIV Trust Fund within the county and mobilize resources both domestically and from the various stakeholders. Domestic sources include a proportion of county levies including entertainment levies, transport and other trade levies and setting up of a multi-sectoral Public-Private Partnership for HIV resource mobilization system.

The National Government has expanded the membership of National Health Insurance Fund (NHIF) in order to pull health sector resources even as the health risks and burden are spread. The Embu County Government should come up with innovative ways of motivating county members to enroll and make monthly contributions in the NHIF. In addition, community health insurance schemes should also be facilitated.

Table 19: Resource needs for implementing ECASP (in Millions KSH.)

SD	Specific Embu EMCASP Intervention Areas	Country Estimates	% of Resource Dedicated for the strategy	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019	Total
SD1	HIV Prevention	210.3	25.00%	167.50	190.76	215.29	240.86	260.93	1075.33
SD2	Treatment and Care	461.2	47.00%	314.90	344.33	359.69	366.25	361.67	1746.83
SD3	Social inclusion, human rights and gender	87.4	5.00%	33.50	43.50	54.16	65.66	78.08	274.90
SD4	Health systems	60.7	3.00%	20.10	18.18	14.90	13.38	7.02	73.58
	Community systems	30.4	3.00%	20.10	18.12	14.88	13.36	7.01	73.46
SD5	Research	7.6	7.00%	46.90	53.07	58.01	62.33	65.41	285.72
SD6	Monitoring and evaluation	15.2	5.00%	33.50	33.94	33.06	31.08	27.99	159.57
SD7 & 8	Leadership, governance and Resource Allocation	75.9	2.00%	13.40	13.61	13.26	12.48	11.25	64.00
	Supply chain management	7.6	3.00%	20.10	22.74	24.86	26.71	28.03	122.45
	Grand Total		**100.00%**	**670.00**	**738.25**	**788.10**	**832.09**	**847.39**	**3875.83**

Sources: NACC, KASF 2014/15-2018/19, 2014

Annexes

Annex 1: Implementation plan

Key Activity	2014/15	2015/16	2016/17	2017/18	2018/19
Integrate uptake of HTS services to Lactating mothers	✓	✓	✓	✓	✓
Establish and integrate HIV and sexual reproductive health in schools		✓	✓	✓	
Increase male involvement by 30% by 2019			✓	✓	✓
Maximize efficiency in service delivery through integration	✓	✓	✓	✓	✓
Leverage opportunities through creation of partnerships with other sectors	✓	✓	✓	✓	✓
Conduct needs assessment			✓		
Build health care workers capacity	✓	✓	✓	✓	✓
Strengthen facility and community linkages with Inter and Intra-referral protocol		✓	✓	✓	✓
Improve referral and patient management systems and infrastructure	✓	✓	✓	✓	✓
Improve availability and accessibility of infrastructure in all healthcare settings	✓	✓	✓	✓	✓
Remove barriers to access to HIV, SRH and rights information and services in public and private entities	✓	✓	✓	✓	✓
Stigma reduction through social inclusion and monitoring of GBV.	✓	✓	✓	✓	✓
Enactment of county legislation on drug and alcohol abuse.	✓	✓	✓	✓	✓
Implementation of evidence-based behavioral interventions.	✓	✓	✓	✓	✓
Enhancement of commodity security through improved procurement systems.	✓	✓	✓	✓	✓
Establishment of more community health units	✓	✓	✓	✓	✓
Social mobilization and setting up community linkages.	✓	✓	✓	✓	✓
Resource mobilization for HIV research			✓	✓	✓
Strengthen coordinated research.			✓	✓	✓
Improve access to strategic information to inform HIV response.	✓	✓	✓	✓	✓
M&E capacity assessment and development	✓	✓	✓	✓	✓
Promote data demand and utilization.	✓	✓	✓	✓	✓
Establishment and support of M&E information hubs		✓	✓	✓	✓
Advocacy for political support	✓	✓	✓	✓	✓
Development of an HIV and AIDS investment plan.			✓		

Mapping of HIV and AIDS stakeholders		✓			
Establishment of HIV and AIDS coordination programs		✓			
Mapping of high burden HIV and AIDS zones.		✓	✓	✓	✓
Fast tracking of integration of HTS in MNCH		✓	✓	✓	✓
Conduct data quality audits and verification		✓	✓	✓	✓

Annex 2: Result Framework

Expected Result	Baseline at 2014	Data Source	Target 2017	Target 2018	Target 2019	Responsibility
Strategic Direction 1: Reduce new HIV infections						
New HIV infections among adults	518	County Profile	388	258	130	County HIV Committee (CHC) County Government Partners
Reduce HIV transmission rates from mother to child	3.2 %	County Profile	2.2%	1.2 %	1%	CHC County Government Partners
Strategic Direction 2: Improving health outcomes and wellness of people living with HIV						
Increased linkage to care within 3 months of HIV diagnosis to 90% for children, adolescents and adults	69%	DHIS	90%	90%	90%	CHC County Government Partners
Increase ART coverage to 90% for children and adolescents	(60%)	DHIS	70%	80%	90%	CHC County Government Partners
Increase viral suppression to 90% in children and adolescents	35%	DHIS	50%	80%	90%	CHC County Government Partners
Increase retention on ART at 12 months to 90% in children, adolescents	No baseline data	DHIS	90%	90%	90%	CHC County Government Partners
Reducing AIDS related mortality by 50%	No baseline data	DHIS	40%	30%	20%	CHC County Government Partners

