KAJIADO COUNTY

HIV & AIDS

STRATEGIC PLAN

(2014/15 – 2018/2019)

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NATIONAL AIDS CONTROL COUNCIL

KAJIADO COUNTY

HIV & AIDS

STRATEGIC PLAN

(2014/15 – 2018/2019)

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

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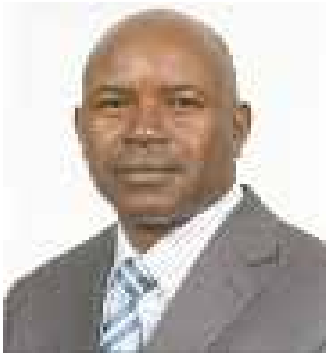
Acronyms and abbreviations

ACSM	Advocacy, Communication and Social Mobilization
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
ANC	Antenatal Clinic
ART	Antiretroviral Treatment
BCC	Behavioral change and communication
CACCs	Constituency AIDS Committees
CBOs	Community Based Organizations
CCC	Comprehensive Care Centre
CCI	Charitable Children Institutions
CDC	Centre for Disease Control and prevention
CDH	County Department of Health
CHMT	Community Health Management Team
CHTS	Community HIV Testing Services
CHVs	Community Health Volunteers
COBPAR	Community Based Participation Reports
CSO	Civil Society Organizations
CUs	Community Units
DACCs	District AIDS Control Committees
DHIS	District Health Information System
DICs	Drop In Centres
DTC	District Technical Committee
eMTCT	Elimination of Mother to Child Transmission
FBO	Faith Based Organizations
FBP	Food By Prescription
FGM	Female Genital Mutilation
FSW	Female Sex Workers
HCBC	Home and Community Based Care
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HRBA	Human Rights Based Approach
HRIOs	Health Records and Information Officers
HTS	HIV and AIDS Testing Services
IDU	Intravenous Drug Users
INGOs	International Non-Governmental Organizations
IPD	In Patient Department
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KCHSP	Kajiado County HIV and AIDS Strategic Plan
KCIDP	Kajiado County Integrated Development Plan
KHSSIP	Kajiado Health Sector Strategic and Investment Plan
KNBS	Kenya National Bureau of Statistics
M & E	Monitoring and Evaluation
MARPs	Most At Risk Population
MCA	Member of the County Assembly

MoA	Ministry of Agriculture
MoH	Ministry of Health
MSM	Men having Sex with Men
NACC	National AIDS Control Council
NASCOP	National AIDS Control Program
NCPWD	National Council for Persons with Disabilities
NGOs	Non-Governmental Organizations
NPHLS	Network of People Living with HIV and AIDS
NPS	National Police Service
OPD	Out Patient Department
OVC	Orphans and Vulnerable Children
PACCs	Provincial AIDS Control Councils
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for Aids Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre Exposure Prophylaxis
PwD	People with Disability
PWIDs	People Who Inject Drugs
PwP	Preventions with Positives
RRI	Rapid Result Initiative
SDP	Service Delivery Point
SGBV	Sexual and Gender Based Violence
STI	Sexually Transmitted Infections
TB	Tuberculosis
TBAs	Traditional Birth Attendants
TOWA	Total War against HIV and AIDS
TWG	Technical Working Groups
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Foreword



Kajiado County is one of the 47 counties created through the devolved system of government by the Constitution of Kenya 2010. The county has a diverse background comprises both urban and rural set-ups as well as a rich ethnic and cultural diversity composition. The Maasai are the dominant community and their population cuts into the neighbouring Republic of Tanzania.

In terms of HIV, Kajiado County is ranked among the twenty nine medium HIV prevalence counties. Although at National level there is a notable decline in this prevalence, HIV continues to be a threat to health and overall development of the county. It remains the leading cause of mortality and morbidity in the county hence the need for concerted efforts in reversing the trend.

The development of this Kajiado County HIV and AIDS Strategic Plan 2016 – 2018/2019 demonstrates the County government's commitment in controlling the HIV scourge. I am glad this strategic framework is aligned to the recently launched Kenya AIDS Strategic Framework 2014/2015 – 2018/2019, the Kenya HIV Prevention Roadmap and the Kajiado County Health Sector Strategic and Investment Plan. It is my sincere hope that through its implementation, it will contribute to the recently endorsed global Sustainable Development Goals.

In this regard, therefore, my government is committed to facilitate achievement of the results articulated in this strategic plan through increasing domestic financing that includes enhancing private public partnership and in consultation with the County Assembly will review the relevant by-laws to raise funds locally. To this end my government will ensure that partners will be guided by this plan in their HIV and AIDS programming.

In so doing we will leverage on the achievements made so far, continue to foster a unity of purpose, steer a multi-sector approach while engaging the local community towards making Kajiado County free of HIV and AIDS in the near future. HIV and AIDS will be a performance contracting indicator in the delivery of County services across the sectors in order to ensure accountability and quality HIV services to the citizens.

I finally wish to reaffirm the county government's commitment to its role in ensuring good health of its people.

H.E. Dr. David K. Nkedienye
Governor, Kajiado County

Preface

The Kajiado County HIV and AIDS Strategic Plan (KCHSP) 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 the county.

In developing the County HIV and AIDS Strategic Plan, the County relied on the Kenya AIDS Strategic Framework (KASF- 2014/2015- 2018/2019) and Kajiado County Health Sector Strategic and Investment Plan (KHSSIP 2014-2018). The KCHSP is in line with the devolved system of Government as stipulated in the new Constitution (2010). The Strategy 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 Kajiado. The KCHSP's vision is "**A prosperous and nationally competitive county free of new HIV infections, stigma and AIDS related deaths**" with an overall goal **to contribute to the KHSSIP objective of eliminating communicable diseases through which universal access to comprehensive HIV prevention, treatment and care can be realised**.

This plan is guided by the following goals:

- 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%

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

As a County we look forward to the engagement, contribution and support of donors, development partners, INGOs, NGOs and the community among other partners through technical, material and financial support in realising the achievement of global and national commitments and Kenya's Vision 2030. We promise to accord continuous dialogue towards development of functional and mutually beneficial partnerships towards the realization of the County and National development agenda including the elimination of HIV.

Gladys Marima,
County Executive Member for Health Services, Kajiado County

Acknowledgement

We wish to acknowledge the contributions of various individuals and organizations whose passion, efforts, intellectual finesse and exceptional dedication put together this valuable document for Kajiado County.

Kajiado County Government led by His Excellency the Governor Dr. David Nkedianye provided the opportunity, material support and overall motivation that kept the team focused and working. We appreciate the funding accorded to the technical team to hold its first retreat on 2nd and 3rd November 2015.

The County Executive Committee Member for Health Services – Gladys Marima and the County Director, Department of Health – Dr Ezekiel Kapkonfor for their participation and contribution during the two technical team development retreats held at Leleshwa Inn on 2nd to 3rd November followed by the one held on 16th to 19th November, 2015. Their support to attend in person and provide strategic direction demonstrates their commitment towards realising the objectives of the strategic plan.

National AIDS Control Council is appreciated for initiating the process after the KASF dissemination meeting held on 12th to 13th August 2015 at Gray's Oak Hotel and the subsequent funding of the 2nd technical team retreat held on 16th to 19th November 2015 and also for their technical support through participation of Mr Kibe Ranji, the Regional Coordinator, Region 5 (Nairobi, Kiambu, and Kajiado).

Special thanks are extended to the Kajiado drafting team, National technical team, PLHIV, Civil Society Organizations, NGOs and FBOs for their contributions in the development of this strategic plan.

Fridah Ntinyari
County Chief Officer of Health, Kajiado County

Executive Summary

The Kajiado County HIV and AIDS Strategic Plan (KCHSP) was developed to provide a framework for the implementation, coordination and monitoring of HIV and AIDS response activities in the County. It was developed in line with the Kenya AIDS Strategic Framework (KASF) 2014/2015 – 2018/2019, the Kajiado Health Sector Strategic and Investment Plan (KHSSIP) 2014 – 2018 taking the local Kajiado context and environment into consideration.

The process of developing the KCHSP commenced after the National AIDS Control Council held a KASF dissemination meeting to outline the national HIV strategy to Kajiado people. The KCHSP has outlined the Kajiado County HIV profile where the prevalence stands at 4.4% with adult women and men at 6.3% and 3.8% respectively. A total of 23,056 people are living with HIV. The statistics get gloomy with 41% of the population having not been reached with HIV testing by 2009. According to the Kenya HIV Estimates Report 2014, about 1,545 adult new HIV infections and 74 among children occur annually, while ART coverage stood at 53%. Unskilled birth attendance remains a challenge with 73% of the pregnant women tested positive for HIV having delivered at home. Traditional Birth Attendants (TBAs) aged over 60 years have also recorded HIV cases.

The KCHSP has identified the drivers to the HIV epidemic in Kajiado County that has 2 main highways to the Republic of Tanzania and the Mombasa–Nairobi to Uganda highway traversing the county. The highways attract long distance truckers who make night stops either within or in the neighbouring counties – Sultan Hamud, Emali, Isinya, Ilbissil and Namanga which have been marked as HIV hotspots since they attract sex workers. Through the Drop In Centres (DICs) established in Ongata Rongai, Kitengela and Namanga the county has also realised that other key populations of Men having Sex with Men (MSM) and People Injecting Drugs (PID) are also found in the county.

In developing strategies to target all the population, the KCHSP undertook a profile segmentation of the key and vulnerable populations as guided by the KASF. It was realised that there are 2 distinct rural and urban populations in terms of knowledge on HIV, access to services, cultural practices and economy. In this regard the KCHSP will target the rural population with more outreach HIV services, develop strategies for increasing access to skilled birth attendance aimed at improving the maternal and infant child health outcomes and integrate HIV in school health programs. For the urban population we will continue to strengthen access

The process of developing the KCHSP commenced after the National AIDS Control Council held a KASF dissemination meeting to outline the national HIV strategy to Kajiado people.

to HIV services including establishing more DICs and reach out to institutions of higher learning to strengthen and integrate HIV services.

A review of the past HIV control activities is contained in the KCHSP with the program strengths, weaknesses, opportunities and threats documented to help in choosing the best approaches and implications to HIV control in the county. The strategy has considered implementing a multi-faceted approach to HIV due to the diverse culture and key and vulnerable populations in the urban and rural areas., It would place more emphasis on the rural population which has limited access to health services, implementing cross border and inter-county HIV activities, integrating HIV control with economic activities and scaling up best practices like the Mentor Mothers program. This strategy will also focus on community education and empowerment, rural health care worker capacity development, targeting institutions of higher learning to introduce HIV services, conduct research to generate more home=grown data and strengthen the coordination of HIV control activities among partners and stakeholders.

The KCHSP has aligned the vision, goal and objectives to the KHSSIP and the KASF. It has also adopted the strategic direction provided by the KASF.

Chapter 1

Background on County

Kajiado County is one of the 47 counties created through the devolved system of government by the Constitution of Kenya 2010. The county has a diverse background comprising of urban and rural set-ups as well as a rich ethnic and cultural diversity composition with the Maasai being the dominant community with a population that cuts into the neighbouring Republic of Tanzania.

Figure 1.1 Map of Kajiado County

(Source: Kajiado County Integrated Development Plan 2014- 2017, 2014)

1.1 Location

Kajiado County is situated in the southern part of the country - Kenya. It borders the Republic of Tanzania to the south, and internally shares boundaries with Nairobi, Machakos, Makueni, Kiambu, Nakuru, Narok and Taita Taveta counties. The county has five constituencies, namely: Kajiado North, Kajiado Central, Kajiado South, Kajiado West and Kajiado East; each represented by a Member of Parliament. It has 25 Wards each represented by elected Members of the County Assemblies and 16 others on nomination.

