ISIOLO COUNTY AIDS STRATEGIC PLAN

2014/2015 - 2018/2019

"Towards Ending the HIV Epidemic in Isiolo County"

ISIOLO COUNTY AIDS STRATEGIC PLAN

2014/15-2018/19

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Acronyms and abbreviations

ACT	Acceleration of Care and Treatment
ACU	AIDS Control Units
AIDS	Acquired Immuno Deficiency Syndrome
APOC	Adolescent Package of Care
ART	Anti-Retroviral Therapy
ARVS	Anti-Retroviral medicines
CASCO	County HIV and AIDS STI Coordinator
CEC	County Executive Committee
CHC	County HIV Committee
CHEWS	Community Health Extension Workers
CHMT	County Health Management Team
CHV	Community Health Volunteers
CHW	Community Health Workers
COBPAR	Community Based Programme Activity Reporting
CSO	Civil Society Organizations
CSW	Commercial Sex Workers
DHIS	District Health Information System
EBIs	Evidence Based Interventions
EID	Early Infant Diagnosis
EIT	Early Infant Treatment
EMTCT	Elimination of Mother-to-Child transmission
ETR	End Term Review of KNASP
ERC	Ethics Review Committee
FBOs	Faith Based Organizations
FSW	Female Sex Workers
GBV	Gender Based Violence
HCWs	Health Care Workers
HIPROS	HIV Partner Reporting Online System
HPV	Human Papilloma Virus
HTS	HIV Testing Services
IBBS	Integrated Biological and Behavioural Survey
ICC	Inter Agency Coordinating Committee
IDUs	Intravenous Drug Users
IEC	Information, Education and Communication
IGA	Income Generating Activities
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KEMRI	Kenya Medical Research Institute
KEPH	Kenya Essential Package for Health
KP	Key Population
ICASP	Isiolo County Aids Strategic Plan
KDHS	Kenya Demographic Health Survey
KNASP	Kenya National AIDs Strategic Program
MCH	Maternal Child Health Care Services
MSM	Men Having Sex with Men
MOT	Mode of Transmission Study
NACC	National AIDs Control Council
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
HIV	Human Immuno-Deficiency Virus
PreEP	Pre Exposure Prophylaxis
PITC	Provider Initiated Testing and Counselling
PPP	Public Private Partnership
RSH	Reproductive and Sexual Health
SCACs	Sub County AIDS ControlCoordinator
SD	Strategic Direction
STI	Sexually Transmitted Disease
TB	Tuberculosis
TWG	Technical Working Group
CASCO	County HIV/STI Coordinator
SCASCO	Sub County HIV/STI Coordinator

Foreword

Isiolo County is one of the 47 counties in Kenya and part of a dynamic region experiencing economic growth**.** The Constitution of Kenya reflects this changing situation with health being a priority area. Development is particularly essential to building skilled and competitive workforce and lifting people's living standards.

HIV, however, continues to contribute the highest mortality rates thus burdening households and straining the county's health systems. With this understanding, the Isiolo County AIDS Strategic Plan represents a firm commitment by key stakeholders to support the county government to deliver better healthcare for all with a focus on cost effective and socially inclusive interventions to prevent and manage HIV and AIDS.

This strategic plan is aligned to the Constitution of Kenya and Vision 2030. It recognises the centrality of a multi-sectoral response to HIV and AIDS and outlines roles and expected actions from different sectors and actors. Increasing domestic and sustainable financing for HIV is a priority for the Isiolo County Government. The Isiolo CASP outlines an innovative leverage funding approach based on implementation of a HIV fund. This will increase resources and thus access to universal healthcare for those living with HIV and AIDS and ultimately subsidise Isiolo's future liability for HIV prevention and treatment.

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

H.E GODANA ADHI DOYO
Governor- Isiolo County

Preface

The Isiolo County HIV and AIDS Strategic Plan (ICASP) is the latest move by the County Department of Health Services to provide direction for the implementation and coordination of HIV and AIDS response in Isiolo County.

In developing the Isiolo County HIV and AIDS Strategic Plan, the county relied on the Kenya AIDS Strategic Framework (KASF-2014/2015- 2018/2019) and Isiolo County Health Sector Strategic and Investment Plan (NHSSIP-2014-2018).

The ICASP is in line with the devolved system of government as stipulated in the Kenya Constitution (2010). The strategic plan also gives greater ownership and better coordination of HIV response to the county government in the response to HIV under the leadership of the Governor.

The strategic framework provides direction on the implementation, coordination and monitoring of HIV prevention, care and treatment services in Isiolo.

As a county we look forward to a fruitful engagement and support by development partners towards the realisation of the county and national development agenda including the elimination of HIV.

The overarching aim of the ICASP is to cascade and customise the KASF strategic objectives and directions giving due regard to the local context and situations in Isiolo County.

AISHA ABDI
County Executive Member for Health Services, Isiolo County

Acknowledgement

The development of this strategic plan is as a result of tireless efforts and commitment from various individuals, civil society organisations, development agencies and public and private sector. The process of developing this plan was all-inclusive and consultative.

The County Government of Isiolo would like to thank all those who participated in this process in one way or another. The support of National Aids Control Council's regional office was quite instrumental in the development of this plan. Sincere gratitude is extended to the following task force members for their tireless efforts to guide the process of development of this plan through its various consultative forums and review of successive ICHS versions: Fatuma Abdullahi Dima-MOH, Halima G. Abgudo-CASCO, Kirigia Stephen -MoH, Michael Mugo- CACC, Lokho Dulacha-Aphia Plus Imarisha, Khadija Halake –MOH, Emmanuel Njeru-Youth Development and Gender and Joyce Halakhe – MoH.

All team members and partners contributed extensively in coming up with successive drafts of this strategic plan.

Giro Liban
County Chief Officer - Public Health

Executive Summary

HIV and AIDS remains among the greatest public health concerns in the county of Isiolo. The scourge has continued causing deaths and suffering among residents, tearing the social and community fabric and also decimating the workforce. The county has scaled up HIV awareness, testing and counselling. The county has also ensured adult and children treatment coverage of those in need of ARVs.

More work and efforts needs to be done to ensure communities change their behaviour and take charge of their own health. The county HIV prevalence currently stands at 4.2%. Isiolo County falls within the medium burden category. The County has a constitutional obligation of attending to and ensuring that the 3400 people who are living with HIV are granted the highest quality of care, treatment and support. Further, the county needs to scale up PMCTC and ensure that the current HIV incidence of 274 HIV positive pregnant mothers is reduced. There is urgent need to scale up ARV uptake and maintain adherence. Regular psychosocial support mechanisms need to be put in place to reduce stigma.

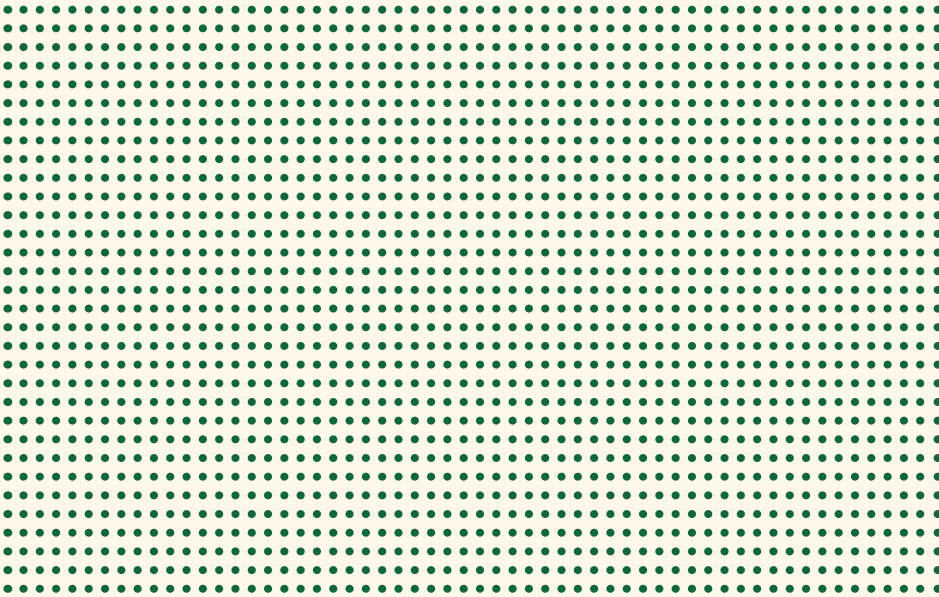
The county HIV epidemic brings forth varying dynamics in respect to the modes of transmission and population demographics. The drivers of the epidemic in the county include key populations such as, sex workers and their clients and men who have sex with men. The most vulnerable groups identified are young girls and women, those in prison and closed settings and mobile workers.

The strategic plan envisages a multi–sectoral approach towards the HIV response coupled with increased county financing of sustainable interventions/programs and increased involvement by the county leadership and agencies. It provides the guidance as to how the county can scale up on the interventions which are geared towards achieving the set objectives and also the vision 2030 strategic directions.

We, as the County Government of Isiolo, therefore, re-emphasise our commitment of getting to zero in terms of new HIV infections, stigma and HIV related deaths.

01.

BACKGROUND



Location and size

Isiolo County is located in the Upper Eastern region of Kenya. It borders seven counties which are; Garissa to the East, Wajir to the North East, Meru to the South West, Samburu to the East, Marsabit to the North West and Kitui and Tana River counties to the South West and South East respectively. Isiolo County has 3 sub-counties namely Merti, Garba Tulla and Isiolo Central.

The county covers an estimated area of 25,605 Km2. The climate is diverse and temperatures range between 25 degrees centigrade to a maximum of 38 degrees centigrade. Annual rainfall ranges from 150mm to 650 mm per annum typical of ASALs in Kenya.

County Administrative Units Map.

Source: http://www.isiolocounty.go.ke/about-us/isiolo-county-map.html

The road network in the county is varied and consists of bitumen surface (11 Km), gravel surface

(87.6 Km) and earth surface (289.3 Km). There are a variety of resources in the county which include forests, wildlife, minerals, building sand, water, pasture and land. Several tourist attractions are available in the county which include Buffalo Springs, Shaba and Bisanadi Game Reserves and the Lewa Downs Conservancy.

There are several financial services in Isiolo consisting of 8 commercial banks' branches and a few micro-finance institutions. The main economic activities in Isiolo are; pastoralism, subsistence agriculture, small-scale trade and limited harvesting of gum Arabica resin. There are 52 health facilities in the county. There are three private clinics, nine faith based health facilities and four community based health facilities. The county government runs 67% of the health facilities.

Population Demographics

The county's total population stood at 172,701 in 2015 with a population density of 5.6 people per Km^2. The annual growth rate was estimated at 2.8%. The age distribution in the county is as follows: 0-14 years (44 %), 15-64 years (52 %), 65+ years (4%). The poverty level is high with 72.6 % of population living below poverty line. Isiolo County is inhabited by different communities including; Borans, Merus, Somalis, Samburus and Turkanas among other communities.

Basic population data

The KEPH approach in health service delivery underscored the legitimate use of age cohorts that starts from pregnancy and new born to aged or senior residents with its service provision from level one (community) to county referral hospitals tier three. Therefore, the proportion given underneath eased the planning processes as per the given proportion.

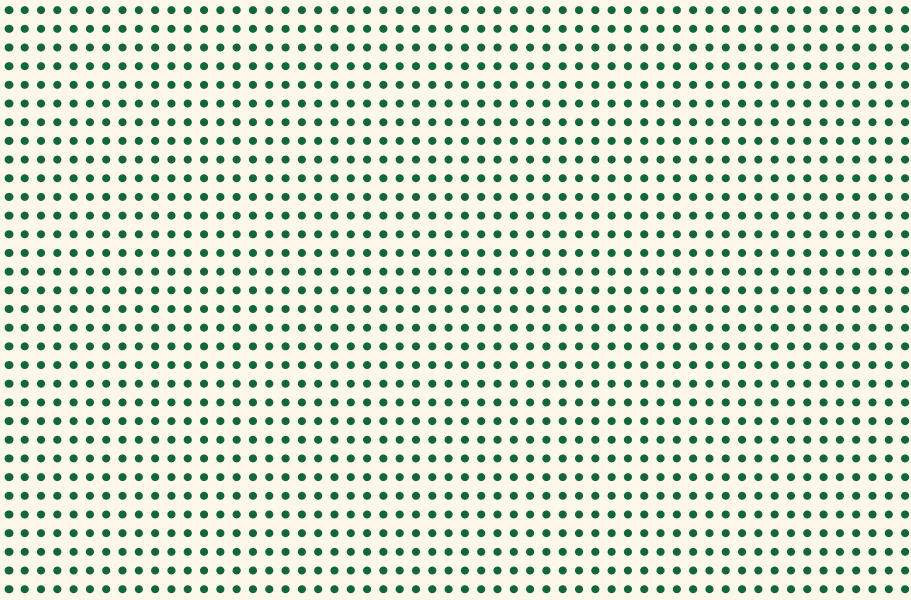
Table 1: Population Description

No_	Description	Population Proportion	Estimated Number
1	Population total		173,622
2	Total Number of Households		34,724
3	Population Female	50.38%	87,471
4	Population Male	49.62%	86,151
5	Population under 1 year	3.71%	6,404
6	Population under 5 years	16.9%	29342
7	Population under 15 years	42.3%	71,414
8	Population 15-24 years	21.29%	36,964
9	Women of childbearing age (15–49yrs)	24%	40,519
10	Estimated Number of Pregnant Women	3.84%	6,667
11	Estimated Deliveries	3.84%	6,667
12	Estimated live births	3.79%	6,580
13	Neonates 0- 28 days	2.70%	4,688
14	Population 25-59 years	28%	48,614
15	Population over 60 years	7.5%	13,026
16	Estimated Emergency obstetric complications	0.75%	1,302
17	Estimated of post abortion cases	0.77%	1,337
18	Population 6-11 Months (50% of <1yrs)		3,202
19	Population 12-59 Months (80% of < 5yrs)		23,473
20	Population 6-59 Months (90% of < 5yrs)		26,408

NB: Source of data is KDHS, 2015

02.