Expected Result	Baseline at 2014	Data Source	Target 2017	Target 2018	Target 2019	Responsibility
Strategic Direction 3: Using a Human rights approaches to facilitate access to services						
Reduce stigma and discrimination related to HIV and AIDS in Embu County by 50%	49.2 %	Stigma Index	39.9%	24.6%	12.3%	County Government Partners NACC
Reduce levels of sexual and gender based violence for PLHIV, key populations, women, men, boys and girls by 50%	48.3%	KDHS 2014	49%	49.5%	50%	County Government Partners NACC
Reduce stigma and discrimination among adolescents and young people by 50%	45%	Stigma Index	33.8%	22.5%	11.25%	County Government Partners NACC
Strategic direction 4: Strengthening integration of health and community systems						
No. of health care workers recruited	1150	DHIS	50	50	50	County Government
No. of skilled community health resource persons under payroll and attached to health facilities	No baseline data	DHIS	55	55	55	County Government
No. of regular refresher courses conducted	No baseline data	DHIS	4	4	4	County Government
No. of reference and learning models sites established	No baseline data	DHIS	1	1	1	County Government
No. of support meetings between community health committees and health facility committees conducted	No baseline data	DHIS	4	4	4	CCHF CACC CPHO
No. of community action days where service mobilization was done	No baseline data	DHIS	4	4	4	CCHF CACC CPHO
No. of dialogue days, meetings and barazas where community was sensitized about health matters	No baseline data	DHIS	4	4	4	CCHF CACC CPHO

Expected Result	Baseline at 2014	Data Source	Target 2017	Target 2018	Target 2019	Responsibility
Strategic direction 5: Strengthening research, innovation and information management to meet EMCASP goals						
Increased evidence based planning, programming and policy changes by 25%	No baseline data	M&E framework	8%	16%	25%	County Government Partners NACC
Increased implementation of research by 25%	No baseline data	M&E framework	8%	16%	25%	County Government Partners NACC
Increased capacity to conduct HIV research by 5%	No baseline data	M&E framework	2%	4%	5%	County Government Partners NACC
Strategic direction 6: Promote utilization of strategic information for research monitoring and evaluation to enhance						
Establishment of the County M&E TWG that reports to the County HIV Committee (CHC)	None	Reports	1	N/A	N/A	NACC
Hold quarterly M&E stakeholders forums	1	Reports	4	4	4	County Government Partners NACC
Conduct periodic data audit and verification. Conduct M&E supervision. Strengthen M&E data management by ensure periodic data cleaning	Quarterly	Reports	4	4	4	County Government Partners NACC
Development an M&E information hub at County	None	Reports	1	N/A	N/A	County Government Partners NACC
Strategic direction 7: Increase domestic financing for sustainable HIV response						
Ensure 10% of HIV activities are funded by the County Health Budget	Unknown	Health Budget	10%	10%	10%	County Government Partners
Strategic direction 8: Promoting accountable leadership for delivery of the EMCASP results by all sectors						
Convene a technical stakeholder forums (County HIV Committee	1	Reports	4	4	4	RHC CASCO
Conduct an Annual Stakeholders stock taking meeting	0	Reports	1	1	1	CASCO RHC
Sensitize leaders on HIV and AIDS agenda	0	Reports	1	1	1	RHC CASCO

Annex 3: Drafting and technical teams

1. Drafting team

No.	NAME	ORGANIZATION	DESIGNATION
1.	Dr. Phillip Masaulo	MOH	Medical Superintendent
2.	Dr. Nimrod Garama	MOH	Medical Officer
3.	Marion Mashoo	NACC	Regional HIV coordinator
4.	Dennis Mwenda	MOH	Clinical officer
5.	Leah Njeri	MOH	Nursing Officer
6.	Dr. Dedan Mathenge	MOH	Pharmacist
7.	Elias Njue	MOH	CACC
8.	Clement Kiprono	NACC	Data Officer
9.	Christine Sitati	KRCS	Programme Officer
10.	Silah Kimanzi	Aphia plus Kamili	Programme Coordinator
11.	Joseph Njinju	MOH	TB Coordinator
12.	Dorothy Mwatha	Aphia plus Kamili	HTS Coordinator
13.	Dr. Daniel Nyagah	MOH	County Pharmacist Embu
14.	Daniel Gichovi	MOH	CASCO
15.	Mary Karimi	MOH	SCASCO
16.	Mary Wachira	MOH	PMTCT Coordinator
17.	Lucy Ngugi	MOH	SCASCO
18.	Paul Sitati	Population Service Kenya	Programme Coordinator
19.	Judith Anyieni	NASCOP	Data Management Assistant

2. Technical team

No.	NAME	ORGANIZATION	DESIGNATION
1.	Marion Mashoo	NACC	Regional HIV coordinator
2.	Cosmas Ndeti	KEMRI	Researcher

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