1.2 Demographic

The County has a population growth rate of 5.5 percent with the total population in 2012 estimated at 807,070 of which 401,785 were female and 405,245 were male. The population is projected to grow to 898,298 and 999,819 in 2015 and 2017 respectively (KNBS, 2009).

1.3 Economic

The economic growth and development of the County is mainly driven by livestock rearing among the dominant community. This gives rise to livestock trading for meat, milk, hides and skins. The agricultural sector is also thriving with the establishment of horticultural farms for flower and vegetable produce for export. Lake Magadi is the main source of soda ash in Africa and with the establishment of a factory it provides direct and indirect employment. With deposits of gypsum, limestone and salt, the county provides raw materials for cement production. Sand harvesting, ballast mining and quarrying for building stones also contribute to the county's economy. Tourism has a potential in the county though it has not fully exploited – the world famous Amboseli National park is found in the county (www.Kenya-information-guide).

1.4 Religion and Traditional Culture

The Maasai are monotheistic, believing in a single deity, *Enkai*. The belief in a single deity has seen most Maasai adopting Christianity. Just like the rest of the country, about 85 percent of Kajiado residents are Christians with the remaining 15 per cent embracing other religions such as Islam and Hindu (www.Kenya-information-guide).

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

The Maasai are renowned for their colorful dressing that consists of red *shuka* (light blankets), wrapped around the body and multi-colored beaded jewelry worn around the necks and arms. The Maasai men are traditionally polygamous, while women are allowed to have intimate relationships with their husbands' age-mates so as to bring forth warriors (www.Kenya-information-guide).

Lake Magadi is the main source of soda ash in Africa and with the establishment of a factory it provides direct and indirect employment.

Chapter 2

Situation Analysis

Significant progress has been made in the response against HIV in Kenya with statistics showing a prevalence drop of 2% point and new infections among children almost halved (KASF, 2014). However, HIV continues to contribute to high mortality rates, burdening households and straining the national health systems. Kajiado is rated among the 29 medium HIV incidence counties and contributes 34% of all the HIV infections in Kenya (NACC, 2012). With a HIV prevalence of 4.4%, the county is rated 22nd out of the 47 counties in Kenya (KASF, 2014). At county level, the Kajiado Health Sector Strategic and Investment Plan (KHSSIP) 2014 - 2018 singles out HIV/AIDS related infections as the leading cause of mortality and morbidity. According to the Kenya HIV County Profile (2014), the following are the HIV indicators for Kajiado County:

Table 2.1: HIV burden in Kajiado County

Indicator	No / %
Total Population (2013)	782,409
HIV adult prevalence (overall)	4.4%
HIV Prevalence among women	6.3%
HIV Prevalence among men	3.8%
Number of adults living with HIV	21,100
Number of children living with HIV	2,730
Total number of people living with HIV	23,830
% of people never tested for HIV by 2009	41%
% of HIV Positive pregnant women who do not deliver in a health facility	73%
Pregnant women attending recommended antenatal clinics	44%
Treatment coverage : Adults : Children	43% 33%

Sources: NASCOP, 2015

There were about 1,172 pregnant women living with HIV in Kajiado County in 2013 (MoH, 2014).

It is worth noting that large sections of the county are inadequately served with health facilities hence there is missing HIV data in areas perceived as hotspots including locations like Ewaso Kedong, Shompole, Magadi, Kisamis and Oltepesi.

Long distance truck drivers and sex workers are some of the priority populations to be found in the county.

2.1 Drivers of the HIV Epidemic

Kajiado County has 3 unique and special population groups comprising the indigenous nomadic pastoralist community who often move in search of pasture and water; a group of workers that resides in the peri-urban areas (Ngong, Kitengela, Ongata Rongai) while working in Nairobi; and other residents who normally conduct their activities within the county. Rapid urbanization is complimented by the Great North Road connecting Kenya to the Republic of Tanzania through the Namanga border post and Loitokitok border post and also the Nairobi–Mombasa highway leading to Uganda, Sudan and Ethiopia that traverses the county hence heightening cross border movement and economic activities. Long distance truck drivers and sex workers are some of the priority populations to be found in the county. The HIV situation is bound to be compounded by the on-going construction of the Standard Gauge Railway (SGR) from Mombasa to Uganda.

The proximity of Kajiado County to Nairobi County, which has a HIV prevalence of 6.8% (ranked 8th nationally) and falls in the high incidence counties, has spill-over effects on Kajiado County because Kajiado offers access to affordable housing. This has given rise to other Key Populations including Men having Sex with Men (MSM), People Who Inject Drugs and Sex Workers who reside in the county hence contributing to new infections.

Apart from the economic activities arising from the road network, other notable activities like sale of land and livestock are the main sources of income for the local community. Other large scale economic activities include sand harvesting, mining and quarrying, horticulture and floriculture. The proximity of the County to the Export Processing Zone (EPZ) offers opportunities for employment and income for mobile workers who reside in the county. This has given rise to an emergent special group of migrant workers being a vulnerable population. The prevailing population pressure has also seen a mushrooming of informal settlements (slums) where the social and living conditions predispose women and children to rampant gender based violence and a rise of moonlight markets.

The rural community - especially women between 15-24 years - cultural practices like female genital mutilation, early marriages, and gender issues arising from the low status accorded to women, as well as polygamy are some of the drivers of HIV in the County. Migration during drought conditions that causes men to move away from their families in search of pasture, while women are left to even trade sex for water and food exposes them all to HIV infections. With a literacy rate of 65.2% it means that 34.8% of the population is made up of illiterate persons mainly in the rural areas who have little or no knowledge of HIV and AIDS (KCIDP, 2013-2017).

Early sexual debut remains a key HIV challenge, with women and girls aged 15 – 24 years accounting for 21% of new sexual infections. It is worthy to note that the urban towns of Kajiado host multiple institutions of higher learning including Africa Nazarene University, Adventist University, UMMA University, Kenya Assemblies of God, East Africa University or by proximity the county provides access to affordable hostels or rental accommodation for institutions like Cooperative Insurance University, School of Law, Jomo Kenyatta University of Agriculture and Technology and Multimedia University which are found in Nairobi County hence making the county a host to vulnerable populations. Alcohol and drug abuse that is rampant among the youth is a key driver to new HIV infections in the urban areas.

For the rural girls aged 15 – 24 years, they lack access to education and health services, have been exposed to female genital mutilation (FGM), early marriages and sex gender based violence (SGBV) making them extremely vulnerable populations. With the high number of rural women delivering at home through unskilled birth attendants (73%), an increase of HIV Positive traditional birth attendants aged over 60 years has been noted in the county.

2.2 HIV Policy, Coordination and Financing in the County

National HIV and AIDS response has undergone tremendous growth in form of planning and policies. The National AIDS Control Council (NACC) provides policy and a strategy for mobilizing and coordinating resources for the prevention of HIV transmission and provision of care and support to the infected and affected people in Kenya.

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

In Kajiado County, HIV and AIDS control activities were under the leadership of the defunct District Technical Committee (DTC) chaired by the District Commissioner, 3 Constituency AIDS Committees (CACCs) whose patrons were the area Members of Parliament and were technically supported by the District AIDS and STI Coordinators. Key HIV prevention activities include increasing community awareness and engagement and condom distribution while HIV care services which include counselling, testing and treatment are offered in 31 public facilities and complimented by private health facilities (KAIS, 2012).

Financing of HIV and AIDS control activities in Kajiado County has mainly been from the central government through the National AIDS Control Council for community based activities, the Ministry of Health through NASCOP for commodities (HIV testing kits, condoms and medicines) as well as technical support through capacity building and human resources that has since been taken over by the county government. NGOs and community based organizations (CBOs) have also been active in the county through donor-funded projects in different locations of the county. Such donors include USAID through PEPFAR and Centres for Disease Control and prevention (CDC), the Global Fund and the World Bank. Following the devolved system of governance, the county government

is now supporting HIV and AIDS control services and an integrated health service. Faith Based Organisations (FBOs) have also been sponsoring HIV and AIDS activities in the County; especially care and support services through other donors.

2.3 Strengths, Weaknesses, Opportunity and Threats Analysis

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

2.3.1 Strengths

The fact that HIV control activities have been on-going was noted as a strength, coupled with the support of the county government that has retained the previous functional structures at county and sub-county levels with the presence of trained staff. CBOs and FBOs whose capacity was built through the Total War against HIV and AIDS (TOWA) funds and supportive partners offer a good entry point for scaling up HIV activities in the county. The county is also a beneficiary of the Beyond Zero Campaign Ambulance donated courtesy of the country's First Lady which aims at reducing mother to child transmission of HIV. The county has implemented innovative approaches like the establishment of Drop-In Centres for key populations and the Kenya Mentor Mother Program. Kajiado also plays host to a number of leading private hospitals that have opened satellite clinics in the county. They include the Aga Khan, Nairobi Hospital, Mater Hospital and Gertrude's Children Home. Male circumcision as a key intervention for HIV is culturally practiced among the community as a part of initiation to manhood.

2.3.2 Weaknesses

A challenge in the coordination of HIV activities was a key weakness to the program and was manifested by insufficient partners reports, lack of technical working groups and skewed partner presence in the county (either over or under representation in some locations). Erratic supply of HIV commodities, inadequate infrastructure such as comprehensive care clinics (CCCs), youth friendly clinics and insufficient competent staff especially counsellors are other weaknesses. In some rural areas, inaccessibility of health facilities is also another major weakness in the program. In addition there has been inadequate funding which has largely been activity-based. Lack of documented HIV information based on county specific research is also hampering targeted interventions and innovations.

Drop In Centres were established in Ongata Rongai, Namanga and Kitengela as user friendly services where the key populations could access HIV services.

Mentor Mothers Program – Mothers who are HIV positive and have accepted their status are attached to another tested positive mother to mentor her so as to be able to adjust to her situation.

2.3.3 Opportunities

Devolution has offered a perfect opportunity for HIV prevention and treatment as it brings the control of resources closer to the community and shortens the lengthy decision making processes. The availability of a pool of trained personnel that can be engaged in HIV control activities and the presence of institutions of higher learning within the county is a guarantee for potential increased capacity to conducting HIV related research. A rapidly growing and vibrant private sector made up of financial institutions, small scale industries, horticulture and other untapped resources offer an opportunity for private-public partnerships in funding HIV programs. Another opportunity is the availability of partners who are ready to support the county such as the Global Fund through the Kenya Red Cross Society, USAID/APHIA PLUS and AMREF. Implementation of the community strategy also offers an opportunity to scale up community based HIV interventions. The county also boasts of having a strong presence of the Coalition for Positive Movement it can leverage.

2.3.4 Threats

Traditional cultural practices like polygamy, poor health seeking practice, violence against women, high poverty levels and a low literacy level remain major threats to HIV control. High poverty levels are evident even though there is also a high circulation of money in the county arising from various transactions such as land sale and livestock trade. Cross-border activities along the highway to Tanzania and Uganda and the proximity to Nairobi open up avenues for sex work which increase HIV acquisition risks. Natural calamities like drought and famine often lead to nomadism which poses a threat to HIV control. While the mushrooming of private health clinics offers an opportunity to increasing access to services it also poses a threat if the quality of HIV services provided remains substandard and unchecked. FGM has been a major threat to HIV prevention in the community as it is used as a rite of passage in the County. This predisposes women and girls to HIV infection since it is carried out in a traditional manner.