SITUATION ANALYSIS



National Overview

Kenya is one of the six HIV 'high burden' countries in Africa. About 1.6 million people were living with HIV infection at the end of 2013. Women in Kenya are more vulnerable to HIV infection compared to men, with the national HIV prevalence at 7.6 percent for women and 5.6 percent for men (Kenya AIDS Indicator Survey, 2012).

The epidemic is geographically diverse, ranging from a high prevalence of 25.7 percent in Homa Bay County in Nyanza region to a low of approximately 0.2 percent in Wajir County in North Eastern region. The high burden of HIV and AIDS in Kenya accounts for an estimated 29 percent of annual adult deaths, 29 percent of maternal mortality, and 15 percent of deaths of children under the age of five (NACC, 2013).

Isiolo County Overview

Isiolo County is a low incidence county with a HIV adult prevalence of 4.2% (KAIS, 2014). The HIV prevalence among women in Isiolo County is higher (5.7%) than that of men (2.5%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men due to biological factors and cultural factors. The cultural factors include the lack of resource entitlement where resources are culturally owned by male.

County HIV Profile

Total population	76159 (children)	103887 (adults)	180046 (total)
Estimated HIV prevalence			4.2%
PLHIV	450	3400	3850
New Infections	8	186	159
Deaths due to HIV	18	95	113
Need for PMTCT	-	150	150
Health Facilities (Active)	-	-	51
ART Sites	-	-	31
PMTCT Sites	-	-	51
TB Treatment sites	-	-	31

Source: 2014 Revised HIV estimate and DHIS

COUNTY PMTCT SERVICES

About 84% of HIV-positive pregnant women in Isiolo County do not deliver in a health facility. Only 40 per cent of pregnant women attend the recommended four antenatal visits in Isiolo County.

Description	No/(%)
Estimated HIV prevalence	4%
Estimated Pregnancies	6657
1st ANC visits	6184
4th ANC visits	2750
Skilled deliveries	4132
Total Viral suppression	49%
Estimated HIV+ pregnancy*(2013 Estimates)	6366
HIV+ diagnosed in pregnancy	114
Maternal prophylaxis	84
Infant prophylaxis	69.
Skilled deliveries - HIV-infected women	14

Source DHIS 2016

County demographic & health profile

Description	Number
Number of sub-counties	3
Total population	180,046
Total health facilities	51
HIV Testing Sites	51
PMTCT sites	51
Care/Treatment sites	31
Total VMMC sites	0
Drop- in Centres	0
Functional community units	31
Total partners supporting HIV	1
Amount in KES allocated to HIV and AIDS in county budget	2.5M

Table 2: Source: Kenya HIV Estimates Report, 2014

HIV counselling and testing and linkage 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 71 per cent of people in Isiolo County had never tested for HIV by 2009. There is a need to scale up HIV testing in the county, to counsel and reduce the risk for those who test negative and ensure linkage for those positive programmes.

Isiolo County HIV treatment access annually

Indicator	
Adults in need of ART	1616
Adults receiving ART	969
County ART adult coverage	60%
National ART adult coverage	79%
County ranking of ART coverage among adults*	29

Indicator	
Children in need of ART	305
Children receiving ART	92
County ART children coverage	30%
National ART children coverage	42%
County ranking of ART coverage among children,	30

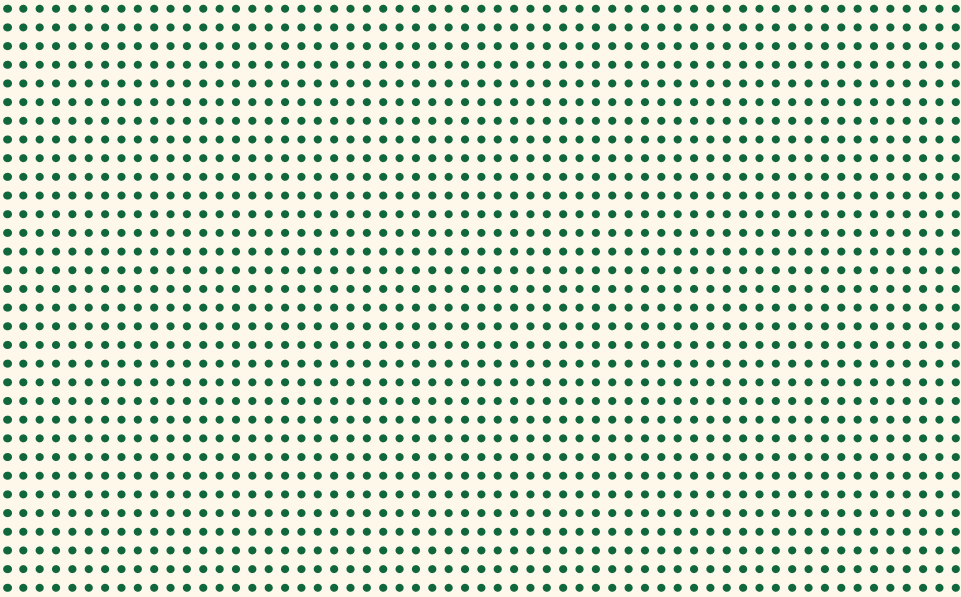
**In this ART coverage ranking, the county with the highest coverage is 1, while the county with the lowest coverage is 47. Source: Estimation and Projection Package 2014*

SWOT ANALYSIS

STRENGTHS	WEAKNESSES
• County Health Strategic Plan and an M&E framework • Partner support (APHIA Imarisha, Kenya Red Cross, World Vision, NEPHAK, Child Fund, UNICEF, FH, ADS, ACF, Caritas, CBOs) • Skilled manpower • Existing database and HIV county statistics • Existing policies, standard operating procedures, guidelines, curriculum for training • Existing HIV delivery service structures, all levels and some sectors • Mobile outreach on HTS • Existing FBOs which give support both materially and emotional support.	• Donor dependency in HIV program • Inadequate HIV services coordination • Inability to authoritatively state the resource requirements in HIV programming • Lack of prioritization of HIV services in the county budget making process • Uncoordinated reporting structures for HIV services • Lack of established legal structures in the county to address HIV issues, e.g. HIV tribunal • Erratic supply of HIV commodities attributable to unreliable supply chain • Inadequate supply of data tools, data quality issues, low demand and use of data • Weak workplace HIV interventions • Low HTS coverage (51%) • Inadequate capacity in HIV management among healthcare workers • PLHIV are not meaningfully involved in the activities of the County
OPPORTUNITIES	**THREATS**
• Integration of HIV services at all health facilities • Facilities at lower KEPH levels offering HTS services • Existing political structures • Involvement of county leaders to fight stigma • School health programs • Establishment of a county HIV fund • Availability of both camel and goat milk which helps in improving the immune system • Involvement of CVBs • Partners support	• Poor health seeking behaviour among pregnant and breastfeeding mothers • Existing Traditional Birth Attendants (TBA) • Institutionalized stigma in healthcare settings limiting access to services by KPs and PLHIV • Under reporting of GBV and unawareness of channels of redress • Nomadic way of life • Lack of awareness on PEP availability

03.

RATIONALE, STRATEGIC PLAN, DEVELOPMENT PROCESS AND GUIDING PRINCIPLES



Purpose of the Isiolo AIDS Strategic Plan

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

3.1 Purpose

ICASP has been developed to:

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

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

- Provide the basis for consolidating strategic partnerships and alliances especially with civil society organisations, public and private sector and development partners.
- Establish the basis for the county to consolidate its efforts in developing sustainable financing mechanisms for HIV and AIDS response.

3.2 Development process

The development of ICASP takes place in the context of global, regional and national developments in the HIV and AIDS landscape that in one way or the other will influence the county's response. The development of ICASP was informed by the following:

- Identification of 5 TOTs from the county to support the dissemination of KASF and thereafter lead to the development of ICASP.
- Nomination of the county drafting team which was an expansion of the county TOTs to lead the process of delivering on a county AIDS strategic plan.
- The first draft (zero draft) of ICASP 2014/15-2018/19 was presented by the county drafting team to CHMT after consultation with key departmental heads.
- Inputs from this consultation were incorporated and a second draft was circulated to all stakeholders for further comments.
- Civil society structures also had an opportunity to consult among themselves at a stakeholder validation forum in June 2016.
- Further consultations with NGOs, PLHIV, women's groups and the youth yielded additional inputs, which were considered. Among the methods used was a review of documents supplied by lead agencies implementing HIV and AIDS program in the county. The initial findings were

presented to government and civil society for validation. Thereafter, stakeholders were afforded an opportunity to provide additional information.

- The CEC health, COH and the CHMT endorsed the final draft, which was then presented to the NACC for printing of the final copies for launch and dissemination.

3.3 ICASP Guiding Principles

- **Multi-Sectoral HIV AIDS response approach:**– The HIV program shall take cognisance of the fact that Isiolo prioritisation of the program shall concentrate its effort on the fore mentioned HIV drivers.

- **Cross-country and Inter-county HIV response:**– Given that great northern corridor highway traverses the county, the HIV program will lay emphasis on implementing highway HIV response programs targeting truck drivers and female sex workers in collaboration with other neighbouring counties.

- **Evidence-based programming:-** The HIV program recognises that there is a gap of information for effective programming and will undertake operational research in identified areas to inform innovation and interventions such as:

    1. Mapping of KP hotspots in the county and understanding the influence and contribution of new infections by MSM and FSWs given the economic and tourism activities in the county.

    2. Generate more information on HIV among the young adolescents and youth especially in schools and institutions of higher learning.

- **Integrated HIV response** – the HIV program will target various key and vulnerable populations like pastoral communities, people in informal settlements (slums), farmers, sand harvesters and charcoal dealers, people in service industries e.g. boda boda riders, miraa sellers and Key populations with deliberate program for HIV prevention and treatment. The above mentioned groups have been identified as vulnerable populations based on the economic activities they are engaged in which predisposes them to HIV. In addition, HIV and AIDS response activities will also be integrated in all health service delivery points.

- **Efficient and effective HIV and AIDS response practices** – The HIV program will scale up the implementation of best practices in HIV intervention that include:

    1. Kenya Mentor Mothers Program.

    2. Identify and establish Drop-in-Centres (DICE) for key populations.

    3. Reach the "under reached" using outreach mobile program that includes the Beyond Zero Mobile clinic to improve maternal and child health outcomes in relation to HIV AIDS.

    4. Formation of more support groups for PLHIV.

    5. Lobby partners for support of CBO and FBO in HIV control. Education for life program.

    6. Health choices (Health choice 1 for 9-12 and Health choice 2 for 13-17).

    7. Vocational training and youth resource centres.

    8. School health programs.

    9. Integrate HIV in all health care service provisions.

    10. Scale up skilled deliveries.

- **Multi-sector HIV and AIDS response**– The HIV program shall engage as many sectors in the county as possible to reach various target groups and these will include:

    1. Institutions of higher learning (Universities) so as to increase access to HIV prevention and treatment among the vulnerable population of 15 – 24 years, girls and women through their institutions.

    2. National Transport Authority to reach the vulnerable drivers and touts in the public transport industry.

    3. Women, youth and other organized groups like the boda boda operators to increase access to HIV prevention and treatment services.

    4. Key populations.

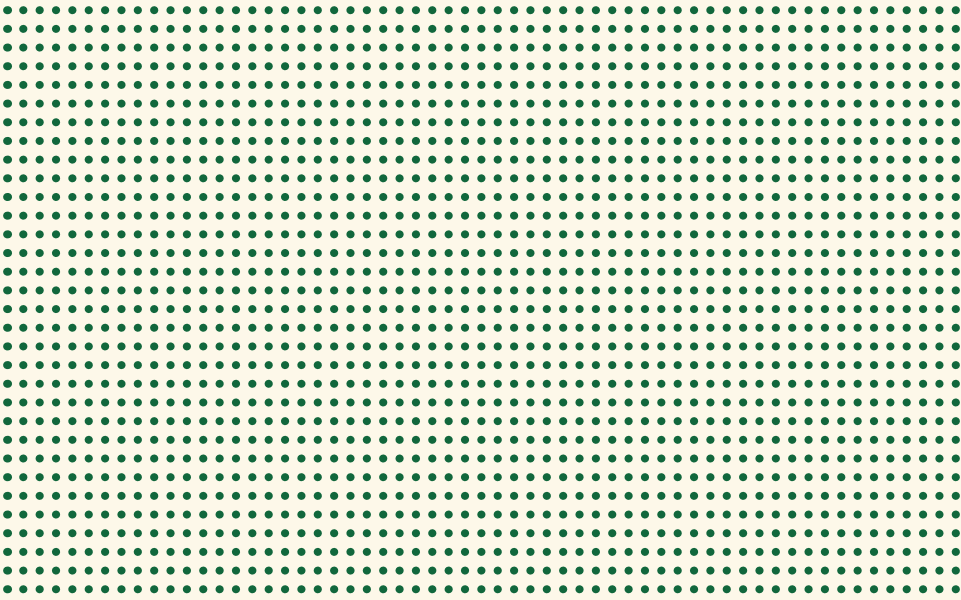
- **Governance and leadership in HIV AIDS response: –**The HIV program shall ride on the devolution of health services so as to re-orient and structure HIV and AIDS control in the county while strengthening the coordination of partners' efforts. The governance and leadership role will be provided by the county government and other coordinating structures.