Coalition for Positive Movement is an umbrella body comprising different HIV support groups

Chapter 3

Rationale, Strategic Plan Development Process and the Guiding Principles

3.1 Rationale

Following the promulgation of the new Kenya Constitution (2010), there was re-organization of leadership and governance structures including the devolution of services. While some services remained as national government functions, others were devolved. Health is one of the functions that was devolved and this meant that counties need to take up more responsibilities in HIV prevention and treatment among other disease burdens. It is with this in mind that the KASF 2014/15 – 2018/2019 was developed and the functions of each level of government outlined. Subsequent dissemination and roll out of the KASF to counties has provided a guideline for counties to develop their own specific HIV strategic plans based on the national framework. It is on this basis that Kajiado County has developed its own strategic plan to suit the local context.

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

Kajiado County recently launched KHSSIP2014 – 2018 which singles out HIV and AIDS as associated with the leading causes of morbidity and mortality in the county, hence a priority intervention area. While the KHSSIP provides the overall strategic direction for accelerating the attaining universal health coverage 2014

– 2018, the KCHSP provides a framework for the implementation, coordination and monitoring of HIV and AIDS control activities in Kajiado; setting up coordination mechanisms and also defining the role of partners and other stakeholders in HIV and AIDS activities in the county. The KCHSP will be implemented in line with the KHSSIP hence it covers the period 2016 – 2018/2019 when both will be reviewed and harmonized in line with the national KASF. The KCIDP also acknowledges HIV and AIDS as among the major challenges of development and suggests that preventive activities and support for those infected and affected be focused on at the family unit.

3.2 Development process

The process of developing the KCHSP 2016 – 2018/19 commenced after the NACC held a KASF dissemination meeting at the Gray's Oak Hotel on 12th and 13th August 2015. During the meeting, guidelines for developing the county specific strategic plan were disseminated and a technical team was formed to spearhead the drafting of the strategic plan.

The dissemination meeting was followed by two other technical team retreats at Leleshwa Inn. The first retreat which was supported by the County Government was held on the 2nd and 3rd November 2015 where the technical drafting team undertook a SWOT analysis of the current HIV and AIDS control activities that were documented; reviewed the context of the HIV control activities under the 8 strategic directions provided by the KASF, and identified the best suited option for Kajiado County. The target populations (key and vulnerable) were also profiled and their characteristics outlined in helping the team select the strategies to reach out to them. The 1st draft of the KCHSP was compiled and circulated to all the members of the technical team for review by the lead facilitator and volunteer.

The second technical retreat was supported by the NACC and was held from the 16th to 19th November 2015 at Leleshwa Inn. During the retreat the participants reviewed the 1st draft in plenary given that not much feedback had been received virtually. Significant changes were made and line by line editing also done giving rise to a much polished 2nd draft that was circulated to members of the technical team and the NACC for peer review. Comments were received and the final draft was completed ready for validation among a wider group of stakeholders in the county.

The validation of the KCHSP was held on 23rd to 24th March at the Gray's Oak Hotel where the drafting team, stakeholders and the technical support team reviewed the document further. The conference noticed that the plan had captured majority of the critical HIV and AIDS issues in Kajiado County. The plan was unanimously validated with a few amendments and recommendations which were incorporated by the technical team and verified by the drafting team together with the stakeholders.

3.3 The KCHSP Guiding Principles.

1. **Multi-faceted HIV AIDS response approach**– the HIV program shall take cognizance of the fact that Kajiado County plays host to 3 unique populations (**refer 2.1**) that are non-homogenous and that not one approach may suit all the groups. The county has also two distinct characteristics, the urban and rural areas all with unique characteristics.
2. **Prioritization of the rural areas**: the program shall concentrate its effort in the rural areas where there is lack of access to health facilities, low knowledge on HIV and AIDS and where

the community is prone to various cultural practices (FGM, early marriages and high gender disparity) which increase vulnerability to HIV infections.

3. **Cross-country and Inter-county HIV response** – given that two major highways traverse the County, the HIV program will lay emphasis on implementing highway HIV response programs targeting truckers and female sex workers in collaboration with other neighbouring counties of Machakos, Makueni, Kiambu, Nairobi and Taita Taveta in service provision. With the Maasai community domiciled in both Kenya and Tanzania there is a need to collaborate and activate the inter-country HIV response through the East African Community Secretariat.

4. **Evidence-based programming:** the HIV program recognizes that there is a gap of information for effective programming and will undertake operational research in given areas to inform innovation and interventions such as:

   a. Understanding the influence and contribution of new infections by MSM and people who inject drugs in Kajiado County given its proximity to Nairobi County.

   b. Generate more information on HIV among the indigenous community given that most rural areas have limited access to health services hence lack of health-facility-based data on HIV prevalence.

5. **Integrated HIV response** – the HIV program will target various key and vulnerable populations (land sellers, livestock traders, agricultural firms, quarry miners, sand harvesters and charcoal dealers) with a deliberate program for HIV prevention and treatment. The above mentioned groups have been identified as vulnerable populations based on their economic activities which predisposes them to HIV. In addition, HIV and AIDS response activities will also be integrated with other programs like TB, Sexual Reproductive Health among others. The HIV program will benefit in form of support from other development initiatives aimed at increasing the literacy level, mitigating poverty, tackling FGM, gender empowerment and other vices that contribute to HIV vulnerability.

6. **Efficient and effective HIV and AIDS response practices** – the HIV program will scale up the implementation of best practices in HIV intervention which include:

   a. Kenya Mentor Mothers Program.

   b. Establish more DICs for KPs. Reach the "under reached" using an outreach mobile program that includes the Beyond Zero Mobile Programs to improve maternal and child health outcomes in relation to HIV and AIDS.

   c. Formation of more support groups for PLHIV.

   d. Ride on the TOWA program as a base for engaging the active CBOs and FBOs in HIV control.

   e. Education for life program.

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

   g. Vocational training and youth resource centres.

7. **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 this will include:

a. Institutions of higher learning (universities and colleges) – to increase access to HIV prevention and treatment among the vulnerable population of 15 – 24 year old girls and women through their institutions.

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

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

8. **Governance and leadership in HIVand 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.

9. **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 industrialization so as to have healthy citizens who are free from HIV and AIDS who will form a healthy nation which is productive.

Chapter 4

Vision, Goal, Objectives and Strategic Directions of the KCHSP

Building on the KHSSIP and guided by the KASF, the County has outlined its vision, goal and objectives as follows:

VISION

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

GOAL

Contribute to the County objective of eliminating communicable diseases through universal access to comprehensive HIV prevention, treatment and care.

OBJECTIVES

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

Specific objectives

1. To increase the number of people having knowledge on their HIV status from 59% to 80% by 2019.
2. To reduce the mother to child HIV transmission rate from 11% to less than 5% by 2019.
3. To increase the number of PLHIV initiated on ART from 43% among adults and 33% among children to 75% by 2019.
4. To increase the number of ART sites offering psychosocial support by 80%.
5. To increase the number of community units integrating HIV services by 50%.
6. To conduct three Knowledge, Altitude and Practice surveys by 2019.
7. To reduce the stigma index from 46 to moderate (30 – 44) by 2019.
8. To identify and isolate HIV funding allocation from health programs and advocate for increase of domestic funding by 2019.
9. To establish an effective and well-functioning oversight and coordination committee by 2016.
10. To improve the social protection systems to support 95% of orphans and other vulnerable children by 2019.

Strategic Directions

As articulated in the KASF, the KCHSP will adopt the following eight strategic directions:

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

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

Strategic Direction 1: Reducing new HIV infections

Priority population

The KASF defines categories of the population that contribute to new infections as key and vulnerable populations. **Key populations are** defined groups, who due to specific higher risk behaviour are at an increased risk of HIV, irrespective of the epidemic type or local context and include MSM, PWIDs and FSW (KASF, 2015). This group contributes to 30% of the new infections while the **vulnerable populations** are groups of people whose social context increases their vulnerability to HIV risks. They include adult women (24 – 49 years), contributing 49% of new adult infections; young women (15 – 24 years), contributing 21% of new adult infections; prisoners and PLHIV (KAIS, 2012).

KASF indicates that over 80% of new infections are among adults as shown in the table below.

Table 4.2: New HIV infections percentage contribution in Kenya

Group	HIV new infection contribution
Women above 24 years	49%
Men above 24 years	37%
Female Sex worker	14%
MSM	15%
PWIDs	3.8%

Source: Kenya AIDS Strategic Framework 2014 - 2018/2019

It is on the KASF background that Kajiado County has outlined its key populations as shown in the table below.

Table 4.3 Key Populations in Kajiado County

Key population	Justification/ Profile	
MSM	These populations have been identified through the DICs that were established by partners in Ongata Rongai, Kitengela and Namanga.	They are thought to be residing in the peri-urban towns within Kajiado.
PWIDs		For the PWIDs there is need to conduct a baseline survey since there is no County specific data.
SW	They move are attracted into the County by the high circulation of money due to the various economic activities such as livestock trade, land sale and horticulture.	

Table 4.4: Vulnerable populations in Kajiado County

Type of population	Profile	
	Rural	Urban
Adult women – above 24 years (account for 49% of the new infections)	She is in a polygamous marriage, has low literacy level and is least empowered. She has undergone FGM and experienced an early sexual debut (11 years). She lacks access to health facilities and is dependent on the husband in making any decision. She gives birth to as many as 5 to 6 children and traditionally is the house builder.	• She is a literate woman and is empowered based on a higher education, reproductive health information and access, and she is financially independent. She is in a monogamous relationship with potential multiple partners. She has access to health facilities and is likely to have few children (2 to 3). • Urban slum - women residents are of low income and are engaged in moonlight trade or manual work such as house cleaning jobs over the weekends.
Adult men – above 24 years (account for 37% of the new HIV infections)	He is a polygamist, literate or semi-literate, wields power, is circumcised at 15 years, undergoes initiation at a pre-determined age set and will have sexual debuts immediately after circumcision often at (11 years). He lacks access to health facilities and has many children (over 10 due to his polygamous nature. He is economically engaged in land and/or livestock trade/selling. He is a herder and a nomad moving from one place to another in search of pasture during the dry season. Value of beauty is attached to traditional ornaments and marks.	• He is literate, empowered based on a higher education and access to health information and health facilities. He is often in a monogamous relationship but sometimes with potential multiple partners. He has access to formal and informal jobs (quarry miner, sand harvester, land brokers, Boda boda operators , matatu touts and drivers). He may have many children residing in the urban or rural areas. He values beauty and attach it wi modern dressing and fashion which is viewed as controversial. • Urban slum – low income, may have moonlight jobs and need special consideration.
Young women age 15 – 24 years (account for 21% of new infections)	She is illiterate, reserved and has experienced FGM, likely to be married off at an early age (9 years), victim of child labour and does not have much knowledge on reproductive health issues. She lacks basic needs such as sanitary pads. She has an early sexual debut and is submissive to boys and men. She is likely to have been forced to drop out of school, lacks access to health facilities and culture dictates everything she does including the choice of a suitor.	• She is literate, either in secondary school, attending college or university, and likely to be influenced through peer pressure. She has access to good hygiene, reproductive health and to health facilities. She has access to various types of jobs; clerical, professional, health care, and teaching and possibly she is engaged in sex work for survival. She may experience teenage pregnancy and can negotiate for survival. She may be responsible for / is a child head for / care taker of other siblings.

Type of population	Profile	
	Rural	Urban
Young women age 15 – 24 years (account for 21% of new infections)		• Urban slum - Young girl who have been forced into child prostitution, street begging, child labour and potentially drug trafficking.
Young men - age 15 – 24 years	Most likely a moran, school dropout, has a wife at home but with potential of a second wife in town.	• He is literate, in secondary school, attending college or university and is likely to be influenced through peer pressure. He has access to good hygiene, some sex education and access to health facilities. He is 'street smart' with access to drugs and alcohol and can negotiate for survival. • Urban slum – young boys are forced into child labour, street begging and potentially drug trafficking.
Prisoners	Kajiado County has two prisons one in Kitengela (Athi River GK prison) and the other in Kajiado (Kajiado GK Prisons).	
Truckers	Kajiado is a transit town with the Great North Road and the upcoming construction of the SGR that will traverse the County. The HIV hotspots include Kitengela, Isinya, Namanga, Kajiado town, Maili Tisa, Ilbisel and Masimba.	

Table 4.5 : Interventions for reducing new HIV infections

Target population: KPs - MSM and SWs)							
KASF objective	**KCHASP result**	**Key activities**	**Sub-activity / intervention**			**Geographical location**	**Responsibilities**
			Biomedical	**Behavioural**	**Structural**		
Reduce new infections by 75%	Increase the % of persons with knowledge of their HIV status from 59 to 80% Increase condom use from 14 to 45%	Increase access to HTS.	Offer HTS to key populations. Provision of commodities including lubricants and condoms. Screening and management of HPV among the FSW/ MSM. Provide pre-exposure prophylaxis services.	Peer education and treatment support.	Establish more DICs to offer HIV services. Provide access to social equity and justice.	Urban areas of Ngong, Ongata Rongai, Kiserian, Kitengela, Ibisel, Namanga.	CDH Partners

Target population: Vulnerable population - Young adolescents and adult women (9 years and above)							
KASF objective	**KCHASP result**	**Key activities**	**Sub-activity / intervention**			**Geographical location**	**Responsibilities**
			Biomedical	**Behavioural**	**Structural**		
Reduce new infection by 75%	Increase the % of persons with knowledge of their HIV status from 59 to 80%	Increase access to HTS. Advocate for increased access to skilled birth delivery Link HIV program with other social development programs such as anti FGM, girl child education, SGBV prevention and response, and women empowerment	Offer HTS during outreach programs including Beyond Zero Ambulance for PMTCT services. HPV and cancer screening.	Increase access to HIV education and promotion activities. Advocate for skilled birth delivery.	Support programs against FGM. Support programs against early marriages. Support girl retention in school. Support SGBV prevention and response programs. Support child protection programs.	Rural areas of the county	CDH, Department of Social Services, NPS, Ministry of Interior & Coordination of National Government, Partners
		Link HIV programs to child protection programs (street begging, child prostitution, child labour)	Develop innovative approaches to offer HTS to women in urban slums.	Increase access to HIV education and promotion activities.		Urban slum areas of the county	

Target population: Vulnerable population - Adolescents and young women (15 – 24 years)							
KASF objective	**KCHASP result**	**Key activities**	**Sub-activity / intervention**			**Geographical location**	**Responsibilities**
			Biomedical	**Behavioural**	**Structural**		
Reduce new infection by 75%	Increase the % of persons with knowledge of their HIV status from 59 to 80% Increase in the number of institution that has integrated HIV services.	Increase access to HTS Implement school health programs.	Offer HTS services at institutions of higher learning. Offer age appropriate contraceptives, condoms and microbicides. Offer HPV screening and education.	Life skills education and reproductive health awareness in schools and institutions.	Integrate HIV services at clinics run within the institutions of higher learning..	Urban areas	CDH, County Education Department, Institutions of higher learning,

Target population: Vulnerable population - Men 15 years and above (Boda boda operators, sand harvesters, public service vehicle operators)							
KASF objective	**KCHASP result**	**Key activities**	**Sub-activity / intervention**			**Geographical location**	**Responsibilities**
			Biomedical	**Behavioural**	**Structural**		
Reduce new infection by 75%	Increase the % of persons with knowledge of their HIV status from 59 to 80% Increase condom use from 14 to 45%	Increase access to targeted HTS Condom distribution	Offer HTS at work places. Provision of condoms.	Increase access to HIV education and promotion activities including demonstration on condom use. Use the public service vehicle as conveyance of HIV prevention and promotion messages.	Implement workplace HIV programs.	Urban areas	CDH, County Departments of Trade and Environment, NTSA

Target population: Prisoners							
KASF objective	**KCHASP result**	**Key activities**	**Sub-activity / intervention**			**Geographical location**	**Responsibilities**
			Biomedical	**Behavioural**	**Structural**		
Reduce new infection by 75%	Increase the % of persons with knowl-edge of their HIV status from 59 to 80%	Increase access to HTS	Offer HTS.	Increase access to HIV education.		Athi River GK Prisons (men only)	
			Offer HTS.			Kajiado GK Prison (both men and women)	

Target population: Truckers							
KASF objective	**KCHASP result**	**Key activities**	**Sub-activity / intervention**			**Geographical location**	**Responsibilities**
			Biomedical	**Behavioural**	**Structural**		
Reduce new infection by 75%	Increase the % of persons with knowl-edge of their HIV status from 59 to 80%	Increase access to HTS Condom distribu-tion	Offer moonlight HTS Provision of condoms	Increase access to HIV education and promotion activities.	Offer 24 hour service HTS.	Masimba, Malili, Kitengela, Isinya, Kajiado town, Mailitisa, Ilbisel, Namanga.	CDH, NTSA

Table 4.6: Leverage opportunities through creation of synergies with other sectors in HIV prevention

Other sector	Justification	Recommended actions	Responsibility
Education	It provides an opportunity where we can tap on a captive audience comprising a school going population.	Increase knowledge on HIV and HIV status, STIs and HPV among teachers and students.	County Department of Health, Partners
Matatu Saving and Credit Cooperative Organizations (SACCOs) and National Transport and Safety authority (NTSA)	Offers employment to touts, drivers and conductors in the public transport sector who have been identified as a vulnerable population. Through NTSA they have formed SACCOs and this can be an entry point to highlight their vulnerability and target them for services.	Target them for HTS; use them to convey HIV prevention and treatment messages; peer education and role modelling for behaviour change	County Department of Health, NTSA, Partners
Private sector institutions: commercial, manufacturing	They employ PLHIV who require HIV services and provide a captive audience for implementation of workplace HIV programs.	Advocate for the provision of HIV services and establish workplace HIV programs. Resource mobilization	County Department of Health, Partners, Private sector
Institutions of higher learning (universities and colleges)	This is where young women aged 15 – 24 years can be found.	Integrate HIV services, STI and HPV screening among young women of between 15 -24 years.	County Department of Health, Partners, Institutions of higher learning
Faith based organizations, CBOs, donors and NGOs	Resource mobilization, spiritual nourishment.	Provide psychosocial support for stigma reduction. Resource mobilization.	County Department of Health, Partners
Private clinics	Offer health services to the general population.	Use them to increase access to HIV services.	County Department of Health, Partners
Clubs, youth groups, women groups, interest groups	As organized groups they provide a captive audience that can be used in HIV social mobilization activities in the community.	Engage them in HIV communication activities.	County Department of Health, Partners

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

Context

While the county ART coverage is just above average, it is desirable that an increase to 90% be achieved. Inadequate access to health facilities due to distance coverage, commodities stock out, inadequate social support and poor nutritional status are some of the barriers to the uptake of ART. This is compounded by the fact that only **13%** of the county health facilities (**36** out of **274**), both public and private, offer ART services (DHIS, 2015).

The other key barrier to increased ART is the delay in getting results. The current situation in the absence of a HIV quality control laboratory is that specimen for viral load and early infant diagnosis are collected then sent to the National Referral Laboratory in Nairobi via courier services and it takes approximately 2 weeks to get the results hence a delay in communicating results to the clients. This leads to delay in linking clients to appropriate health services. The costs attached to seeking care in terms of transport and time are also likely barriers to ART service. Other factors are like stigma and other structural barriers that include inadequate space at health facilities and inappropriately sited CCCs.

The low ART uptake among children is attributed to multiple factors – inadequate capacity among health workers to collect samples and prescription of ART as per guidelines, lack of consistent information by care givers, lack of equipment for drug storage and lack of disclosure from the care givers.

Table 4.7: Annual HIV treatment in Kajiado County

COUNTY ADULT HIV TREATMENT ACCESS ANNUALLY	
Adults in need of ART	9,827
Adults receiving ART	5,219
County ART adult coverage	53%
National ART adult coverage	79%
Number of adults who died of AIDS related conditions in 2013	1,147
COUNTY CHILDREN HIV TREATMENT ACCESS ANNUALLY	
Children in need of ART	2,080
Children receiving ART	372
County ART children coverage	18%
National ART children coverage	42%
Number of children who died of AIDS related conditions in 2013	161

Source: Kajiado District Health Information System (KDHIS), 2015

Quality of HIV services in Kajiado

The quality of HIV testing in the county can be described as good apart from the delay in communicating results since the HIV reference lab is over 100 Km away in Nairobi. However, within the private sector, there is a challenge in the quality of services offered as it has been observed during routine supervision by the community health management team (CHMT)that most of the HIV testing is done by laboratory personnelwho do not have the right skills. This is due to a high staff turnover posing a threat to laboratory reporting.

Counseling is a key component to HIV control, right from achieving voluntary testing, acceptance of the HIV results especially when positive to adherence to ART and stigma reduction. However the quality of counseling services has been noted to be on the decline mainly due to either having inadequate trained counselors or the available ones not investing ample time owing to handling competing tasks. It is a trend that needs to be checked and corrected in improving health outcomes and wellness of PLHIV. Due consideration should also be given to build the capacity of health workers on paediatric counseling.

Stigma remains a big challenge to the fight against HIV. It manifests in various forms in the county: self-stigma, failure to adhere to ART, fear of seeking/ taking medication or HIV test and worries leading to immuno-suppression. A key issue of concern noted in Kajiado County through the Area Advisory Committee 'is that charitable children's institutions (CCI) include HIV status as an admission criterion hence subjecting the orphans and vulnerable children (OVC) to mandatory HIV testing. In some circumstances those found to be positive are denied admissions to the institutions. While this may be the case it could be due to the fact that the social workers in the CCIs lack the knowledge and capacity on HIV management hence the need to build their capacity. There are 70 CCIs in the County (DHIS, 2015).

Other forms of stigma is where people working in HIV related organizations areviewed with fear – social stigma by even co-workers at workplaces.