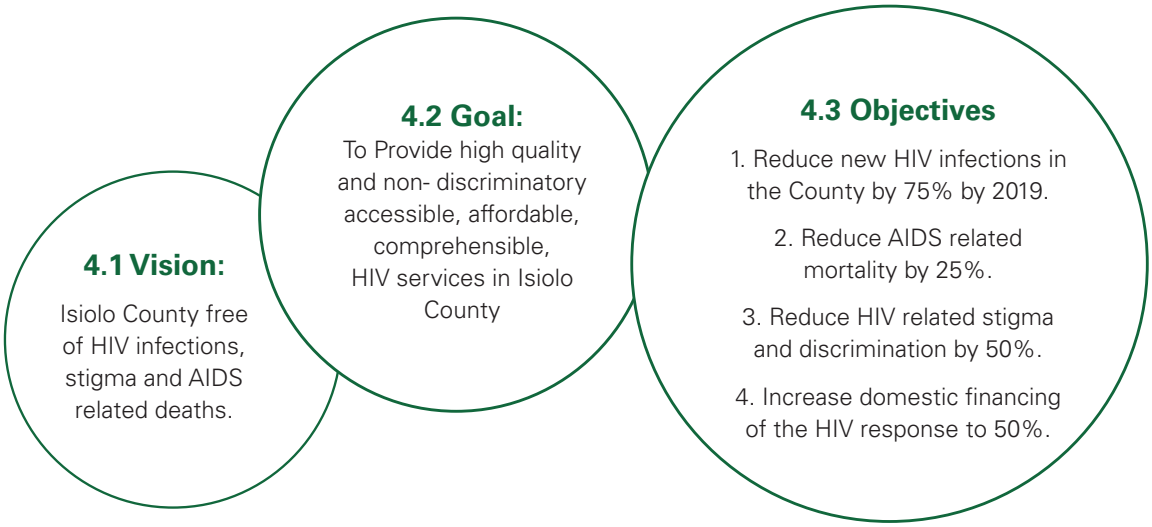
- **HIV response as an integral part of development:** – The HIV program will form a major part of other developmental sectors such as transport, roads and house construction and industrialisation among others so as to have healthy citizens who are free from HIV and AIDS who will form a healthy county which is productive.

Guiding principles to include the alignment with other national and international strategic frameworks.

04.

VISION, MISSION, GOAL, OBJECTIVES AND STRATEGIC DIRECTIONS





Isiolo county expected results by 2019

STRATEGIC DIRECTIONS	EXPECTED RESULTS BY 2019
Reducing new HIV infections	Reduced annual new HIV infections among adults by 75%
	Reduced HIV transmission rates from mother to child from current 14% to less than 5%
Improving health outcomes and wellness of all people living with HIV	Attain a 90% increase in linkage to care within 3 months after HIV diagnosis
	Attain a 90% increase of ART coverage
	Attain a 90% increment on ART retention at 12 months
	Attain a 90% increment in viral suppression among children, adolescents and adults
Using a human rights approach to facilitate access to service for PLHIV, key populations and other priority groups in all sectors	Reduced self-reported stigma and discrimination related to HIV and AIDS by 50%
	Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, girls and boys by 50%
	Increased protection of human rights and improved access to justice for PLHIV, key populations and other priority groups
Strengthening integration of health and community systems	Improved health care workforce for the HIV response by 40%
	Increased number of health facilities ready to offer KEPH- defined HIV and AIDS services from 51% to 90%
	Strengthened HIV commodity management through effective and efficient management of medicine and medical products
	Strengthened community level AIDS competency
Strengthening research and innovations to inform ICASP	Increased evidence based planning, programming and policy changes by 50%
	Increased implementation of research on the identified ICASP related HIV priorities by 50%
	Increased capacity to conduct HIV research by 10%

STRATEGIC DIRECTIONS	EXPECTED RESULTS BY 2019
Promote utilisation of strategic information for research, monitoring and evaluation to enhance programming	Increased availability of strategic information to inform HIV response in Isiolo County
	Planned evaluations, reviews and surveys implemented and timely disseminated results
	Established M&E information hubs at the county level that provide comprehensive information package on Key ICASP indicators for decision making
Increasing domestic financing for a sustainable HIV response	Increased domestic financing for HIV response to 50%
Promoting accountable leadership for delivery of the ICASP results by all sectors	Good governance practices and accountable leadership entrenched
	Effective and well-functioning stakeholder co-ordination and accountability mechanisms in place and fully operationalized
	An enabling policy, legal and regulatory framework

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS

The interventions in this strategic direction focus on ways of reducing new HIV infections. The expected results by 2019 are:

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

Innovative approaches should be used to ensure the interventions reach the key populations and also target geographical areas with higher HIV prevalence which include; Isiolo Central urban centres and villages such as: Bula Pesa, Kula Mawe, Kambi Odha, Kambi, Garba, Kilimani and Kambi. Other areas targeted are Urna centres/markets such as; Merti, Odo Nyiro, Garba Tula, Bulesa, Modogashe, Kina, Duse market centres, sand harvesting areas, Erimet, Ngara Mara and surrounding military camps. Some of the key populations include long distant truck drivers, sex workers and men who have sex with men. In addition we have vulnerable populations like street families, IDUs, prisoners, adolescents, persons in unstable families due to GBV, low income women, miraa/khat venders and boda boda operators.

Key Intervention Areas

- Intervention Area 1: Granulate the HIV epidemic to intensify HIV prevention efforts to priority geographies and populations.
- Intervention Area 2: Adapt and scale up effective evidence-based combination prevention.
- Intervention Area 3: Maximise efficiency in service delivery through integration.
- Intervention Area 4: Leverage opportunities through creation of synergies with other actors.

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

Operational documents to facilitate HIV prevention

1. The Kenya HIV Prevention Roadmap.
2. Strategic Framework towards Elimination of Mother to Child Transmission of HIV and keeping mothers alive (2012-2015).
3. A Strategic Framework for Engagement of the First Lady in HIV Control and Promotion of Maternal, New born and Child Health in Kenya 2013-2017.
4. National Guidelines for HIV Testing and Counselling and Prevention with Positives.

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS			
KASF objective	**ICASP Results**	**Key Activity**	
Reduce new HIV infections by 75%	Reduced new HIV infections among adults by 40%	Reducing new HIV infection cases	
		Reduced HIV transmission rates from mother to child from 16% to less than 5%	

	Sub-Activity/Intervention	Target Population	Geographic areas by County/sub- county	Responsibility
	Up scaling HIV Testing and Counselling Link those testing HIV positive to care and early ART initiation	PLHIV	County	CASCO, Dev. Partners
	Behavioural change and communication including cultural adjustment; harmful sexual practices e.g. extramarital affairs wife inheritance, polygamy, beading of young teenage girls	General population	County	Dept. of. Health (R.H), Dept. of Gender
	Granulate the HIV epidemic to intensify HIV prevention efforts to priority geographies and populations	General population	County	CASCO, Aphia Imarisha
	Provide key commodities including lubricants, condoms and other appropriate contraceptives to key and vulnerable populations	Key population	County	CASCO, R.H.C,
	Promote consistent and correct condom use and disposal	Key population-users	County	CASCO,NACC, CACC RHC
	Adapt and scale up effective evidence- based combination prevention.	Partners and families of PLHIV	County	CASCO, Dept. of Health
	Innovate culturally acceptable safe and early male circumcision before sexual debut	Young boys	County	CASCO, Aphia Imarisha, FHK
	Maximize efficiency in service delivery through integration	General population	County	Dept. of Health, APHIA Imaarisha
	Implement programs that will delay sexual debut among young people	Young people	County	Development Partners
	Conduct regular outreaches to key populations	Key Populations-construction sites	County	CASCO, COACC/ CACCS
	Strengthen workplace protection policies	Workplaces	County	Relevant Departments
	Scale up STI management in all health facilities	General population	All health facilities	CASCO
	Establish and maintain youth friendly centres in all major facilities and learning institutions	Youth	Major health facilities and institution	Department of Health Youth Dept., DOS
	Scale up facility based PITC	General population	County	CASCO
	Integrate ANC, early infant diagnosis with immunization services		County	CRHC
	Upscale ART uptake to all HIV+ pregnant, lactating mothers and infants	HIV + pregnant and lactating mothers	County	Department of Health, CASCO
	Integrate EMTCT with MNCH services including beyond zero mobile clinic	Pregnant mothers and new born	County	CNO, CRHO

STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF PEOPLE LIVING WITH HIV

Introduction

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

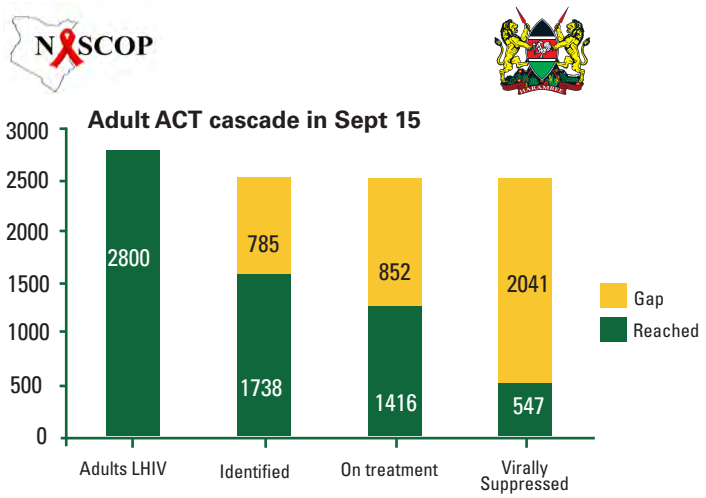
The expected deliverables are to attain;

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

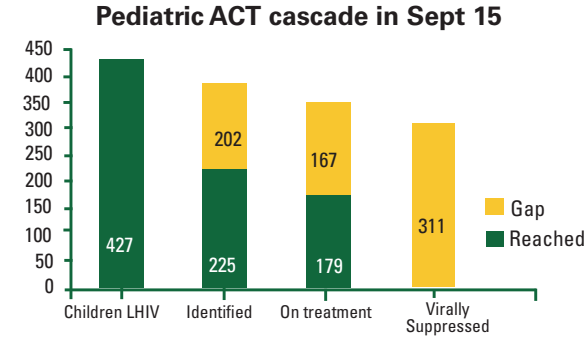
Organization	Estimated adults living with HIV	Estimated children living with HIV	Estimated people living with HIV
Isiolo sub-county	2455	420	2855
Garba Tulla sub-county	250	18	268
Merti sub-county	95	12	107
ISIOLO COUNTY	2800	450	3230

Source; Strategic Information unit NASCOP, 2016

Progress towards 90/90/90 targets in adults living with HIV in Isiolo county

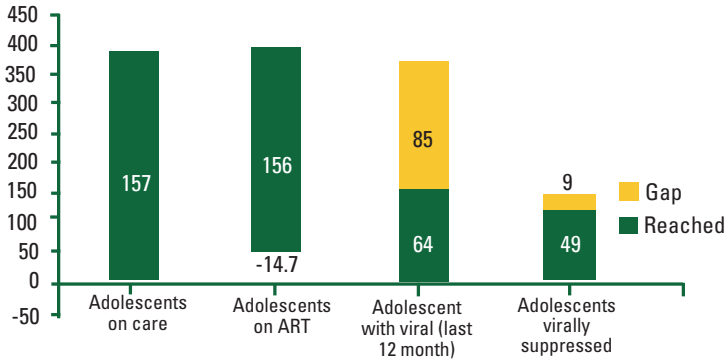


Progress towards the 90/90/90 targets for children living with HIV in Isiolo county



DHIS, 2016

ADOLESCENTS CASCADE



DHIS, 2015

Gaps

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

Diagnosis and Linkage to Care

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

Care and Treatment Coverage

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

Quality of Care and Treatment Services and Viral Suppression

There is limited use of electronic medical records (with only 1 EMR sites in Isiolo County Referral CCC clinic) and evidence based interventions at facility levels and generalised weak infrastructure in monitoring of viral load of patients. Similarly, improper co-ordination between health and other sectors such as education, legal and social services lowers quality of care delivered to clients. The policy framework for quality of care is strengthening by the following operational documents:

- Guidelines on use of antiretroviral drugs in treating and preventing HIV, Rapid advice, 2014.
- Kenya Quality Model for Health 2009.
- Kenya HIV Quality Improvement Framework.

Priority intervention areas

Acceleration of initiation of ART in Isiolo County across all populations within the first two years of this plan will be realised in line with 2013 WHO ART guidelines by committing efforts on chronic disease management that promote adherence to treatment and viral suppression. To attain the aforesaid, it is important to increase HTS and timely linkage and subsequent enrolment and retention of all eligible persons in care so as to maintain 100% coverage.

Improve timely identification, linkage and retention in care for persons diagnosed with HIV.

Targeted HIV testing and counselling strategies will be utilised to increase detection rate for HIV positive cases. Testing programs are required to link individuals to care, point of linkage and subsequent follow up remains critical to enrolment and retention in care and treatment.

Identifying individuals on treatment for tracking and follow-up is essentially important in reducing losses in the cascade of treatment, more importantly with influx of patients expected in the scale-up and increase in cross-border mobile populations. The recommended interventions for linkage to care for those diagnosed with HIV should be specific to various populations. The priority strategies that will improve linkage to care include developing capacity, tracking and linking points of testing and treatment. These include:

- Enhancement of standardised National and county patient unique identifier and tracking mechanisms that can be originated at HCT service point.
- Enhancing peer mobilisation strategies for recruitment, enrolment and retention in care.

Recommendations to improve linkage and retention in care

STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF ALL PEOPLE LIVING WITH HIV						
KASF objective	**ICASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/ sub- county**	**Responsibility**
Reduce AIDS related mortality by 15%	Reduce AIDS related mortality by 30%	Increase linkage of care of children to 90%	Strengthen facility and community linkages with inter- and intra- facility referral protocols and linkage strategy	PLHIV	County	CASCO County Go
			Ensure the identified gaps in HIV prevention and treatment cascade are addressed Immediately	PLHIV	County	County Govt.
		Increase ART coverage to 90% of children, adolescent and adult	Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services	Expectant mothers/ nursing infants	County	CASCO County Govt.
			Scale up integrated youth friendly services	Youth(15-24)	County	CRHC County Govt.
		Increase retention on ART at 12 months at 90% of children adolescents and adult.	Utilize peer support and networks of adolescents living with HIV	Adolescents Living with HIV	County	CRHC
			Enhance peer mobilization strategies for recruitment, enrolment and retention in care and extend flexible timings for care	Key and vulnerable populations	County	CASCO, Dept. of youth and sports.
			Integrate alcohol and drug dependence reduction strategies in care services	Key and vulnerable populations	County	County Govt.
		Increase Gene-expert for all PLHIV from 11 to 90% by 2019	Provide screening and diagnostic equipment for TB, NCDs, malnutrition, opportunistic infections together with those for HIV.	PLHIV	County	County Govt.
			Scale up prevention interventions for TB, OIs and other co-morbidities, water and sanitation related diseases, vaccinations for preventable diseases (cervical cancer, hepatitis, pneumococcal)	General population	County	County Govt.
			Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Relevant healthcare workers providing clinical care	County	County Director of Health
			Use integrated and decentralized HIV delivery models that increase access to care and treatment at community and other non-ART service points	PLHIV	County	CSFP
			Enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure interventions with full involvement of Civil Society and communities, especially PLHIV care givers with HIV education, literacy and empowerment	PLHIV	County	CSFP
			Integrate HIV care treatment into youth friendly services	Youth	County	CRHC

STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF ALL PEOPLE LIVING WITH HIV						
KASF objective	**ICASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/ sub- county**	**Responsibility**
Reduce AIDS related mortality by 15%	Reduce AIDS related mortality by 30%	Increase Gene-expert for all PLHIV from 11 to 90% by 2019	Scale up the Ministry of Education programme for HIV education and treatment literacy, adherence and retention	School going children	County	County Director of Education
			Standardize methodologies for disclosure by and to adolescents living with HIV	Adolescences	County	CRHC
			Scale up key population friendly HIV care and treatment services with peer mobilization and support	KPs	County	CASCO
			Reduce HIV stigma and discrimination to increase access to care and treatment	PLHIV	County	CDH
			Strengthen capacity to monitor quality of care and utilize care data for decision making	HCWs	County	CDH
			Continuous quality improvement initiatives through health worker training and use of electronic records management systems	Health Care Workers	County	CDH
			Strengthen supply systems and ensure continuous availability of quality HIV commodities at the point of service delivery	Health Facilities	County	CDH
			Implement periodic monitoring for adherence and disclosure	ART Sites	County	CASCO
			Strengthen laboratory networks	Health Facilities With Lab	County	CDH,CMLT
			Put in place systems to assure quality and monitor adherence to laboratory protocols	Health facilities with lab	County	CMLT
			Reduce turnaround time for results and feedback	Health Facilities With lab	County	CMLT
			Use innovative mobile and web-based technology to increase adherence and follow up options(HIT SYSTEM,EMR)	PMTCT sites ,ART Sites	County	CDH
			Scale up use of people living with HIV peer support strategies	PLHIV	County	CHC,
			Provide screening and diagnostic equipment for TB, NCDs, malnutrition, opportunistic infections together with those for HIV	PLHIV	County	CASCO,
			Scale up prevention interventions for TB, OIs and other co-morbidities, water and sanitation related diseases, vaccinations for preventable diseases	PLHIV	County	CASCO,
			Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Health care workers	County	CASCO,
			Use integrated and decentralized HIV delivery models that increase access to care and treatment at community and other non-ART service points	PLHIV	County	CASCO, APHIA Imaarisha

STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF ALL PEOPLE LIVING WITH HIV						
KASF objective	**ICASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic areas by County/ sub- county**	**Responsibility**
Reduce AIDS related mortality by 15%	Reduce AIDS related mortality by 30%	Improve quality of care and treatment outcomes	Enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure interventions with full involvement of Civil Society and communities, especially PLHIV	PLHIV	County	CASCO, APHIA Imaarisha
			Provide care givers with HIV education, literacy and empowerment	Caregivers	County	CASCO, APHIA Imaarisha
			Integrate HIV care treatment into youth friendly services	PLHIV	County	CASCO, APHIA Imaarisha
			Scale up the Ministry of Education programme for HIV education and treatment literacy, adherence and retention	School going population	County	CASCO, MOE,APHIA Imaarisha
			Standardize methodologies for disclosure by adolescents living with HIV	Adolescents LHIV	County	CASCO, APHIA Immarisha
			Scale up key population friendly HIV care and treatment services with peer mobilization and support	Key populations	County	CASCO,APHIA Imaarisha,
			Reduce HIV stigma and discrimination to increase access to care and treatment	PLHIV	County	CASCO, APHIA Imaarisha, FHK
			Strengthen capacity to monitor quality of care and utilize care data for decision making	PLHIV	County	CASCO, APHIA Imaarisha

Increase coverage to care and treatment and reduce the loss in the cascade of care

The County aims at complying with the 2014 Kenya ART Guidelines by increasing coverage. Scaling up of coverage will increase the number of people enrolled into care and treatment resulting in increment of burden to an already stretched health system. Interventions that strengthen community level delivery of a wider range of services like health education and follow-up for retention will reduce the burden of care at the health facility levels. These services can also incorporate economic empowerment initiatives that help PLHIV to become financially independent.

These pre-ART services are being offered in different facilities in Isiolo County thus requiring promotion of decentralized delivery of services through support of County Government, health providers and implementing partners.

Reduction in loss in the cascade of care and treatment requires clear detection of determinants and points of loss of patients and resolving them at service delivery points at county level. This is by recognizing the need to focus on different population based on age, sex and sexual activity including focusing on their geographical location, situation and challenges in the cascade of care, treatment and reason for loss or attrition.

Interventions to Increase Coverage to Care and Treatment

Continuous quality improvement is a deliberate processes that involves routine analysis and use of health and other sector data for the purpose of strengthening service delivery systems to meet patients' needs. The National and Isiolo County government and other sectors shall put efforts towards the tracking and improvement of quality of care and health outcomes.

Interventions to improve quality of care and treatment outcomes

STRATEGIC DIRECTION 3: USING HUMAN RIGHTS BASED APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KEY POPULATIONS AND OTHER PRIORITY GROUPS

Introduction

The violation of the rights of people in the community and particularly in service delivery points negatively affects the achievement of the intended objective of that service. The purpose of recognising and protecting human rights and freedoms is to preserve the dignity of individuals and communities and to promote social justice that is important for realising the potential of all human beings. It is, therefore, the duty of all sectors and actors in the HIV and AIDS response to observe, respect, promote and fulfil the rights of PLHIV, key populations and other vulnerable groups while providing services.

The Constitution of Kenya 2010, outlaws discrimination on the basis of one's health status and provides for the rights of every individual. The High Court of Kenya and the HIV and AIDS Tribunal are there to provide justice and affirm the rights of PLHIV.

Stigma and discrimination have been identified as a barrier to accessing HIV and AIDS services. The socially excluded, the poor and vulnerable people who are living with HIV are unlikely to take up services, therefore negatively impacting on the ability to reach set goals. The Kenya stigma index survey (2013) reported stigma and discrimination at over 45%. A number of PLHIV have reported discrimination by health workers through disclosure of their sero-status without their consent in Isiolo County. PLHIV and key populations face stigma and discrimination in their families, communities and in various

service delivery points in the county due to lack of a protective legal and policy framework. (NACC 2014)

Sexual and gender based violence increases biological vulnerability to HIV and reduces the ability to negotiate for safer sex. These forms of violence are widespread in the county and in most cases are directed to women and young girls. Gender inequalities and cultural practices in the county like wife inheritance, early marriages, genital mutilation and migration from rural to urban areas also increases vulnerability.

The rapid development programs targeted for Isiolo County which include LAPSET, airport and opening of the great Northern Corridor (Isiolo – Ethiopia Road) also contributes to HIV infection. In addition, illiteracy and high school dropout limit effective HIV prevention.

Complaints of female sex workers being harassed by law enforcement agencies particularly the police are rampant in the county, while men who have sex with men are discriminated upon in almost every corner of the society including their own families. The strategic plan, therefore, calls for the mainstreaming of gender and human rights in all aspects of the response, planning and service delivery. This strategic plan calls for the exploration of effective and appropriate responses to stigma, discrimination and gender-based violence in order to have interventions that facilitate access to services for vulnerable and key populations.

Key Intervention

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

Expected Results by 2019

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

Priority Interventions Areas

Remove barriers to access of HIV, SRH and rights information and services in public and private entities

Barriers to access to information are individual, community and structural. At community level, stigma and discrimination, gender inequalities, social norms and cultural practices dictate who can access what services. Adolescents and young people, especially women are more likely to be impacted negatively and not access services. Uptake of maternal health services including eMTCT care is also impacted. Structural issues in the county include inadequate access to information, uptake and implementation of policy guidelines, lack of financial resource allocation for HIV programmes and discriminatory service at facilities and other service delivery points for key populations.

STRATEGIC DIRECTION 3: USING A HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KPS AND OTHER PRIORITY GROUPS IN ALL SECTORS			
KASF objective	ICASP Results	Key Activity	
An enabling legal and policy environment necessary for a robust HIV response at the national and county level to ensure access to services by persons living with HIV	Reduced reported stigma by 30%	Sensitisation of General and targeted population on stigma reduction, sexual and gender based violence	
	Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 30%	Sensitization of general and targeted population on stigma reduction, sexual and gender based violence	
	Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 30%		
	Reduced self-reported HIV related stigma and discrimination by30%	Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	
		Sensitization of communities on the SGBV rights	
		Improve county legal and policy environment for protection and promotion of the rights of priority, key populations and PLHIV	

	Sub-Activity/ Intervention	Target Population	Geographic areas by County/sub-county	Responsibility
	The facility in charge to sensitize healthcare workers on reducing stigmatizing attitudes in healthcare settings.	Healthcare workers	County	CDH, COH
	Conduct and adapt stigma-free HIV campaigns	General population	County	CSFP, CHPO,CACCs
	Conduct targeted stigma reduction campaigns	KPs, PLHIV	County	County First Lady, CSOs, CASCO. CACCs
	Sensitize the community on harmful gender norms, negative stereotypes and concept of masculinity.	Priority populations	County	CASCO, Partners
	Encourage religious leaders to promote acceptance of priority groups as part of their community.	Religious leaders	County	IRCw
	Work closely with religious leaders to integrate their religious teaching with HIV information and service up take	Religious leaders	County,	IRC, CASCO,
	Strengthen linkage between Community units and supports groups to share information on HIV. Creating Public forums to be utilized by persons living positively to campaign against HIV-related stigma and discrimination through willingly disclosing their status	General Population	County	CSFP, Development partners
	Sensitize and engage religious leaders on KPs stigma reduction campaigns	Religious leaders	County,	IRC, CASCO, RHC
	Promote the PLHIV to enrol in support groups and ensure they register with the Department of Social Services.	PLHIV	County	CASCO, Social Services
	Empower women & girls socio-economically to enable them access HIV health services and information	Women	County	CDGSD
	Establish DICEs to offer HIV services to the key populations	Key Population	County	County and Implementing partners
	The CEC health to formulate a policy to protect priority populations when accessing HIV and health services.	Key and vulnerable populations	County	CEC Health, CHC
	Empower communities through various forums and provision of IEC	General Population	County	County and Implementing Partners
	Promote use of peer counsellors/educators and mentor mothers to enhance uptake of HIV services.	PLHIV	County	CHC, CASCO
	Male engagement in HIV, SRH programs and interventions and offer them services	Male partners of women living with HIV and ANC clients	County	CRHC
	Integrate HIV information and encourage service uptake in religious settings	Religious institutions	County	IRC
	Encourage religious leaders to confirm faith healings through scientific tests	Religious leaders	County	CASCO,COAC, IRC
	Sensitize law makers on the need to enact non-discriminatory regulations and services	County Assembly members	County	CEC Health
	Develop and disseminate population specific and user friendly information including in Braille, Kiswahili and Vernacular.	General population	County	CHC
	Work closely with regional religious leaders to integrate their religious teachings with HIV information and service uptake.	General population	County	IRC
	Utilize county publications and local media channels to disseminate HIV information. (County Journal, County News)	General population	County	CHC
	Educate communities on gender and legal issues	Communities	County	Development Partners
	Educate communities on legal issues, rights and gender during *barazas* and social gatherings	General population	County	CSFP, CHPO
	Utilize community units to discourage negative traditional beliefs and practices.	General population	County	CSFP
	Sensitize county assembly members and executives on the need to enact laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support.	County Assembly members, executives	County	CHC, CEC Health, CASCO,RHC

STRATEGIC DIRECTION 3: USING A HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KPS AND OTHER PRIORITY GROUPS IN ALL SECTORS			
KASF objective	ICASP Results	Key Activity	
An enabling legal and policy environment necessary for a robust HIV response at the national and county level to ensure access to services by persons living with HIV	Reduced self-reported HIV related stigma and discrimination by30%	Improve county legal and policy environment for protection and promotion of the rights of priority, key populations and PLHIV	
	Reduce and monitor stigma and discrimination, social and GBV		

	Sub-Activity/ Intervention	Target Population	Geographic areas by County/sub-county	Responsibility
	The county assembly to review the existing laws and execute the existing policies to ensure they impact the response to HIV positively. These should be consistent with the constitution, national laws and policies.	County Assembly members, executives	County	CHC, CEC Health
	Sensitize law makers and law enforcement agencies on HIV and consequences of their implementation and implementation of laws in the provision of HIV services to priority populations.	County Assembly members, executives	County	CHC
	Enrol PLHIV, OVCs, Key Populations and other priority groups into the social protection Programmes	PLHIV, OVCs, Key Populations and other priority groups	County	Social services department, CSOs, SCACC
	Facilitate discussions and negotiations among HIV service providers, those who access services and law enforcement agencies to address law enforcement practices that impede HIV prevention, treatment, care and support services.	General population	County	CHC, CSOs
	Ensure implementation of HIV workplace programs for law makers and enforcers.	General population	County	CHC,
	Sensitize individual healthcare workers, health care administrators and healthcare regulators on their own human rights and skill and tools necessary to ensure patient rights are upheld	Healthcare workers and administrators	County	COH
	Hold the county government accountable for their constitutional and statutory obligations	County govt. Administrators	County	CHC, CSOs
	Advocate for decentralization of HIV tribunal to the county	HIV Tribunal	County	The HIV Tribunal
	In collaboration with other stakeholders, non-state actors to implement programs aimed at upholding their rights of priority populations	General population	County	CHC
	Sensitization of police, health care workers, Civil Societies and legal groups on SGBV support	Police, health care workers, Civil Societies and legal groups	County	CSOs and Public entities CRHC
	Strengthen linkages with psychosocial support groups for SGBV survivors	SGBV survivors	County	CASCO Social Services
	Link SGBV survivors to gender response units within the county	SGBV survivors	County	CACCs, CSOs,
	Conduct stigma index survey in both health care settings and community.	PLHIV	County	CHC
	Conduct a county baseline survey to document the magnitude and nature of human rights violation and gender disparities in the context of HIV	PLHIV	County	CHC
	Educate communities on gender and legal issues affecting HIV	Communities	County	CDGSS

Improve legal and policy environment for protection of PLHIV, key populations and other priority groups including women, adolescents, girls and boys

Having intervention supportive laws and policies is key in reducing new infections while ensuring access to justice for PLHIV and key populations when violated. It is also key to ensuring HIV interventions are responsive to the human rights needs of these groups.