Area Advisory Committee – is a multi-sector committee established by the Department of Children that regulate CCI

Table 4.8: Interventions for improving health outcomes and wellness of all people living with HIV

SD 2: Improving health outcomes and wellness of all people living with HIV								
KASF objective	**KCHSP results**	**Key activity**	**Sub-activity/Intervention**			**Target population**	**Geographical areas by county/ sub- county**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
Reduce AIDS related mortality by 25%	Increase the percentage of health facilities offering ART from 13% to 80% One hundred and forty members of the CCI network sensitised on OVC care.	Provide HTS services to the priority population.	Increase the number of health facilities offering ART.	Sensitize the CCI network on HIV care and manage-ment among OVC.	Improve-ment of the existing CCI to make them child friendly.	General population, OVCs, Managers of CCIs	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government Partners
	One hundred and forty social workers of CCI trained on HIV management among the OVC Establish 3 model CCCs in Kajiado	Build the capacity of OVC care givers on home based HIV management.	Train social workers of CCI on HIV management among the OVC.		Establish 3 model CCCs in Kajiado.	Social workers, General population	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government, NASCOP, Partners, CCIs
	80% of health care workers trained on paediatric HIV management 90% of the PLHIV sensitised on the importance of ART adherence HIV referral laboratory established	Training of health care workers on paediatric (0-5 yrs)HIV management	Build the capacity of health care workers on paediatric HIV management. Procurement of diagnostic equipment to strengthen local health facilities.	Increase community awareness on the importance of ART adherence.	Establish a HIV referral laboratory in Kajiado County.	General population, PLHIV	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government, NPLHS, NASCOP, Partners

SD 2: Improving health outcomes and wellness of all people living with HIV								
KASF objective	**KCHSP results**	**Key activity**	**Sub-activity/Intervention**			**Target population**	**Geographical areas by county/ sub- county**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
Reduce AIDS related mortality by 25%	Information communication technology (ICT) utilized in ART adherence	Training of health care workers on paediatric (0-5 yrs)HIV management		Increase community awareness on the importance of ART adherence.	Integrate the use of ICT in HIV services especially increasing adherence to ART.	Partners, PLHIVs	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	CDH, Mobile Phone Service Providers, Partners
	Increase the number of ART central sites from 5 to 15 HIV services integrated within outreach services		Increase access to HIV services through community outreach services.		Establish central ART sites to strengthen the supply chain system.	Opinion leaders, community health volunteers (CHVs), support groups	Kajiado County: Kajiado North,Kajiado West,Kajiado Central, Kajiado East, Kajiado South	County Government, NASCOP, NACC, Partners
	Increase ART sites offering FBP from 18 to 80		Increase sites that offer FBP.				Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	CDH, NASCOP, NACC, Partners
	Increase the number DICs from 3 to 8		Offer HTS through DICs.		Establish more DICs.	MARPs, PLHIV	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	CDH, NASCOP, NACC, Partners

SD 2: Improving health outcomes and wellness of all people living with HIV								
KASF objective	**KCHSP results**	**Key activity**	**Sub-activity/Intervention**			**Target population**	**Geographical areas by county/ sub- county**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
Reduce AIDS related mortality by 25%	Increase coverage of therapeutic and supplemental foods and dietary formulations	Provide therapeutic and supplemental food and dietary commodities	Increase the coverage of therapeutic and supple-mental foods and dietary formulations for malnour-ished PLHIV& TB patients in health facili-ties, pregnant and lactating women in PMTCT pro-grammes and OVC through facility and community delivery sys-tems.	Increase community awareness on the importance of ART adherence.	Establish more DICs.	PLHIV on care, PMTCT,TB patients and OVCs	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	MOH-NASCOP-MOA , County Government Implementing partners
		Protect and improve the nutritional status of PLHIV and HIV-affected households or families	Provision of nutrition assessment, counselling and support in the contin-uum of care.			PLHIV, PMTCT, TB patients, OVCs	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	MoH-NASCOP, NACC, County Government Implementing partners

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

Context

The Constitution of Kenya (2010) guarantees the people of Kenya human rights. Specifically, Article 43 gives the citizenry the right to the highest attainable standards of health while Article 27 prohibits discrimination on any ground including a person's HIV status and affirms equality between men and women.

The HIV and AIDS Prevention and Control Act, 2006, provides the legal basis to address HIV related discrimination, providing access to justice by the establishment of the Equity (HIV&AIDS) Tribunal. However this remains underutilized.These laws aim at reducing stigma and discrimination, reducing sexual and gender based violence, increasing the protection of human rights and increasing social inclusion for PLHIV, key and vulnerable populations in service delivery.

Every citizen has a right to health services. However inadequate knowledge among the general population on their rights as enshrined in the constitution impedes them from demanding their health related rights. Equally, the county government as a duty bearer has not put in adequate and deliberate measures to address the needs of all the affected people by HIV, for example there is lack of youth friendly clinics hence depriving the youths the required services.

The County should ensure there is provision of HIV services to all. Access to health services remains a challenge especially in some rural areas due to distance and poor road networks. Where such services are accessible, social marketing and accountability has not been undertaken. Health care service providers have minimal sensitization on the need for client centred or service driven health care. This is coupled with low capacity and unavailability of key resources for PLWDs such as Braille for the visually impaired persons, sign language among others.

In order to provide services to the KPs in Kajiado County, DICs have been introduced in 3 sites - Namanga, Kitengela and Ongata Rongai. The DICEs have reached an appreciable **4,547** persons (as at 31st October 2015) exemplifying the program's success in reaching out to newly infected persons (Partners' reports, 2015).

Other human rights abuses in the county are manifested through cultural practices which are still deeply entrenched in the community. These include FGM and early marriages among young girls, gender disparity affecting women who are therefore less empowered and continue to experience widespread gender-based violence and social exclusion in decision making.

In mitigating cases of sexual and gender based violence there exists national policies and guidelines, but elaborate and functional systems at the county level are inadequate. Cases of SGBV are viewed as being tedious, expensive and the victims are unable to secure legal representation. Linkages between the key players that can help survivors are also inadequate.

The National Police Service (NPS) has made significant strides in establishing gender desks but this is not the case at health facilities. Health facilities are also crippled with shortages of equipment and facilities to collect specimens that can be used as evidence for initiating medico-legal action for SGBV cases. The situation is worsened by low reporting of cases and communities resorting to local negotiations to resolve cases.

While there are various players available to address human rights issues, they are not strengthened and lack coordination in service delivery. These players should be enabled to handle human rights abuses to reasonable conclusion especially on the medical legal aspect.

Table 4.9: Intervention areas for using a human rights based approach to facilitate access to services

SD 3: Using a human rights based approach to facilitate services for PLHIV, Key Populations and other priority groups in all sectors								
KASF objective	**KCHSP results**	**Key activity**	**Sub-activity/Intervention**			**Target population**	**Geographical areas by county/ sub- county**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
	Increase the number of DICs from 3 to 8 One hundred support groups established and supported. Technical Working Groups on HRBA to HIV services established.	To increase equitable access to HIV services for PLHIV.	Establish more functional DICs to offer HIV services to the key populations.	Build the capacity of HIV support groups on Preventions with Positives (PwP).	Form an inter-agency coordinating committee sub-TWG to identify and address existing HRBA gaps in accessing HIV services.	PLHIVs, Key Populations	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government Partners
	Fiuve hundred and forty eight health workers trained on HRBA to HIV services HIV program for PLWD established	Training of health workers	Training of health workers on HRBA to HIV services.		Implement innovative approaches to provide people with disability (PwD) with HIV services and programs including access to IEC materials.	Health workers, CHVs	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	National Council for Persons with Disabilities (NCPWD), Kenya Society for the Blind, Kenya Institute for Special Education

SD 3: Using a human rights based approach to facilitate services for PLHIV, Key Populations and other priority groups in all sectors								
KASF objective	**KCHSP results**	**Key activity**	**Sub-activity/Intervention**			**Target population**	**Geographical areas by county/ sub- county**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
An enabling legal and policy environment necessary for a robust HIV response at the national and county levels to ensure access to services by persons living with HIV	Five county health facilities offering child friendly services. Percentage of head teachers trained on stigma reduction and non-discrimination.	Build the capacity of the AAC, teachers and community leaders on stigma reduction and non-discrimination.	Training of health workers on HRBA to HIV services.	Sensitize the AAC on HRBA to HIV services. Sensitization of community leaders and stakeholders on stigma and non-discrimination. Sensitize school heads on stigma reduction and non-discrimination.	Improve the existing paediatric facilities to make them child friendly.	AAC members, General public, Schools	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South.	County Government, Partners
	Five model youth friendly services established.	Establish youth friendly services.		Implement BCC intervention including use of Braille and sign language.	Establish youth friendly HIV services including integration within the youth empowerment centres.	Health workers, CHVs, Partners working with the youth	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government Partners
	Kajiado County HIV prevention and control policy in place.				Domesticate the national policies and legal framework to fit county specific policies and laws.	MCAs, law enforcement agencies, opinion leaders, PLHIVs	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	Ministry of Interior, Civil Society, County Government
	Local arbitration mechanism in place	Drafting and enactment of a HIV policy			Establish a local arbitration mechanism within the ICC.	Paralegals, counsellors, survivors of violence		

Strategic Direction 4: Strengthening integration of community and health systems

Context

Kajiado County has embraced and implemented the community health strategy as an avenue of engaging communities on health issues. Through the CHS, community health units have been established and facilitated through regular training and supervision. The units are facilitated with transport, tools and materials to operate.

Community health services form the foundation of the National and County health services and is the level of first contact to the formal health systems. Community Health Systems are the bridge to existing gaps such as distance to facilities, demand creation for utilization of health services at facility level and referral to linkages. These gaps can be adequately addressed by engaging the CHAs and CHVs through establishment of new CUs as well as strengthening the existing ones through capacity building on HIV technical areas/modules to increase their competences in these areas.

Community members are involved in the management of health facilities. All these efforts are geared towards integrating the community and health systems. The community health units offer HIV services such as the implementation of home community based care (HCBC), PMTCT and PwP. The county also conducts outreach health services for those who cannot access health facilities.

There is a presence of CSO and FBOs (even though skewed in representation) in the communities that support HIV prevention and treatment services. These organizations often undertake HIV education and promotional activities in sensitizing the community on health issues.

Kajiado County has always had a self-motivated and reliable healthcare workforce. However, inadequate staffing needs to be addressed so that quality of service is guaranteed. Other factors that contribute to poor health systems in the county include inadequate health facilities, work overload, poor working environment that lacks the necessary infrastructure and an erratic supply chain.

The community health units offer HIV services such as the implementation of home community based care (HCBC), PMTCT and PwP.

Table 4.10: Intervention areas in integration of community and health systems

SD 4:Strengthening integration of health services and community systems								
KASF objective	**KCHSP results**	**Key activity**	**Sub-activity/ Intervention**			**Target population**	**Geographical areas by county/ sub- county**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	50% of community units integrating HIV services. HIV communication strategy in place and in use. Increase technical capacity of health workforce in HIV response from 17% to 50% Percentage of ART defaulters included in the retention and care Strengthening referrals and linkages Demand creation for HIV services through ACSM and C4D methodologies Social accountability through monitoring of resources dedicated to the communities	Integrate HIV services in Community Health Units	Provide home based care for the HIV positive people through CUs. Provision of HCBC kits. Re-introduce the ART defaulters to medication and care.	Develop a HIV communica-tion strategy for Kajiado. Trace ART defaulters.	Support innovative approaches for increasing access to skilled birth attendants including the establishment of delivery manyattas to improve maternal and infant child health. Provision of transport for CHVs. Capacity building of CHAs and CHVs. Referral forms for CHVs (MoH 100). Provision of BCC/IEC materials.	PLHIV, opinion leaders, health workers, CHVs, CHAs	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government Partners

SD 4:Strengthening integration of health services and community systems								
KASF objective	**KCHSP results**	**Key activity**	**Sub-activity/ Intervention**			**Target population**	**Geographical areas by county/ sub- county**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response					Provision of incentives and rewards for CHW. Provision of food security (kitchen garden).			
	Three thousand persons reached through mobile outreach including the use of Beyond Zero mobile van.	Conduct regular outreach HIV services for the hard to reach.	Provide regular outreach HIV services for the hard to reach.	Organize events aimed at integrating HIV services with the annual Maasai initiation ceremony.	Establish more community health units and strengthening the existing ones.	MARPs, morans, women (14-49 years)	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government, Partners
	50% of the schools having HIV programs			Community action days/ dialogue days, involvement of health care givers.	Integrate HIV information and education as part of the school health program.	Health workers, teachers, pupils and partners	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government, Partners
	Increased patient to health worker ratio as per WHO recommendations of 21 doctors and 228 nurses per 100,000 people				Lobby for employment of more health workers.	Unem-ployed health work-ers	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government, Partners
	Increased access to HIV services.				Lobby for the construction of more health facilities.	General population		County Government, Partners

Strategic Direction 5: Strengthen research, innovation and information management to meet the KCHSP goals

Context

Much of the data used in developing this strategy has been drawn from the national surveys notably the Kenya AIDS Indicator Survey(KAIS) and the Kenya Demographic Health Survey (KDHS). Most of the HIV data available is obtained from the health facilities and accessed through the DHIS however; the data is not adequately utilized to inform decision making. Partners implementing HIV programs have conducted studies be it baseline, mid-term or end line studies. The reports or findings have not been shared. County health workers have in most instances participated in undertaking such studies, but findings are hardly shared. Whereas data is available at the regional or national level, there is very little data that is specific for Kajiado County and its sub-counties. The county also lacks a unit to coordinate research.