The HIV and AIDS Tribunal which aims to improve access to legal and social justice and protection from stigma and discrimination is currently under-utilised due to its location and limited knowledge about it.

The following legal and policy interventions are recommended:

ACTORS	RECOMMENDED ACTIONS
Health Sector	Sensitize health care workers on their own rights, attitudes and tools necessary to ensure patient/client rights are upheld.
County Government	Sensitize MCA on law and policy and on the need to enact laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support. Review existing laws and policies to ensure they impact positively on the HIV response.
Lawmakers	Sensitize law makers and law enforcement agencies i.e.: police and provincial administration on HIV services and the consequences of enactment of laws in the provision of HIV services to priority groups.
Non State actors	Facilitate discussion and negotiation among providers, those who access the service and law enforcement agencies to address law enforcement practices that impede on HIV prevention, treatment, care and support. Hold the county governments accountable to their constitutional and statutory obligations. Implement programmes that uphold the rights of priority populations.
Human rights organizations	Facilitate access to justice in cases of rights violation. Undertake legal literacy programmes to teach those who are living with or affected by HIV about human rights and the laws relevant to HIV.

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS

Kenya Constitution 2010 and sessional paper No. 47 of 2012 on universal healthcare provide for provision of universal healthcare for all citizens. Though various milestones have been made, there are still issues to be addressed to achieve universal healthcare as seen from KNASP III, ETR and KHSSP 2014.

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

Key intervention areas

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

Expected results by 2019

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

The following are intervention areas, recommended actions and Action steps

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS						
KASF Objective	ICASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic areas by County/ sub-county	Responsibility
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	Improved health workforce for the HIV response in the county by 40%	Provision of competent, motivated and adequately staffed health workforce	Recruitment of staff by the County government to improve the overall staff: population ratio in line with the "Kenya Staffing Norms," with a special focus on ensuring availability of adequate, competent and skilled health personnel in all tiers of health care.	Healthcare workers	County	COH
			Redistribution of staff by the county government to ensure availability of appropriate and skilled health personnel in line with Kenya Staffing Norms.	Healthcare workers	County	COH
			Develop and implement health staff retention policy that takes into account the additional HIV burden	Health care workers	County	COH
			Integration of HIV referral and linkage services into mainstream health services	Health facilities	County	CDH
			Empower communities and workplaces to ensure improved capacity and capability to take charge of their health	Workplace and CHEWs, CHVs, CHCs	County	CDH
			Institute mechanisms for task sharing and mentorship for skills transfer to ensure delivery of the health package, including HIV prevention, treatment and care services	Health care workers	County	COH
			Improve the human resource performance management system to ensure efficient and effective use of available human resource in delivery of health services, including HIV services	Healthcare workers	County	COH
			Support the development /revision of Health Resource Development Plan to guide HR needs of the health sector, taking into account additional needs to provide HIV prevention, treatment and care.	Healthcare workers	County	COH
			Develop and implement a system for caring for caregivers especially in areas with a high burden of HIV.	Health care workers	County	COH

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS						
KASF Objective	ICASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic areas by County/ sub-county	Responsibility
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	Improved health workforce for the HIV response in the county by 40% Strengthened HIV commodity management	Strengthen health service delivery system for the provision of HIV service integrated in the essential health package	Create incentives for health staff in terms of training, remuneration and other rewards, with a particular focus on high HIV burdened and disadvantaged areas	Health care workers	County	COH
			Integrate and improve capacity building in HIV management and leadership in general in-service health training	Healthcare workers	County	COH
			Adoption of strategies to make comprehensive HIV services more accessible to key populations.	Healthcare workers	County	COH
			Integration of HIV services in primary healthcare services, including hospital services, to allow meaningful and routine engagement of all cadres of health personnel in HIV prevention, treatment and care service provision	Healthcare workers	County	COH
			Integration of HIV referral and linkage services into mainstream health service referral and linkage network including community linkages.	Healthcare workers	County	COH
			Upgrading of health facility infrastructure to meet basic standards for HIV services provision.	Healthcare workers	County	COH
			Adapt legal framework that creates an enabling environment to enhance access to HIV services by KPs.	Healthcare workers	County	COH
		Improve access to and promote rational use of quality essential health products and technologies	Strengthen HIV commodity management and supply chain monitoring at county and health facilities level including pharmacovigilance (drug safety) and post marketing surveillance (PMS)	Healthcare workers	County	COH
			Promote timely forecasting and quantification and periodic supply/procurement planning for HIV commodities	Healthcare workers	County	COH
			Promote procurement efficiency for HIV commodities	Health care workers	County	COH
			Infrastructural support for effective distribution and appropriate storage at county and health facility level.	Health care workers	County	COH
			Promote appropriate prescription practices and rational use of HIV commodities	Healthcare workers	County	COH
			Develop a robust LMIS to facilitate timely collection and transmission of quality commodity consumption and stock status data that is integrated into the HMIS	CHRIO	County	COH
			Provision of adequate and functional HIV diagnostic equipment (VL, CD4) that are well maintained (service contracts) in conjunction with partners.	Healthcare workers	County	COH
			Introduction of facility based IT systems to manage and monitor HPT supplies and linked to national and county MOH information System	Healthcare workers	County	COH
			Establishment of county systems for coordinating and managing EHPT investments	Healthcare workers	County	CHMT
			Review and strengthen laboratory systems for effective diagnosis and monitoring of ART, especially for early toxicities and treatment failure	Healthcare workers	County	CMLT,
			Decentralization of HIV services including laboratory networks to all health facilities especially the lower level tiers	Healthcare workers	County	COH, CMLT,

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS						
KASF Objective	ICASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic areas by County/ sub-county	Responsibility
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	Improved health workforce for the HIV response in the county by 40% Strengthened community-driven HIV response	Strengthened community and workplace service delivery system at county level for the provision of HIV prevention, treatment and care services	Strengthen governance and leadership for community and workplace health actions at all levels	General population	County	CSFP, CASCO
			Enhance human resource capacity for development and implementation of community and workplace health at all levels	General population	County	CSFP, CASCO
			Strengthen institutional capacity for implementation of community and workplace actions and services at all levels	CUs, workplaces	County	CSFP, CASCO
			Adopt national standards for guiding community and workplace health implementation and practice	General population	County	CSFP, CASCO
			Empower communities and workplaces to ensure improved capacity and capability to take charge of their health	General population	County	CSFP, CASCO
			Articulate an integrated, comprehensive and quality community and workplace health package for HIV prevention, treatment and care	General population	County	CSFP, CASCO
			Strengthened AIDS control units in learning institutions and resources be allocated for behaviour change communication (BCC) programs.	Learning institutions	County	CHC
			Mainstream HIV and AIDS activities into community strategy and map CSOs capacities	CUs,	County	CSFP, CPHO,CHC

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

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

Currently, the county is not able to carry out research activities due to the following reasons;

- Lack of capacity
- Lack of resources

There is need to carry out research on what are commonly thought to be the drivers of HIV such as drug and substance abuse, increased activities in the town due to LAPPSET projects, construction of international airport and the Isiolo- Ethiopia Highway among others.

Priority Interventions

Resource and implement a HIV research agenda informed by KASF

A collective approach to the research component on HIV is important in addressing the challenges, both current and emerging, and gaps hence promoting evidence-based policy and programming. There is a critical need to identify and implement high-impact research priorities, innovative programming and capacity strengthening to conduct research.

Interventions for resourcing and implementing HIV research agenda

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH AND INNOVATIONS TO INFORM THE ICASP GOALS						
KASF Objective	ICASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic 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 the HIV response to 50%	Improve evidence-based planning and programming	Identify and implement high-impact research priorities, innovative programming and capacity strengthening to conduct research	Operationalize Isiolo research TWG Create a County information data bank for use at all levels including the community Create effective systems to enhance feedback to communities on HIV data	Research TWG	County	CEC Health
	Enhance capacity to conduct HIV research		Conduct operational research in the county on various thematic areas of HIV County publications on operational research	Research stakeholders	County	CDH
			Conduct county dissemination forum of HIV research in the county	HIV stakeholders.	County	CDH
			Strengthen county HIV research capacities including epidemiological surveillance, good laboratory, clinical practice and ethics	Research stakeholders	County	CDH

Increase evidence-based planning, programming and policy changes

Reliance on research and innovation to generate timely evidence that stimulates policy programmes and interventions that save lives and improves health remains important as it tracks achievements of ICASP's goals. The County government and NACC's leaderships need to prioritize collation of available County research dissemination and strategic dissemination for policy and practice.

Interventions for increasing evidence planning and programming

Key Interventions	Recommended Actions
HIV information portal for Isiolo County	Establish a county multi-sectoral interactive web-based HIV and AIDS research hub with geographic mapping of research on HIV, TB and SRH research. Develop and disseminate regular paper reviews of key research findings, local innovations, systematic reviews and their policy, funding and practice implications.
Reviews of research	Publish systematic reviews of research on the county priorities and draft research briefs annually. Invest in capacity development for research reviews and collation. Encourage inter-county government sharing on research findings. Set aside some funds so as to assist the county in doing research on HIV and AIDS.
Communities of practices	Establish Communities of Practice {CoP} on the ICASP priorities to review evidence and propose policy recommendations.

STRATEGIC DIRECTION 6: PROMOTE UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH, MONITORING AND EVALUATION TO ENHANCE PROGRAMMING

Introduction

The key intervention areas for this strategic direction are to strengthen monitoring and evaluation capacity to track the performance of ICASP and HIV epidemic response in Isiolo County; ensure harmonised, timely and comprehensive routine and non-routine monitoring systems that provide quality HIV data as per national; county and sector priority information needs; and establish multi-sectoral and integrated real time HIV platform that provides updates on HIV epidemic response at county level.

By 2019, this direction is expected to have delivered the following results:

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

Competent HIV response is dependent on and influenced by timely availing of data for effective evidence based informed decision making thus the need for a strengthened M&E capacity. The country's constitution requires good practices of people's participation in decision making and transparent and accountable stewardship.

The M & E of national and county multi-sectoral response to HIV and AIDS rely on a variety of systems that include data sources and routine and periodic collection and collation systems that are supported and maintained by stakeholders.

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

The analytical capacity at the county level remains weak and thus requires strengthening. The county, therefore, needs to establish, recognize and own efficient M & E systems that are linked to surveys, studies and programmatic data sources. The existing county M & E requires strengthening so as to flex and respond to data needs by national and county governments and facilitate generation of high quality and timely strategic information for HIV response at all levels.

The other core M & E challenge is overdependence on external funding that often results in delays or partial implementation of planned M&E activities such as population based surveys. There is, therefore, a need to strengthen sustainable M&E activities both at national and county levels.

Operational Documents to Support ICASP

1. HIV Programme Framework.
2. HIV Estimates and County Profile.
3. Kenya AIDS Epidemic Report 2012.
4. Isiolo Health Information System.
5. Isiolo County Health Strategic Plan 2013/14.
6. Isiolo CIDP.

Intervention Areas

The intervention areas on strengthening M&E systems prioritises funding and availing timely, adequate and quality data that meets quality assurance benchmark to National and County governments for decision making. The data is also useful to health facilities and informal and formal private sectors. The following interventions shall be undertaken during ICASP implementation:

STRATEGIC DIRECTION 6: PROMOTING UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION TO ENHANCE PROGRAMING.			
KASF Objective	ICASP Results	Key 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 the HIV response to 50%	Strengthening M&E capacity to effectively track the ICASP performance and HIV epidemics at county levels	Increased availability of strategic information to inform HIV response at County level	
	Ensure harmonized, timely and comprehensive routine and non–routine monitoring systems to provide quality HIV data at county level	Planned evaluations, reviews and surveys implemented and results disseminated in timely manner	
	Establish multi-sectoral and integrated real-time HIV platform to provide updates on HIV epidemic response accountability	M&E Information Hubs established at County level and providing comprehensive information package on key ICASP Indicators for decision making	

	Sub-Activity/ Intervention	Target Population	Geographic areas by County/sub-county	Responsibility
	- Align the County M&E system to the new governance structures	Implementers County Government	County	CASCO,CHRIO,SCASCO, SCACC,SCHRIO, Partners and County Govt.
	-Conduct County M&E engagements, (data quality audit)	Implementers	County	CASCO, CHRIO, SCASCO, SCACC, NACC, PARTNERS and CG
	-Conduct M&E capacity assessment and capacity development at county level	Implementers	County	CASCO, CHRIO, SCASCO, SCACC, NACC, PARTNERS and CG
	-Establish and strengthen functional multi-sectoral HIV M&E co-ordination structure and partnerships at County level	County Government and partners	County	CASCO CACC CHRIO
	-Develop comprehensive HIV M&E systems guidelines, tools and standard operating procedures	County M&E dept.	County	CASCO CACC CHRIO
	-Put in place sustainable financing for HIV M&E planned activities in the County.	County Government and partners	County	CASCO CACC CHRIO
	-Strengthen HIV M&E data management at County level	County Government and partners	County	CASCO, Partners CHRIO CACC
	Harmonize and create linkages between data collection tools and databases	County Govt.	County	CASCO, Partner CHRIO
	Conduct periodic data quality audits and verification	County Govt.	County	County Govt. CASCO, Partners, CHRIO, CACC
	Conduct M&E supervision	County Govt.	County	County government Development partners, CASCO NACC, NASCOP
	Scale up coverage of ongoing HIV program surveillance and surveys	County Govt.	County	CASCO/SCASCO CQIO CHRIO/SCHRIO County pharmacist
	Honour global, regional, national and county HIV reporting obligations	County Govt.	County	CASCO/SCASCO CQIO CHRIO/SCHRIO County pharmacist
	Strengthen routine and non-routine HIV information systems	County Govt.	County	CASCO/ SCASCO, CQIO CRHIO/SCHRIO County pharmacist
	Establish a multi-sectoral HIV programming web-based data management system	County Govt.	County	CHMT, Partners, CASCO
	Promote data demand and use of HIV strategic information to inform policy and programming Develop and implement KASF evaluation agenda	County Govt.	County	County Govt. ,C CASCO SCASCO CQIO CRHIO County pharmacist SCASCO
	Create and strengthen M&E Information Hubs at County Level	County Govt.	County	County Govt. CASCO, SCASCO CQIO, CRHIO County pharmacist, CACC

STRATEGIC DIRECTION 7: INCREASING DOMESTIC FINANCING FOR SUSTAINABLE HIV RESPONSE

Currently, HIV and AIDS funding activities in Isiolo County mainly come from donors such as AFYA Imarisha, Food for the Hungry Kenya, UNICEF, Elizabeth Gracia, African Development Study and UKAID. The County Government and the National Government also contribute.

Through this document, the county government will now be able to gather more finances towards their HIV financing.

Key intervention areas

- Maximise efficiency of existing delivery options for increased value and results within existing resources.
- Promote innovative and sustainable domestic HIV financing options.
- Align HIV resources/investments to strategic framework priorities.

Expected results by 2019

Increased domestic financing for HIV response to 50% by lobbying MCAs in the county to adapt policies for revenue sharing.

STRATEGIC DIRECTION 7: INCREASING DOMESTIC FINANCING FOR SUSTAINABLE HIV RESPONSE					
KASF OBJECTIVES	ICASP RESULTS	KEY ACTIVITY	SUB ACTIVITY / INTERVENTION	TARGET POPULATION	RESPONSIBILITY
Increased domestic financing for HIV response to 50%	Increased domestic financing for HIV response to 20%	Resource allocation by the county government	Engage the Isiolo County Government to allocate adequate funds for HIV and AIDS activities (HTS, Lab networking, ECSM, BCC, BCE, Referral mechanisms, Trainings and monitoring of healthcare workers)	Office of the Governor County Assembly County Department of Health	Chair County Executive for Health Chair County Executive Member for Finance
			Develop HIV investment criteria for resource allocation by the county	County HIV Committee	CECM – Health CECM- Finance
			Facilitate implementation of deliberate measures to unblock the financial, human, infrastructural institution within health system	County Assembly County HIV Committee	CECM- Health CECM - Finance
		Coordination of partners and stakeholders at County and Sub county levels	Strengthen HIV stakeholders forums to facilitate alignment with ICASP	Stakeholders and partners	County HIV Committee
			Facilitate quantification of county resources needs through relevant information on county support	County Assembly	CECM – Health CECM- Finance County HIV Committee
			Implement a partnership accountability framework at county level to ensure alignment of resources to Isiolo CASP priorities	Stakeholders and partners	County HIV Committee CECM – Health
			Facilitate planning by reporting contribution to ICASP annually	Stakeholders and partners	County HIV Committee CECM – Health

STRATEGIC DIRECTION 7: INCREASING DOMESTIC FINANCING FOR SUSTAINABLE HIV RESPONSE					
KASF OBJECTIVES	ICASP RESULTS	KEY ACTIVITY	SUB ACTIVITY / INTERVENTION	TARGET POPULATION	RESPONSIBILITY
Increased domestic financing for HIV response to 50%	Increased domestic financing for HIV response to 20%	Implementing effective cost saving model of HIV and AIDS service delivery	HIV and AIDS on job training and monitoring for health workers	Healthcare workers	CASCO SCASCO
			Rationalize ART collection system to reduce the distribution and referral costs associated with laboratory.	Pharmacy and Laboratory	County Pharmacists County laboratory Coordinator
			Create a conducive working environment for health workers to perform and maximize their potential.	Healthcare Workers	Chief Officer of Health
			Integration of HIV and AIDS/RH and MNCAH services.	Health Care workers	CDH
		Leverage on Key Sectors	Leverage on Transport sector, Livestock, Construction, Trade, Banking	Transport Sector Livestock farming Cooperative, KCB, Equity ,Family, Barclays, National Bank, First Community and Saccos	CHC

STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF THE ICASP RESULTS BY ALL SECTORS

Isiolo County has an established HIV committee as per the National guidelines. It also has an M&E committee and the CACCS are in place.

Expected results;

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

Priority Area & Interventions

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

Inputs

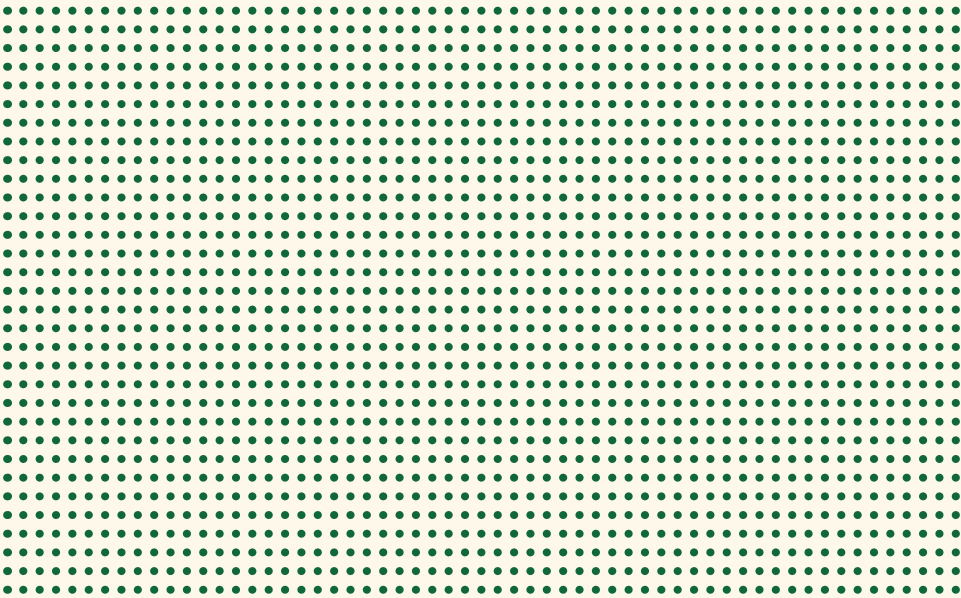
- There is need for the establishment of youth friendly centres in all the 3 sub-counties of Isiolo, i.e.; Isiolo Central, Garba Tulla and Merti.
- There is also need for enactment of legislation to ensure that PLHIV get the right to inherit property and title deeds.
- In case of misconduct between couples, there is need to recognise their rights, therefore, enabling them to stay within their homes.
- Sensitising the herbalists, sheikhs, pastors and the community elders on the realities of HIV and AIDS.
- Enacting laws against discrimination of school children who are usually sent out of school as a result of their status.
- Educating the youths and establishing a desk at the county level which can provide information on HIV and AIDS.

Key Intervention Areas

STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF ICASP RESULTS BY ALL SECTORS						
KASF Objective	**ICASP Results**	**Key Activity**	**Sub-Activity/ Intervention**	**Target Population**	**Geographic 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 the HIV response to 50%	Good governance practices and accountable leadership for HIV and AIDS response in the countyW	Promote good governance practices and accountable leadership	-Conduct sensitization forums for county assembly and the public , Law enforcers and administrative officers -Capacity building sessions for CHAC on leadership, governance and accountability - Operationalized HIV technical working groups at the County level -Enhance regular monitoring of HIV related performance Indicator with subsequent reviews	County Assembly Public CHAC CHTWG	County	CHC
	Effective and well-functioning stakeholder co-ordination mechanisms in the county	Advocacy and lobbying	-Conduct advocacy meetings with the county leadership to build and sustain high-level political commitment in HIV response -Develop and operationalize stakeholders coordination guidelines	County leadership CHAC	County	CHC, CSOs
	80% of HIV stakeholders in the County participating in quarterly stakeholder coordination forums.	Hold dissemination meetings	Disseminate policy guidelines to strengthen good governance on county HIV response -Regularly updating HIV stakeholders in the county	County leadership	County	CHC, CSOs
		Resource mobilization	Mobilize and allocate adequate resources for HIV and AIDS response	Public Private Partners	County	CHC, CSOs

05.

IMPLEMENTATION PLAN



Introduction

The plan will track the activities and progress of all actors in the response to HIV– including government departments, health facilities, the private sector and civil society organizations. A strengthened County HIV Committee (CHC) will be responsible for co-coordinating the ICASP monitoring and evaluation framework. Information will be collected from relevant subsystems on a selected number of indicators at regular intervals.

			2015/2016				2016/2017				2017/2018				2018/2019				
SD	ICASP Result	Key Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Responsibility
1	Reduce new HIV infection among adults by 75% Reduce new HIV transmission rates from mother to child from 14% to less than 5%	Increase coverage of combination prevention approach	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	All health facilities, Community gate keepers, CSOs, Faith sector, Partners, County Social services
		Targeted HIV prevention to priority populations	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	All health facilities, Community gate keepers, CSOs, Faith sector, Education sector Partners, Law enforcers
		Leverage opportunities through creation of synergies with other sector	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	County MOH, County MOE, Partners, County Social Development Office, CSOs, County transport department, local media
2	Attain a 90% increase in linkage to care within 3 months after HIV diagnosis Attain a 90% increase of ART coverage Attain a 90% increment on ART retention at 12 months	HTS adolescents and young people	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	All Health Facilities, CHMT, CASCO, / SCASCO, CSOs, Partners, KEMSA.
		HTS -KP	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Al health Facilities, CHMT, CASCO,/SCASCO , CSOs, Partners
		HTS- Men, Children and pregnant women	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Health Facilities, CHMT, CASCO,/ SCASCO Partners, CSOs, Community gate keepers, Faith sector
		HTS General population	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Health Facilities, CHMT, CASCO,/SCASCO Partners, CSOs
		HTS and Linkages	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Health Facilities, CHMT, CASCO,/ SCASCO Partners, CSOs
	Attain a 90% increment in viral suppression among children, adolescent and adults	ART –Adolescent and young people	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	MOEST, TSC, County MoH, Partners, CSOs, Faith Sector, County director of education
		ART –KP	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Health Facilities, CHMT, CASCO,/SCASCO Partners, CSOs
		ART General Population	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Health Facilities, CHMT, CASCO,/SCASCO Partners, CSOs
		ART- men, Children and pregnant women	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Health Facilities, CHMT, CASCO,/SCASCO Partners, CSOs
	Achieved viral suppression for 90% of patients on ART	Conduct viral load tests	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	All health Facility, CASCO,/SCASCO partners, CSOs, Networks of PLHIV, KEMSA,KEMRI

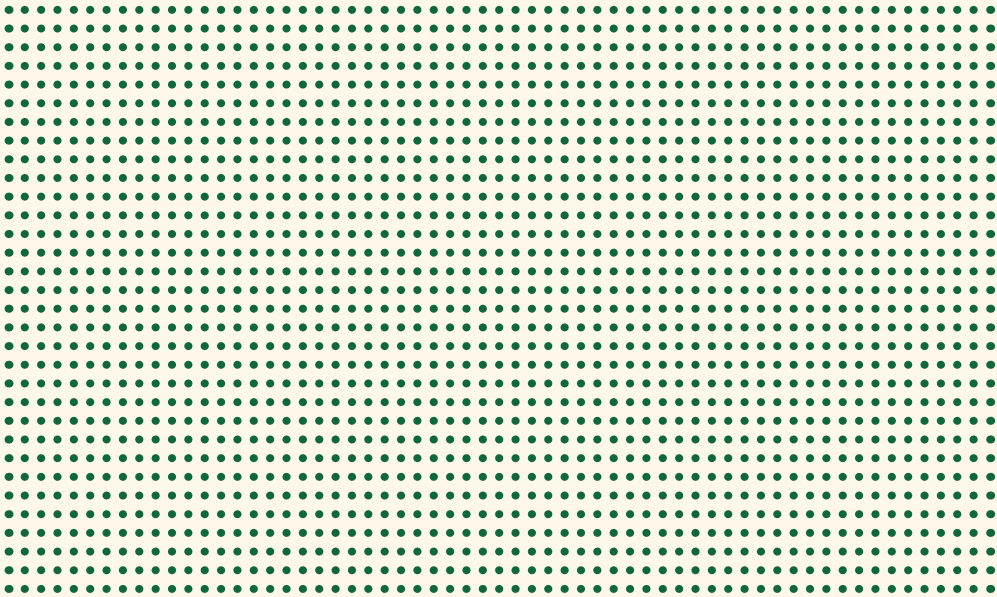
			2015/2016				2016/2017				2017/2018				2018/2019				
SD	ICASP Result	Key Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Responsibility
3	Reduce levels of sexual and gender based violence for PLHIV, key populations, women, men, girls and boys by 50%	Strengthen Mechanisms for Monitoring Abuses	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Community leaders, law enforcers, County Health Management Team/ Health Workers, Faith sector, CSOs, partners
	Reduce stigma and discrimination by 50%	Address HIV related stigma and discrimination	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Networks of PLHIV, County Health Management Team, Media,, Faith sector, CSOs , County Social development, Children department, HIV tribunal, partners
	Increase protection of human rights and improved access to justice for PLHIV, key populations and other priority areas	Promote non-discriminatory access to education, health care, employment and social services	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	CHMT, Social Services; MOEsT, Children department, faith Sector, Media, Community gate keepers, Partners
4	Improve healthcare workforce for the HIV response by 40%	Staffing	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	County Public service board ,CEC health, Partners, CHMT
	Increase number of health facilities ready to offer KEPH- defined HIV and AIDS services from 51% to 90%	Procurement and supply of HIV commodities	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	CEC health HMT, County HIV Committee (CHC), Partners
	Strengthen HIV commodity management through effective and efficient management of medicine and medical products	Create and Strengthen existing the community Health units and networks	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	CHMT (Community Strategy focal person), Sub County MoH,- CHEWS,CHVs Partners, CHC, SCACCS
	Strengthen community level HIV and AIDS competency	Enhance referral and linkage services between community and facility.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	CHMT (Community Strategy focal person), Sub County MoH,- CHEWS,CHVs, Partners, CHC, SCACCS, CSOs
5	Increased capacity to conduct HIV research by 10% Increase implementation of research on the identified ICASP related HIV priorities by 50%	Build Capacity for Research	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	CHMT, County Research unit, CHC, CEC Health, learning institutions, Partners
		Funding for Research				x				x				x				x	County research unit, CEC Health, Learning Institutions, national Research agencies
	Increased evidence based planning, programming and policy by 50%	Application of research finding in decision making	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	HCW, CHMT, Partners, CSOs