Most of the HIV data available is obtained from the health facilities and accessed through the DHIS however; the data is not adequately utilized to inform decision making.

Table 4.11: Intervention areas in strengthening research, innovation and information management to meet the KCHSP goals

SD 5: Strengthening research, innovation and information management to inform the KCHSP goals								
KASF objective	**KCHSP results**	**Key activity**	**Sub-activity/ Intervention**			**Target population**	**Geographical areas by scounty/ sub-county**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Vital data on HIV in Kajiado is available	Undertake operational research and information management. Establish a research evaluation and monitoring unit. Determine optimal models for integration. Review national and county legislation policy that impact access to HIV and SRH. Determine optimal distribution and retention of a skilled HIV workforce. Determine effectiveness of task shifting and its impact on the quality of HIV services.	Determine effective models for increasing HTC uptake and linkages. Map HIV subtypes and sexual networks in different regions and populations for appropriate prevention and treatment. Determine multi-drug resistant TB and HIV trends	Conduct age and population disaggregated stigma index, social exclusion and human rights violation. Identify barriers to testing and access to HIV services. Determine impact of alcohol and drug substance abuse (young adolescents and Key Populations) Effectiveness of interventions such as retention of girls at school, KPs empowerment etc. Identify and test interventions that address determinants and barriers to linkage to care for PLHIVs.	Establish a Research Evaluation and Monitoring Unit (REMU).	Health workers, Community	All sub-counties	County Government, Research institutions, Partners

SD 5: Strengthening research, innovation and information management to inform the KCHSP goals								
KASF objective	**KCHSP results**	**Key activity**	**Sub-activity/ Intervention**			**Target population**	**Geographical areas by scounty/ sub-county**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Combination prevention package available	Undertake combined preventive study.	Combination prevention strategies.	Determine outcomes and causes of LTFU among PLHIV on care and treatment. Determine barriers to ART access in paediatric populations and adolescents. Identify cost effective strategies in utilization of social media to improve HIV prevention and research outcomes	Establish a Research Evaluation and Monitoring Unit (REMU).	PLHIV, PMTCT, TB patiens, Public	All sub-counties	MoH,NASCOP, NACC, Ministry of Education, Universities, County Government, Implementing partners
	Document effective models of engagement of county leadership for sustainability and ownership of HIV response			Undertake a study on cultural factors that influence the spread of HIV in the county. Determine barriers to ART access in paediatric populations and adolescents.	Conduct operational research on available data from DHIS and partners.	Health facilities, Community		County Government, Research institutions, Partners

SD 5: Strengthening research, innovation and information management to inform the KCHSP goals								
KASF objective	**KCHSP results**	**Key activity**	**Sub-activity/ Intervention**			**Target population**	**Geographical areas by scounty/ sub-county**	**Responsibility**
			Biomedical	**Behavioural**	**Structural**			
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Publicationson nutrition available	Promote research and dissemination to inform interventions.	Effect of nutrition interventions on the nutrition status of PLHIV. Identify knowledge gaps related to nutrition and HIV policies and programming.	Comprehensive costing analysis of nutrition & HIV commodities. Conduct nutrition audits to determine efficiency of nutrition and HIV LMIS processes. Understand correlation of risks perception on prevention, adherence and retention.	Conduct operational research on available data from DHIS and partners.	PLHIV, PMTCT, TB patients, OVCs, Public	All sub-counties	MoH, NASCOP, NACC, MoE, Universities, County Government, Implementing partners

Strategic Direction 6: Promote utilization of strategic information for research and monitoring and evaluation to enhance programming

Context

The Monitoring and Evaluation section of the County Department of Health is not fully established. Currently there is only one staff attached to the section and is expected to serve all the programs. At health facility level we have 8 Health Records and Information Officers (HRIOs) who collect health facility based data. The HRIO are expected to receive and compile all the health related data including data from community health volunteers.

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

Below is a demonstration of how data flows within the County.

Figure 4.1: Facility-based information flow in Kajiado County

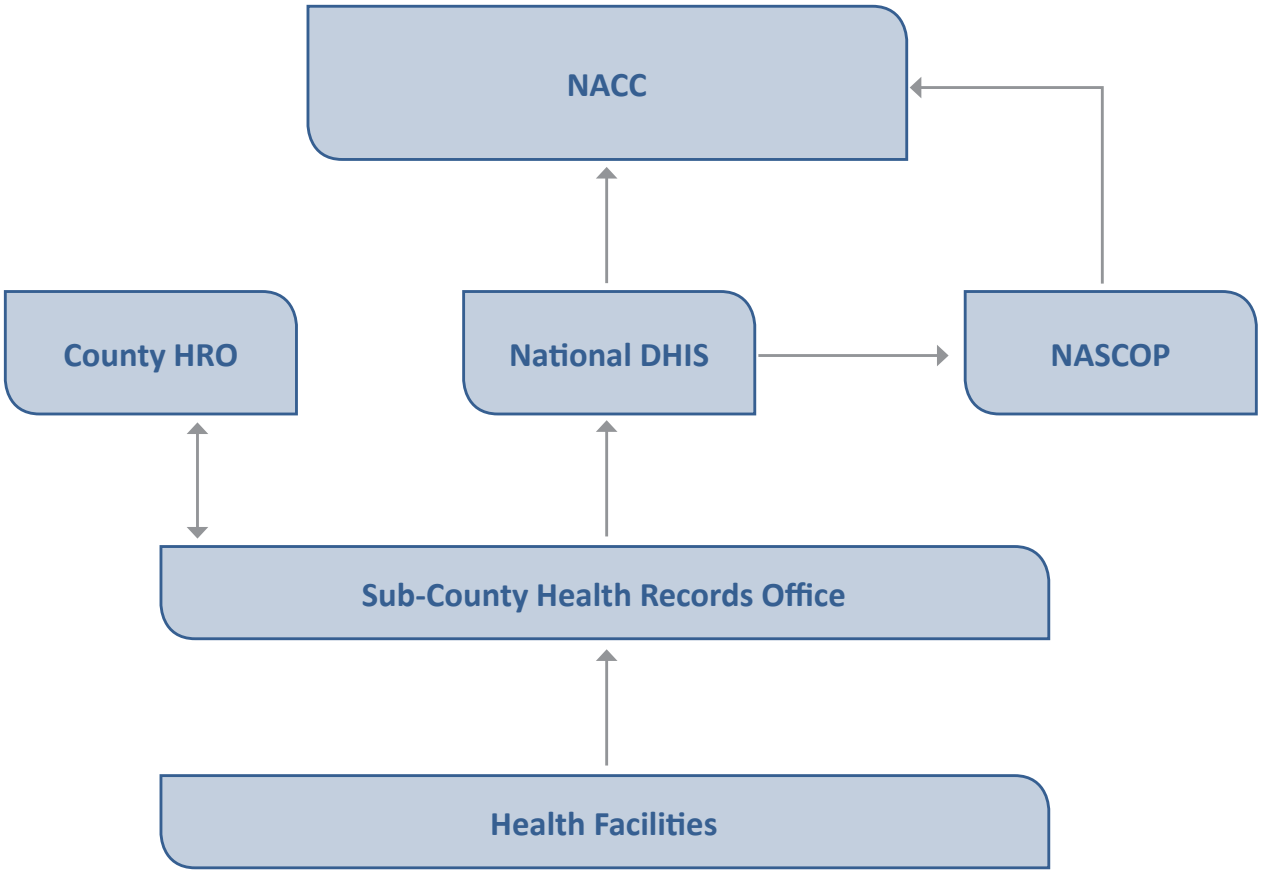


Table 4.12: Interventions for promoting the utilization of strategic information for research and monitoring and evaluation to enhance programming

SD 6: Promoting the utilization of strategic information for research and monitoring and evaluation to enhance programming						
KASF objective	**KCHSP results**	**Key activity**	**Sub-activity/ Intervention**	**Target population**	**Geographic areas by county/sub-county**	**Responsibility**
			Structural			
To improve data quality, demand, access and use of data for decision making at the County and National levels	Strategy is implemented as scheduled Quality of HIV services is improved Data is available for programming and resources are well utilised	Field supervisory support visits	Undertake quarterly support supervision and monitoring mentorship.	CDH, CACCs, CASCOs	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government, NASCOP, NACC
	Quality data is available	Collection of accurate data, data quality audits and data review meetings Regular training and capacity building on data tools Procurement of quality diagnostics	Print and distribute M&E tools for collection of HIV data. Establish quality improvement teams in the county and sub-counties.	CDH, CACCs, CASCOs	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government, NASCOP, NACC
	Baseline data for HIV programming is available	Plan and undertake a baseline survey	Undertake a Kajiado HIV baseline survey.	Health workers	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government Partners

SD 6: Promoting the utilization of strategic information for research and monitoring and evaluation to enhance programming						
KASF objective	**KCHSP results**	**Key activity**	**Sub-activity/ Intervention**	**Target population**	**Geographic areas by county/sub-county**	**Responsibility**
			Structural			
To improve data quality, demand, access and use of data for decision making at the County and National levels	Progress report on achievement of the strategy	Plan and undertake a mid-line review	Undertake a mid-line review of the KCHSP.	Stakeholders	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government, Partners
	Information for review of the next strategic plan is available	Undertake an end line review of the KCHSP	Undertake an end line review of the KCHSP.	Stakeholders	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government, Partners
	ICC makes informed HIV decisions	Schedule and hold quarterly meetings	Hold quarterly M&E meetings and report to the County ICC.	CDH, CACCs, CASCOs	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government, NASCOP, NACC
	Information of health widely disseminated	Compile articles and print a health newsletter	Prepare and publish a County Department of Health newsletter.	CDH, CACCs, CASCOs	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County Government, NASCOP, NACC

Strategic Direction 7: Increasing domestic financing for sustainable HIV response

Context

Following the actualization of devolution and release of funds to counties, much of the county funding on health has been set aside and utilized for infrastructure development, procurement of essential medical supplies and staff remunerations. Minimal funding has been set aside for HIV activities specifically to the commemoration of the World AIDS Day and support towards developing this strategic plan by the county government. There has been insufficient domestic funding and a general reliance on external funding.

Previous funding for HIV activities were received from the National AIDS Control Council for office operations while NASCOP supports commodities, capacity building and specific activities such as Rapid Results Initiative, Data Quality Assurance (DQA) among others. The HIV and AIDS funds from the County Government are embedded in other health programs and are received by the Ministry of Health hence it is difficult to quantify and predict the amount of funding due to lack of proper coordination mechanism.

Table 4.13: Interventions for innovative ways to increase sustainable domestic HIV financing options for Kajiado County

SD 7: Increasing domestic financing for a sustainable HIV response							
KAS objective	**CASP results**	**Key activity**	**Sub-activity/Intervention**		**Target population**	**Geographical areas by county/ sub- county**	**Responsi-bility**
			Behavioural	**Structural**			
Increase domestic financing of the HIV response to 50%	Policy on HIV financing is put in place	Draft and legislate policy through the County Assembly.		Policy paper on increas-ing domestic funding of HIV activities approved and implemented by the County Executive Committee.	CACCs, CASCOs, Partners	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County government, NASCOP, NACC
	Increased domestic financing Equitable distribu-tion of resources in the county	Hold a planning meet-ing and undertake activities to raise funds for HIV.	Well-wishers attend annual gala dinner and contrib-ute funds for HIV activities. Community participates in charity walk, run to raise funds for HIV activities	Undertake a mapping of HIV partners' represen-tation in Kajiado to identify gap areas.	CACCs, CASCOs, Partners	Kajiado County: Kajiado North, Kajiado West, Kajiado Central, Kajiado East, Kajiado South	County government, NASCOP, NACC

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

HIV was declared a national disaster in 1999 and NACC was established under the office of the president to coordinate a multi-sector response. At the provincial and district levels, regional and constituency AIDS committees were established and mandated to coordinate the multi-sector responses at their levels. HIV/AIDS activities were guided by the Kenya National AIDS Strategic Plans. Initially there were three constituencies in Kajiado but now we have five. The District Commissioner chaired the District Technical Committee while the area MP was the patron to the Constituency Committee. The committees held quarterly meetings and reported to the NACC field office based in the previous provinces with Kajiado District being under the South Rift Region.