			2015/2016				2016/2017				2017/2018				2018/2019				
SD	ICASP Result	Key Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Responsibility
6	Increase availability of strategic information to inform HIV response in Isiolo County	Increase access to Strategic information	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	CHRIO/PROGRAM OFFICERS/CHMT, CASCO Partners, SCACCS, NASCOP, NACC, NEPHAK
	Planned evaluations, reviews and surveys implemented and timely disseminated results Establish M&E information hubs at the county levels that provide comprehensive information package on key ICASP indicators for decision making	ICHSP Midterm Review								x	x								CEC Health, CHMT, CHC, Partners
7	Increased domestic financing for sustainable HIV response to 50%	Establish a HIV budget line in the Health Budget				x				x				x				x	CEC Health, Chair County Assembly Health Committee, CEC Finance, CHC , CSOs and Networkers of PLHIV
		-Conduct Partner mapping and re distribution					x	x											CEC Heath, CHMT
		Lobby for a legislation for partners to disclose their resource envelopes					x	x	x	x	x	x							CEC Health, Chair County Assembly Health, communities
		Lobby for increase in budget allocation to HIV response from 1% to 2% of locally generated revenue				x				x				x				x	CEC Health, Chair County Assembly Health Committee, CEC Finance, CHC , CSOs and Networkers of PLHIV
		Prepare and present a session paper on increasing domestic funding of HIV activities to the County Executive Committee					x	x											CHMT
		Hold an annual dinner gala, charity walks for raising funds for HIV activities			x				x				x				x		CEC Health, , CEC Finance, CHC , Private sector, Partners
		Promote public private partnership	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	CEC Health, , CEC Finance, CHC , Private sector, Partners
		Establish HIV investment Fund				x	x	x	x	x	x	x	x	x	x	x	x	x	CEC Health, Chair County Assembly Health Committee, CEC Finance, CSOs

			2015/2016				2016/2017				2017/2018				2018/2019				
SD	ICASP Result	Key Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Responsibility
8	Effective and well-functioning stakeholder coordination and accountability mechanisms in place and fully operational zed	Prioritization of HIV response in County fiscal budget				x				x				x				x	Governor's Office ,CEC Health, Chair County Assembly Health Committee, Communities, CEC Finance
		Resource mobilization	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
		Enhance good governance to strengthen multi partner and multi sectorial accountability for strategic plan implementation	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
	An enabling policy, legal and regulatory framework	Formation of a coordinating committees in line with KASF implementation framework(ICC, ,County HIV committee, M&E committee				x	x												CEC Heath, MOH, CHMT, Partners
		Operationalization of a well, effective and efficient stakeholders coordination and accountability framework				x	x												
	County HIV policy, legal and regulatory framework	Establishment of an enabling policy, legal and regulatory framework for HIV & AIDS in the county	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	CEC Health, CHMT, Chair County Assembly Health Committee, Partners, Communities
		Lobby for Legal framework for multi-sectorial HIV and AIDS response through a county legislation				x	x	x	x	x	x	x							

06.

MONITORING AND EVALUATION PLAN

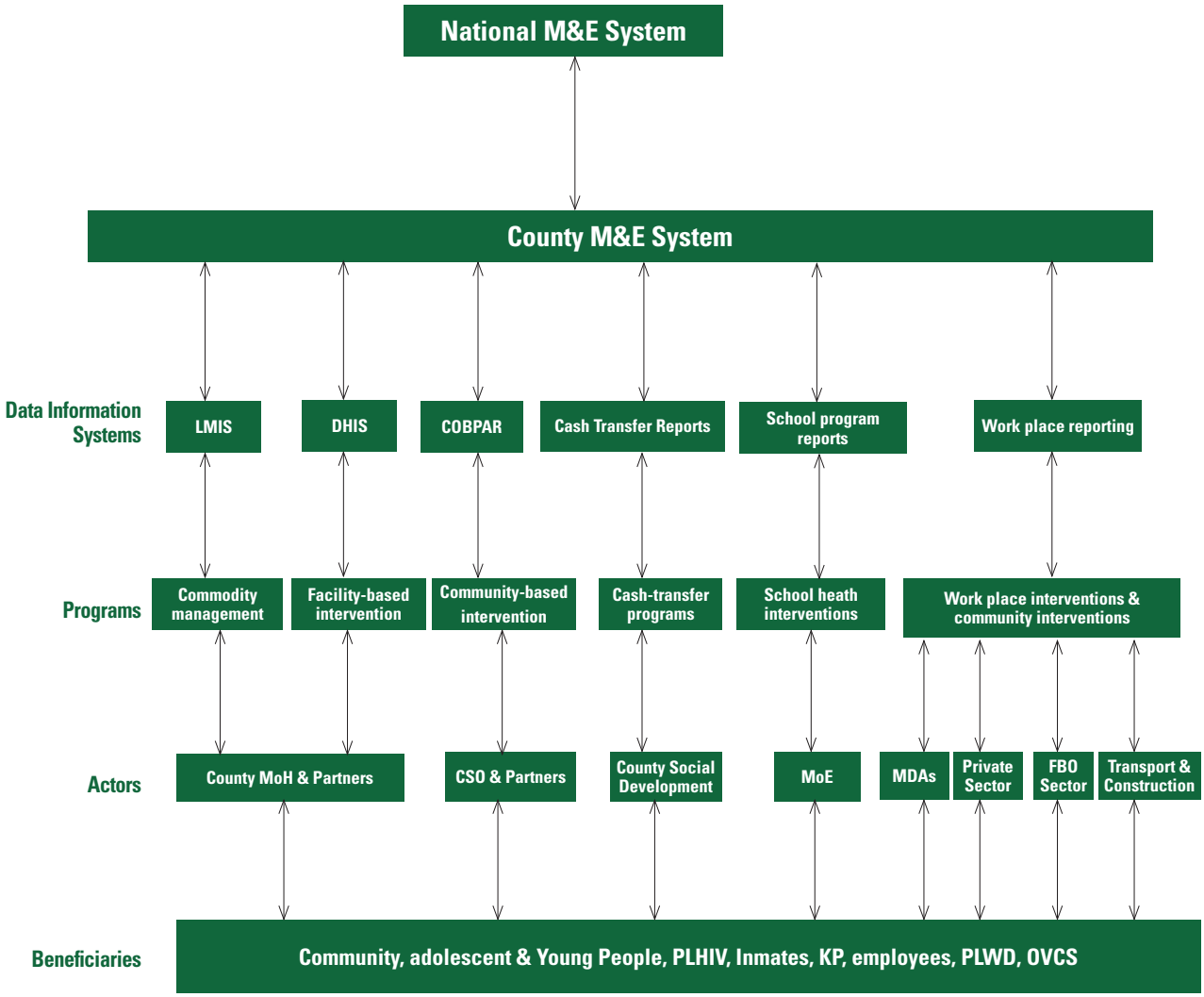


The HIV Monitoring and Evaluation (M&E) system is primarily divided into health facility based, non-health facility-based, or community based components of monitoring and evaluating the county HIV response. The county will utilise the following essential components to ensure a functional M & E system:

1. Establish an ICASP Monitoring Committee with clear terms of reference.
2. Invest in human capacity and M&E. - Recruit and capacity build existing M&E staff for facility and community based systems.
3. Establish and strengthen Technical Working Groups (TWGs) (i.e. KP, PMCTC, adolescents and young people, HIV commodities, Acceleration of Care and Treatment (ACT) and Research)
4. Develop annual costed county HIV M&E work plan and share with relevant stakeholders for support.
5. Routine HIV program monitoring. - Strengthen Standard Operating Procedures (SOPs) guiding data collection and management.
6. Strengthen routine reporting of facility and community based activities. - Strengthen DHIS, COBPAR and HIRPOS.
7. Survey and surveillance- The County will benefit from national surveys and surveillance (KDHS, KAIS, MoT, and KNASA) in tracking some indicators.
8. County HIV database. - The situation room will be used to generate data consolidated from different subsystems to include DHIS, LMIS, COBPAR, and HIPROS.
9. Support supervision and data auditing. -Quarterly support, supervision and data audits in facility and community based M&E systems.
10. HIV Research. - The research TWG will develop coordination mechanism for HIV research in the county to be adopted by partners and universities in conducting HIV research in the county.
11. Data dissemination and use. - The M & E Committee will develop data dissemination mechanisms to ensure all stakeholders have access to the most up-to date information available that can inform program decisions. The information products will include quarterly HIV reports, dashboards and ICASP indicators snapshot.
12. Midterm and end term review. -There will be a midterm and end term review of the ICASP.

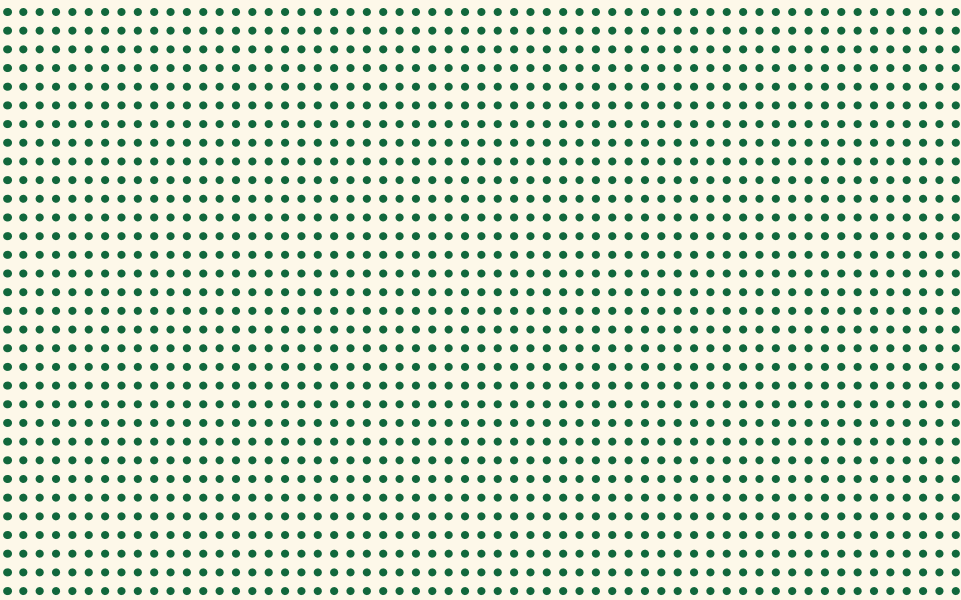
Data from various reporting systems will be consolidated at the county M&E system as shown below.

Figure 5: Data and information flow diagram



07.

RISK AND MITIGATION PLAN



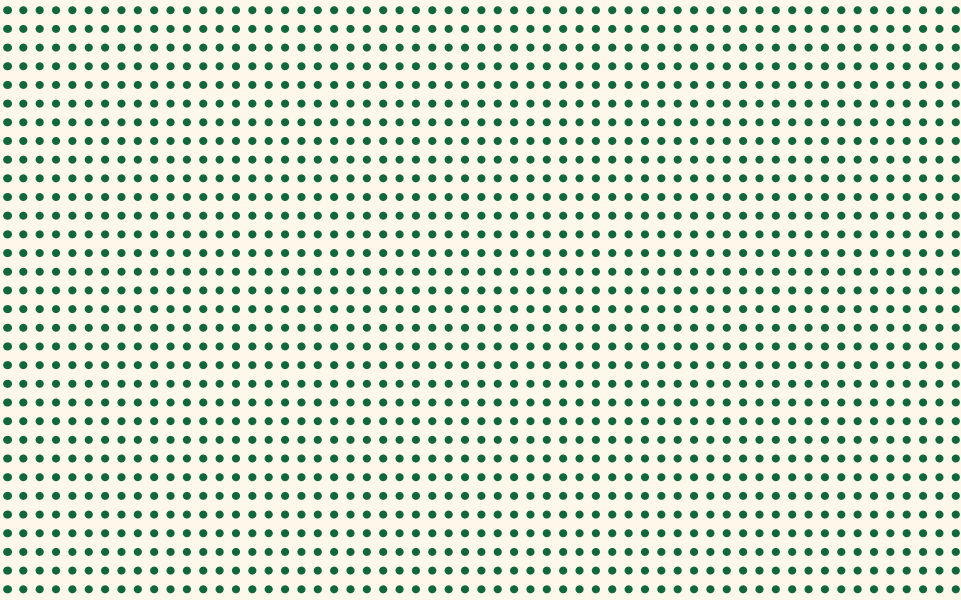
The Risk Management Plan is a tool to assist in identifying risks that have the potential to impact on the successful outcomes of the strategic plan as a whole. By identifying these risks and especially by presenting possible strategies to prevent or mitigate them, the matrix becomes a reference document for both the funding mechanisms and monitoring and evaluating the plan.