Under the previous constitutional dispensation, the Ministry of Health had the National AIDS and STI programme that had the responsibility of coordinating HIV prevention, care and treatment services through the Provincial AIDS and STI Coordinators (PASCO) and District AIDS and STI Coordinators.

District level HIV activities were guided by the KNASPs but there was no district specific strategic plan. Currently, HIV and AIDS activities are coordinated by NACC and NASCOP. The County Government has not put in place a coordination mechanism for HIV and AIDS activities and even the legislature (County Assembly) has not initiated any single Bill on HIV and AIDS in the County.

Table 4.14: Interventions for strengthening County HIV coordination mechanism

SD 8: Promoting accountable leadership for delivery of the Kajiado County HIV strategic plan						
KASF objective	**CASP results**	**Key activity**	**Sub-activity/ Intervention**	**Target population**	**Geographical areas by county/ sub-county**	**Responsibility**
			Structural			
Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response	KCHSP is in place and being implemented	Disseminate and roll out the KCHSP.	Print 200 copies of the KCHSP.	CDH, Partners	Kajiado County	County Government, NASCOP, NACC
			Hold meeting to disseminate the KCHSP to the Kajiado County Executive Committee.			
			Hold a meeting to disseminate the KCHSP to the private sector.	CDH, Partners	Kajiado County	County Government, NASCOP, NACC

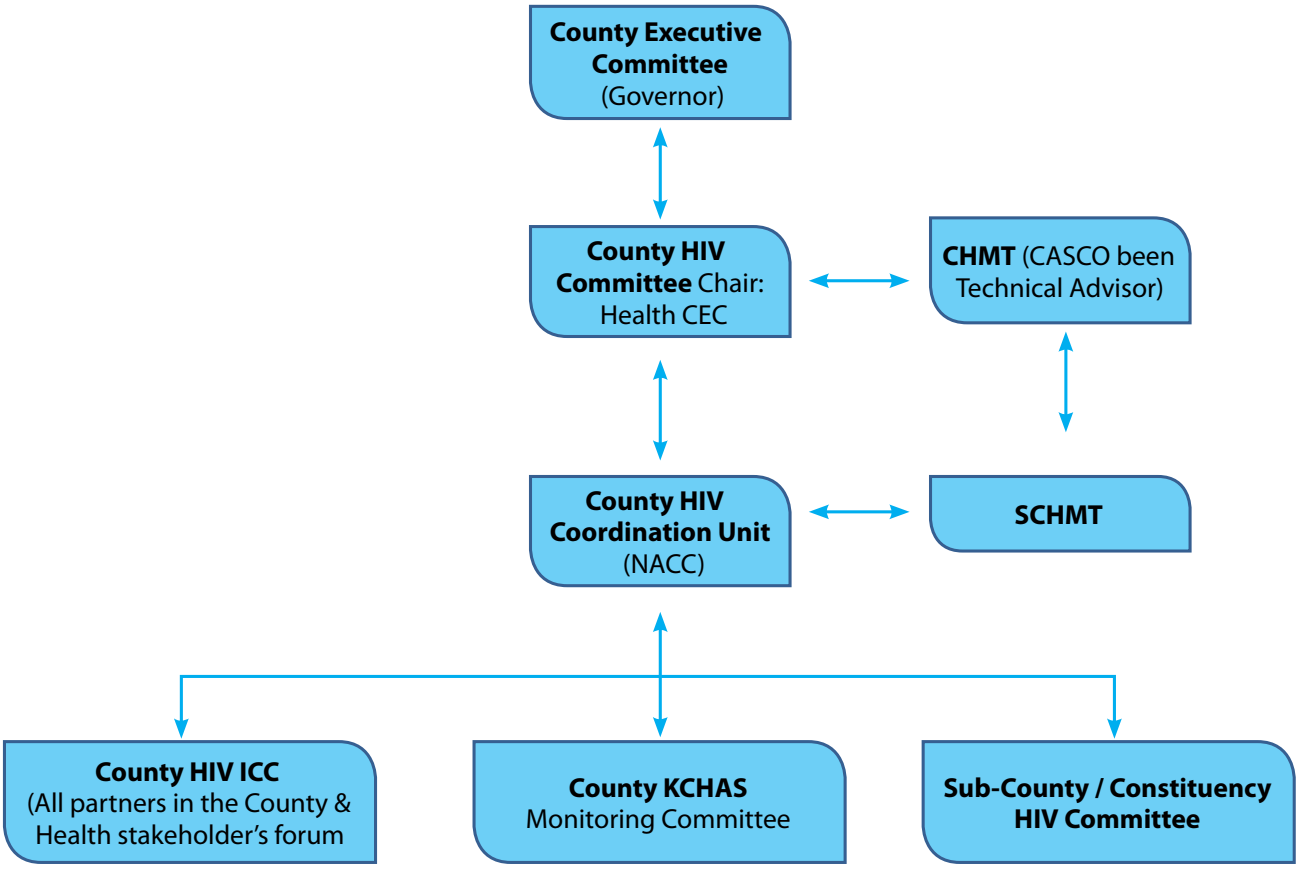
SD 8: Promoting accountable leadership for delivery of the Kajiado County HIV strategic plan						
KASF objective	**CASP results**	**Key activity**	**Sub-activity/ Intervention**	**Target population**	**Geographical areas by county/ sub-county**	**Responsibility**
			Structural			
Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response	County HIV oversight committee in place and meets regularly	Formation of the relevant county HIV coordinating committee.	Form the County HIV oversight committee and hold quarterly meetings.	CDH, Partners	Kajiado County	County Government, NASCOP, NACC, Partners
	County HIV ICC is in place and meets regularly	Conduct quarterly coordination.	Form the County HIV ICC and hold quarterly meetings.	CDH, Partners	Kajiado County	County Government, NASCOP, NACC, Partners
	Constituency AIDS control committees enhanced	Constituency committee meets regularly and reports.	Support constituency AIDS committees.	CDH, Partners	Kajiado County	County Government, NASCOP, NACC, Partners
	TWGs in place at county and sub- county levels	TWGs meet and make informed decisions. Improve coordination and network for financing nutrition in HIV interventions in line with ongoing coordination by NASCOP	Strengthen county TWGs and establish sub-county TWGs.	CDH, Partners National & County stakeholders in nutrition interventions	Kajiado County	MoH-NASCOP, NACC
	PLHIV remembered and celebrated	and NACC on nutrition support used in HIV and other programs implemented in the county. World AIDS Day	Campaigns against HIV and AIDS.	All people	Kajiado County	National Government County Government

Chapter 5

Implementation Arrangements

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

Figure 5.1: The HIV coordination organo-gram for Kajiado County



Roles and responsibilities

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

County HIV Committee

This committee shall be accountable to the Governor for the performance of their functions and the exercise of their powers on matters relating to HIV.

Membership

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

Roles

The County HIV committee shall have the following responsibilities: Be the custodian of the KCHSP.

- Hold meetings on a quarterly basis to review the implementation plan
- Responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of the KCHSP.
- Approve the county HIV targets and plan.
- Review and present the County HIV budget.
- Set the County HIV agenda.
- Receive reports on the KCHSP progress from the monitoring committee.
- Form sub-TWGs to review and advice on issues of HRBA to HIV services.
- Receive reports from County ICC KCHSP and the routine monitoring committee.

County HIV Coordination Unit

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

Roles

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

Monitoring and Evaluation Unit

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

- Ensure that all the prerequisite tools and materials for data collection are available at the point of collection at all times.
- Build the capacity of health workers on data collection and transmission.
- Ensure there is data collection, quality control, consolidation, interpretation and dissemination.
- Oversee the preparation and publication of the County Department of Health newsletter on a bi-annual basis for dissemination of health articles, data and human interest stories including HIV.

Chapter 6

Monitoring and Evaluation Plan

The Monitoring and Evaluation section of the County Department of Health is not fully established. Currently there is only one staff attached to the section and is expected to serve all the programs. At health facility level we have 8 Health Records and Information Officers who collect health facility based data. The HRIOs are expected to receive and compile all the health related data including data from community health volunteers.

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

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

Table 6:1 : Roles and responsibilities of the KCHSP M & E plan

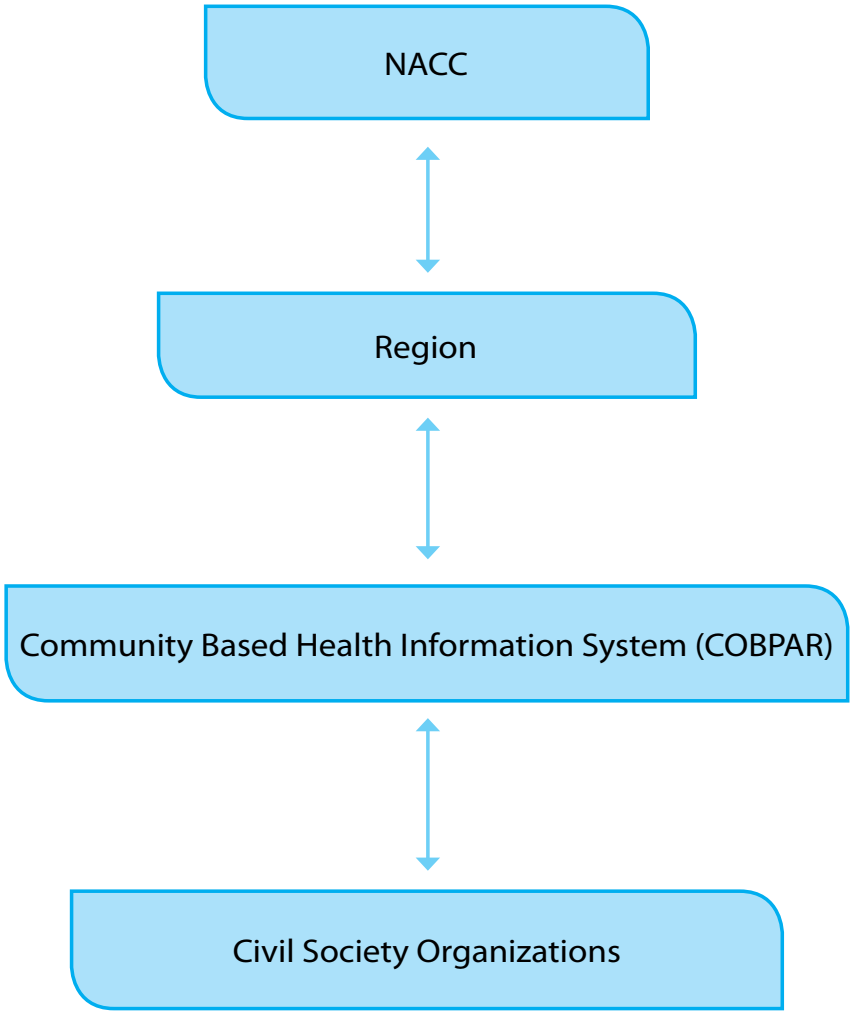
Institution	Role	Frequency	Reporting Tool
Service delivery points (health facilities)	Report HIV sector data	Quarterly	DHIS
County health records and information officer	Receive and compile all the health related data including data from community health volunteers	Monthly/Quarterly	DHIS and COBPAR form
County HIV coordination unit and county AIDS and STI coordinating officer (CASCO)	Provide the health sector with HIV response data for use at the county level	Quarterly	DHIS
County Government	Annual evaluation surveys	Annually	Merge DHIS and COBPAR form

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

- **Database of CSOs:** The common HIV database will include a civil society organisation (CSO) module to capture all CSOs implementing HIV activities in each county. CSOs captured in the database will be expected to report on their HIV interventions based on set guidelines.
- **Community-based HIV response reporting tool:** The COPBAR tool will be revised to enable CBOs report against their planned band outputs. The revised tool and guidelines for completing the tool will be developed and disseminated to the CBOs.
- **COBPAR data** collection will continuously move towards integration with the Community Health Information System (CHIS).