Table 18: Risk and Mitigation Plan

Risk Category	Risk Name	Status	Probability(1-5)	Impact(1-5)	Risk Average Score	Response	Responsibility	When
Technological	-Loss of data	Low	3/5	4/5	3.5/5	-Install data back up - Give user rights	CEC Health	Yr 1
Political	Displacement of populations	Low	2/5	4/5	3/5	-Set up a Disaster management kit	CEC Health, CEC Finance	Yr1-Yr5
Operational	Partner dependency	High	4/5	5/5	4.5/5	- Establish HIV budget line in county budget	CEC Health, CEC Finance, Chair of health committee	Yr1-Yr5
	Herbalist and Faith healing	Medium	4/5	4/5	4/5	-County legislation on herbal medicine to include vetting and licensing -Community empowerment in health decisions	CEC Health, Chair Health committee	Yr1
	Existence of "briefcase CBOs/NGOs	Low	2/5	2/5	2/5	-Vetting of CBOs/NGOs -County legislation on CBO and NGOs	County social service, Chair Health committee	Yr 1-5
	Uncertainty of program support	High	3/5	4/5	3.5/5	-Establish a County HIV Kitty	CHC	Yr 1
Legislation	-Lack /weak legislation -Weak enforcement	Medium	2.5/5	3/5	2.5/5	-Review of existing legislation -Enactment of county HIV and AIDS act -Enhance enforcement of legislation	CEC Health, ,Chair Health Committee ,CHC	YR 1&2

08.

ANNEXES



ANNEX 1: M&E FRAMEWORK

Strategic Direction 1: Reducing new HIV infections						
ICASP Results	Service Delivery Area	Indicators	Baseline	Data Source	Mid Term Target	End Term Target
Reduce new HIV infection in adults and children by 75%	Community adherence to care and treatment	Number of new HIV infections in adults (15+)	194	DHIS 2014	90	77
	Improved reproductive health services	Number of new HIV infection in children (0-14)	8	County Estimate 2014	4	4
	Early infant treatment	Number of new infections among infants (0-12 months	18	DHIS2014	8	4
	Retention on ART	Annual number of HIV related deaths	136	County Estimate 2014	63	63
	Early infant diagnosis	Percentage of Infants born to HIV-Infected Mothers that are HIV positive at 8 weeks	2.6%	DHIS2014	1.1%	0.5%
	Adolescent Programme	Percentage of young women and men aged 15-25 who have had sexual intercourse before age 15	22%	KAIS 2012	35%	54%
	HTS	Percentage of the population counselled and tested	9.2%	DHIS - 2014	40%	85%
	PEP	Number of Health facilities providing PEP services	13	DHIS 2014	15	30
	General Population	Percentage of people aged 15-49 who had sexual intercourse with more than one partner in the last 12 months	-	KAIS 2012	-	-
		Percentage of people aged 15-49 who had sexual intercourse with more than one partner in the last 12 months and reported condom use during the last sexual intercourse	-	KAIS 2012	-	-
	PMTCT	Number of pregnant women attending ANC whose male partner was tested for HIV	-	DHIS 2014	-	-
		Number and Percentage of infants born to HIV infected women starting on cotrimoxazole prophylaxis within 2 months of birth	44(65%)	DHIS2014	45	10
		Number Percentage of infants born to HIV infected women who receive DNA- PCR test for HIV within 2 months of birth	5670	DHIS2014	100%	100%
		Number and Percentage of pregnant women who know their HIV status (1ST ANC Visit)	6140(99%)	DHIS	100%	100%
		Percentage of HIV women who receive anti-retroviral to reduce risk of mother positive to child transmission (ANC- PMCT)	47%	DHIS 2014	60%	100%
		Percentage of new ANC clients seen at health facilities(1st ANC Visit)	48%	DHIS 2014	75%	85%
		Percentage and Number of clients whose male partners were tested in MCH	1.8	DHIS2014	3	15
		Percentage of clients who finished four ANC visits	38%	DHIS 2014	55%	85%
	Key Population	Number of targeted tests for high risk populations	50	DHIS	60	70
		Number and percentage of KP reached with HIV prevention programmes	50	DHIS	60	75
		Number of syringe distributed to PWID by Needle and Syringe Program (NSP)	0	DHIS	0	0
	Leverage opportunity for HIV prevention	%of County Government ministries, departments and agencies(MDAs) with result based HIV plans aligned to ICASP	25	Public sector reports (2014/2015)	100	100

Strategic Direction 2: Improve Health outcomes of PLHIV						
ICASP Results	Service Delivery Area	Indicators	Baseline	Data source	Mid Term Target	End Term Target
Diagnosis of 90% of all PLHIV	ART Program	Percentage of people diagnosed HIV positive linked with care within 3 months	23%	DHIS 2014	35%	55%
		Percentage of PLHIV receiving HIV care services	24%	DHIS 2014	38%	53%

90% of those diagnosed started and retained on ART	ART Program	Number and percentage of adults and children enrolled in HIV care and eligible for cotrimoxazole prophylaxis currently receiving cotrimoxazole prophylaxis	98%	DHIS 2014	100	100
	PMCT Program	Number and %of eligible clients newly initiated on highly active ART in the last 12 months	22%	DHIS 2014	35%	54%
	ART Program	Percentage of adults and children currently receiving ART among all eligible people living with HIV ((using national criteria)	99%	DHIS 2014	100%	100%
		Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy (24 months, 36 months, 60 months)	12 Months 53.2% (148/348)	DHIS 2014	82%	95%
			24 Months	DHIS 2014	79%	92%
			36 Months	DHIS 2015	70%	92%
			60 Months	DHIS 2015	70%	90%
	HIV/TB Co morbidity	Percentage of TB/HIV co-infected clients who are receiving ARTs	100%	DHIS 2015	100%	100%
		Percentage of HIV patients screened for TB	43%	DHIS	85%	95%
Increased viral load suppression		Percentage of ART patients with an undetectable viral load at 12 months after initiation of ART	TBD	-	-	-
		Percentage of people on ART tested for viral load who have a suppressed viral load in the reporting period	41%	NASCOP Report Dec2015	80%	90%
Structural interventions						
Improved quality of care treatment	Capacity building	Percentage of health facilities providing HIV care and treatment services	37/52	RHIS	55%	75%
		Percentage of health facilities implementing continuous quality improvement activities according to MoH standardized protocols	92%	RHIS	100%	100%
	ART program	Number of health facilities dispensing ART that have experienced a stock out of at least one required antiretroviral drug in the last 12 months	0	RHIS	0	0
		Number of health facilities providing care and treatment according to MoH standardized protocols	37/52	RHIS	44/52	52/52
Strategic Direction 3: Strengthening integration of health and community systems						
ICASP Results	Service Delivery Area	**Indicators**	**Baseline**	Data Source	Mid Term Target	End Term Target
Reduced Stigma and discrimination by 50%	Stigma and discrimination	Percentage of PLHIV who self-reported that they experienced discrimination and/or stigma due to their HIV status	48%*	Stigma index survey	25%	0%
		Percentage of women and men ages 15–49 expressing accepting attitudes towards people living with HIV	Men: 35.6%* Women: 45.9%.*	KDHS 2009	75%	85%
	General population	Percentage of ever married or partnered women and men ages 15–49 who experienced sexual and/or gender based violence	7.6%.*	KDHS 2009	3.2%	0%
	PLHIV	Percentage of PLHIV who experienced sexual and/or gender-based violence	0%	KDHS/ KAIS	0%	0%
	KP	Percentage of MSM who experienced sexual and/or gender-based violence	28%*	IBBS	18%	12%
		Percentage of sex workers who experienced sexual and/or gender-based violence	49%*	IBBS	27%	11%
		Percentage of OVCS reached with social protection programs	35%	County estimate	50%	75%
Structural Interventions						
Improved protection of human rights	Human rights and improved access to justice	Number of cases filed by PLHIV at the HIV Tribunal	0	HIV Tribunal	3	4
		Number of PLHIV and key population accessing legal services at the HIV tribunal	0	HIV tribunal	7	10

Strategic direction 4: Strengthening integration of health and community systems						
ICASP Results	**Service Delivery Area**	**Indicators**	**Baseline**	Data Source	Mid Term Target	End Term Target
adequately staffed workforce	Health Care Workforce	Ratio of cadres of health care staff to population in line with staffing norms	1.69/1000*	RHIS	2.0/1000	2.5/1000
Improved access to HIV commodities and services	Health Facilities	Percentage of health facilities providing KEPH defined HIV&AIDS services	72%		75%	85%
	Commodity Management	Percentage of health facilities dispensing ART that experienced a stock-out of ARVs at least once in the last 12 months	5%	RHIS	0	0
Strengthened community service delivery of HIV prevention, treatment, care and support	Community Units	Number of community units implementing AIDS competency guidelines	0/35	County Focal office	22/35	35/35
	Community Based Organizations	Number of Community Health Units given training on HIV module	0/35	County Focal office	22/35	35/35
		Number of Community Health Workers reporting on HIV programmes	320/921	County Focal office	500/921	700/921
		Percentage of community-based organizations that submit timely, complete, and accurate reports according to guidelines	35%*	COBPAR	65%	80%
	Health Systems Strengthening	Number of health facilities providing integrated HIV services	4/52	RHIS	20/52	35/52
		Number of health facilities implementing universal precautions to prevent HIV infection	52	RHIS	60	70
Strategic direction 5: Strengthening research and innovation to inform County priorities						
ICASP Results	Service Delivery Area	Indicators	Baseline	Data Source	Mid Term Target	End Term Target
Increased capacity to conduct HIV research at county level	Build Capacity for Research	Number of prioritized biomedical and behavioural research conducted	0	RHIS	2	4
		Number of people trained in HIV related Research	0	RHIS	25	30
		Number of HIV related studies undertaken at postgraduate levels in tertiary institutions	0	RHIS	4	7
	Funding for Research	Proportion of HIV funds utilized on research	0	RHIS	7%	10%
Increased evidence based planning and programming	Application of research finding in decision making	Number of research products disseminated to inform policy, planning, and programming	0	RHIS	100%	100%
Strategic direction 6: Enhancing Data use and demand						
ICASP Results	Service Delivery Area	Indicators	Baseline Data	Data Source	Mid Term Target	End Term Target
Increase availability of strategic information to inform HIV response	Increase access and strengthen to Strategic information	Number of planned M & E reports generated	3	RHIS	7	15
		Number and percentage of planned M & E reports disseminated	3	RHIS	7	15
		Established and functional ICASP monitoring committee	1	RHIS	1	1
		Number of Partners reporting through DHIS and HIRPOS	1	RHIS	1	1
Strategic direction 7: Increasing Domestic Financing for Sustainable HIV Response						
ICASP Results	Service Delivery Area	Indicators	Baseline Data	Data Source	Mid Term Target	End Term Target
Increase domestic financing to 50%	Government funding	Establishment of specific budget lines and funding for HIV	-	RHIS	-	100%
Strategic direction 8: Promoting accountable leadership						
Functional Coordination framework	Establishment of coordination framework	County HIV coordinating committees in place	2 SCACCs	RHIS	2 SCACCs	2 SCACCs
			County HIV Committee-0	RHIS	County HIV Committee-1	County HIV Committee-1
			County M& E Committee-0	RHIS	County M& E Committee-1	County M& E Committee-1
			County ICC-0	RHIS	County ICC-1	County ICC-1

ANNEX 2: COSTING AND RESOURCE MOBILIZATION STRATEGIES

The County Resource Needs for this strategic plan period was calculated using a County HIV Resource model. The model assumes that the medical services are included in the health budget rather than the HIV budget. The baseline information utilised in this model is as follows:

EPI and Program Data	As at Dec 2015	Default value
HIV prevalence among 15-49 year old adults	4,2%	4.2%
Adults receiving ART	969	
Children receiving ART	92	
Number receiving PMTCT	6,366	
Number receiving HTS	5400	

Unit costs of services				
Interventions	**Coverage as at Dec 2015**	**Revised value**	**Default value**	**Units**
ART	60%	KSh51,612	KSh51,612	Per patient
PMTCT	51%	KSh1,748	KSh1,748	Per mother/baby
HTS	47%	KSh513	KSh513	Per person tested
VMMC	20%	KSh1,500	KSh1,500	Per circumcision
Adolescent friendly services	15%	KSh6	KSh6	Per condom
Key populations	0.2%	KSh6,440	KSh6,440	Per person reached
Behaviour change	50%	KSh138	KSh138	Per person reached
OVC support	30%	-	-	-
Program support	29%	15.5%	15.5%	% of other services

Where the Default values are national level costs and Program costs are calculated as a percentage of other costs.

Table: ICASP RESOURCE NEEDS

Resource Needs (Millions of Kenyan Shillings)					
	2015	2016	2017	2018	2019
ART	KSh994	KSh948	KSh902	KSh857	KSh811
PMTCT	KSh2	KSh2	KSh2	KSh2	KSh3
HTS	KSh69	KSh77	KSh85	KSh93	KSh101
Condoms	KSh41	KSh41	KSh46	KSh52	KSh58
Key populations	KSh6	KSh9	KSh12	KSh14	KSh18
Behaviour change	KSh140	KSh173	KSh206	KSh243	KSh283
OVC	KSh120	KSh136	KSh136	KSh138	KSh140
Program support	KSh211	KSh219	KSh219	KSh220	KSh222
Total	KSh1,544	KSh1,606	KSh1,609	KSh1,620	KSh1,635

The model does not cater for estimated costs of training and capacity building, research, M and E which will be determined by activity budgets.

ANNEX 3: REFERENCES

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ANNEX 4: COUNTY DRAFTING TEAM AND TECHNICAL SUPPORT TEAM

COUNTY DRAFTING TEAM

NO.	Name	Organization
1	Halima Abgudo	CASCO
2	Stephen Kirigia	MoH
3	Michael Mugo	CACC
4	Fatuma Abdullahi	MoH
5	Joyce Halakhe	MoH
6	Khadija Halakhe	MoH
7	Emmanuel Njeru	Ministry of Youth Affairs
8	Rashid Ali Demo	PRASO
9	Lokho Dulacha	Aphia Imarisha
10	Adhe Dida	IYAP
11	Adan Abdi Jarso	NEPHAK

TECHNICAL SUPPORT TEAM

NO.	Name	Organization
1	James Kiiru	NACC
2	Patricia Sakana	NACC
3	Philip Musyoka	DDO
4	Nathan Koech	NACC


SIAYA COUNTY GOVERNMENT


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The Global Fund
To Fight AIDS, Tuberculosis and Malaria