The M & E Committee of Health shall be expanded and reports forwarded to the treasury.

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



Chapter 7

Risks, Assumptions and Mitigation Plan

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

Table 7.1: Assumptions and risk management matrix

Risk Category	Risks	Status	Probability	Impact	Mitigation	Assumptions	Responsibility	When
Technological	Lack of the required technologies to implement the plan	The KCHASP has just been developed with key areas for technological support identified	High	High	Establishment of the proposed technology and training of the staff	There is enough technical capacity in the county	County Government	Y1
Political	Disruption of the implementation due to political unrest	Implementation of the various interventions is ongoing and will be guided by the plan	Medium	High	Put in place sustainability strategies for HIV interventions like enough stock of ARVs and other commodities	2017 General election will be peaceful	County Government	Y1

Risk Category	Risks	Status	Probability	Impact	Mitigation	Assumptions	Responsibility	When
Operational	Non – achievement of the targets due to inefficient implementation of the plan	Efficiency and effectiveness studies are yet to be undertaken	Medium	High	Continuous monitoring, training and capacity building	All the required support and capacity will be provided	County HIV oversight committee	Y1
	Non utilization of evidence based programming approach	Most of the evidence is available to inform programming, but with some gaps in the information use and management	Low	High	Implement HIV research agenda	Surveys and operation research will be undertaken to provide data for programming	County Government	
	Poor absorption of HIV finances	The absorption capacity has not been determined	Low	High	Put in place financial management systems	The county will have financial absorption capacity	Implementing Partners	Y2
Legislation	Lack of ownership by the county leadership and passing of proposed bills/policies	The bills and policies are yet to be drafted	Medium	High	Engagement of the county leadership	All HIV related bills/policies will be passed in good time	CEC- Health	Y2
Financial	Inadequate funding to implement the plan	There are inadequate funds and the resource needs as projected have not been factored in the County Integrated Plan or Investment plan	Low	High	Lobby partners for funding	Funds will be available	County HIV Coordination Unit	Y1

Annex 1 Results Framework

Strategic Direction 1: Reducing new HIV infections							
KASF Objective	**KCHSP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Reduce new HIV infections by 75%	Percentage of persons with knowledge of their HIV status from 59% to 80%	Provide HIV testing services to the general population (41% have not been tested)	Percentage of people that know their HIV status.	59%	70%	80%	County Government, Partners (Private clinics and hospitals)
	Number of DICs increased from 3 to 6	Establish 3 more DICs to offer HIV services to the key populations in urban centres	Number of established and functional DICs.	3	4	6	County Government, Partners
	Number of people reached with HTS through outreach	Increase outreach for the hard to reach for HTS including use of the Beyond Zero Campaign	Number of people reached with HTS services through outreach campaigns.	1000	1000	1000	County Government, Partners

Strategic Direction 1: Reducing new HIV infections							
KASF Objective	**KCHSP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
	Percentage of HIV exposed infants with negative result from positive pregnant and lactating mothers from 85% to 95%	Provide PMTCT in all health facilities	Percentage of pregnant and lactating mothers receiving HAART.	85%	90%	95%	County Government, Partners
		Provide ART services targeting infants	Percentage of HIV exposed infants receiving ARV prophylaxis.	80%	90%	95%	County Government, Partners
	Percentages of institution of higher learning offering HIV services	Provide HIV services in institutions of higher learning	Percentage of institutions of higher learning offering HIV services.	-	50%	80%	County Government, Partners

Strategic Direction 2: Improving health outcomes for all PLHIV							
KASF Objective	**KCHSP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Reduce AIDS related mortality 75%	Percentage of health facilities offering ART from 13% to 80%	Provide ART through all the health facilities	Percentage of facilities offering ART services.	13%	50%	80%	County Government & Partners
	Number of PLHIV on ART	Increase the number of PLHIV on ART (5,219 receiving ART; 9,827 in need of ART)	Number of persons receiving ART.	5,219	7,219	9,827	County Government & Partners
	One hundred and forty (140) CCI management staff sensitized on HIV care and management among OVCs	Sensitize the management staff of CCI on HIV care and management among OVC	Number of CCI management staff sensitized on HIV care and management services for OVC.	0	70	140	County Government & Partners
	One hundred and forty (140) social workers in CCI trained on HCBC for HIV among OVCS	Train social workers of CCI on HIV management among the OVC	Number of social workers trained and supporting in the care of OVC living with HIV.	0	70	140	County Government & Partners
	80% of healthcare workers trained on paediatric HIV management	Build the capacity of healthcare workers on paediatric HIV management	Percentage of paediatric patients receiving HIV services.	30%	80%	90%	County Government & Partners

Strategic Direction 2: Improving health outcomes for all PLHIV							
KASF Objective	**KCHSP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Reduce AIDS related mortality 75%	Three model CCCs established in Kajiado	Upgrade and equip 3 CCCs in Kajiado	Number of model CCC offering comprehensive HIV services.	0	1	3	County Government & Partners
	One referral laboratory established	Upgrade and equip a HIV referral laboratory in Kajiado County	Referral laboratory established and fully functional.	0	0	1	County Government & Partners
	ICT utilized in ART adherence	Link PLHIV to HTS through HIV services especially increasing adherence to ART	Number of PLHIV that are reached through ICT.	0			County Government & Partners

Strategic Direction 3: Using HRBA to facilitate access to services for PLHIV, KPs and other priority groups in all sectors							
KASF Objective	**KCHSP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
An enabling legal and policy environment necessary for a robust HIV response at the national and county levels to ensure access to services by persons living with HIV	100 support groups established and supported	Build the capacity of HIV support groups on PwP.	Number of support groups formed and remain active.	26	58	100	County Government & Partners
	548 health workers trained on HRBA to HIV services	Training of health workers on HRBA to HIV services.	Number of health workers trained and offering HRBA to HIV services.	0	274	548	County Government & Partners
	80% of teachers trained to support ART adherence, stigma reduction and non-discrimination	Train teacher on supporting adherence to ART among pupils LHIV, stigma reduction and non-discrimination.	Percentage of teachers trained and offering support to HIV services in schools.	0	50%	80%	County Government
	5 model youth friendly services established	Establish youth friendly HIV services including integrating HIV services to youth empowerment centres.	Number of health facilities offering youth friendly services	0	2	5	County Government & Partners
	5 county health facilities offering child friendly services	Establish child friendly services in health facilities.	Number of health facilities offering child friendly services.	0	2	5	County Government & Partners
	5 county facilities offering HIV services for PLWD	Establish HIV services for PLWD.	Number of health facilities offering HIV services for PLWD.	0	2	5	County Government & Partners

Strategic Direction 4: Strengthening integration of health and community systems							
KASF Objective	**KCHSP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**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	50% of CU integrating HIV services	Provide home based care for HIV positive persons through Community Units.	Percentage of CUs offering HIV services including HBCH.	10%	30%	50%	County Government & Partners
	80% of the community reached with a key HIV message	Develop and implement a HIV communication strategy for Kajiado.	Percentage of the population reached through HIV advocacy, communication and social mobilization activities.	-	50%	80%	County Government & Partners
	50% of the schools having HIV programs	Implement HIV information and education as part of the school health program.	Percentage of schools implementing a school health program on HIV.			50%	County Government, Partners & Schools
	Increased patient to health worker ratio as per WHO recommendation	Lobby for employment of more health workers	Number of healthcare workers employed.				
	Increased access to HIV services.	ART outreaches.	Number of ART outreaches supported.	4	12	12	

Strategic Direction 5: Strengthening research, innovation and information management to meet the KCHSP goals							
KASF Objective	**KCHSP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Vital data on HIV in Kajiado is available	Form the County Monitoring Unit to coordinate research, monitoring and evaluation activities.	Number of researches conducted.	0	1	2	County Government & Partners
		Conduct operational research on available data from DHIS and partners.	Report of OPR available and used to inform on the HIV program.	0	2	4	County Government & Partners
		Undertake a stigma index study.	Report on stigma index available and used for stigma reduction and non-discrimination interventions.	0	0	1	County Government & Partners
		Undertake a study on cultural factors that influence the spread of HIV in the county.	Report on cultural factor influencing spread of HIV available and used to inform HIV programming.	0	1	1	County Government & Partners

Strategic Direction 6: Promoting utilisation of strategic information for research and monitoring and evaluation to enhance programming							
KASF Objective	**KCHSP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
To improve data quality, demand, access and use of data for decision making at the County and National levels	Data is available for programming and resources are well utilised	Undertake quarterly supervision and monitoring.	Reports of the supervision and monitoring visits used to inform on the program.	2	4	4	County Government & Partners
	Percentage of health facilities providing quality data on HIV	Print and distribute M&E tools for collection of HIV data.	Percentage of health facilities submitting timely quality HIV data on a regular basis.	60%	80%	95%	County Government, Partners & HRIO's
	Baseline data for HIV programming is available	Undertake a Kajiado HIV baseline survey.	Baseline data on KCHSP used to plan the program.	0		1	County Government & Partners
	Progress report on achievement of the strategy	Undertake a mid-line review of the KCHSP.	Results of the mid line review used to inform on the implementation of the KCHSP.	-		1	County Government & Partners
	Information for developing the next strategic plan is available	Undertake an end line review of the KCHSP.	Results of the end line review use to inform on the program achievement.	0		1	County Government & Partners
	ICC makes informed HIV decisions	Hold quarterly M&E meetings and report to the County ICC	Number of meetings held and key decisions made to inform on the KCHSP progress.	0	6	12	County Government & Partners
	Information of health widely disseminated	Prepare and publish a County Department of Health newsletter.	Number of articles on HIV activities disseminated through the newsletter.	0	6	12	County Government & Partners

Strategic Direction 7: Increasing domestic financing for a sustainable HIV response in Kajiado County							
KASF Objective	**KCHSP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Increase domestic financing of the HIV response to 50%	Policy on HIV financing is put in place	Prepare and present a session paper on increasing domestic funding of HIV activities and submit to the County Executive Committee for approval.	Amount of funds generated through domestic financing.	-	-		County Government, Partners & CEC
	10% increase in domestic financing for HIV	Plan and hold activities to raise funds for HIV activities (charity walk, annual gala dinner)	Amount of money collected for HIV activities in Kajiado.	Embed-ded to other health programs	5%	10%	County Government & Partners, Private Sector, Miss Tourism Kajiado
	Equitable distribution of resources in the county	Undertake a mapping of HIV partners' representation in Kajiado to identify gap areas.	Even distribu-tion / strate-gies for filling up gap areas by partners implemented.	-	-	-	County Government & Partners

Strategic Direction 8: Promoting accountable leadership for delivery of the KCHSP results by all sectors and actors.							
KASF Objective	**KCHSP Results**	**Key Activity**	**Indicators**	**Baseline**	**Mid Term Target**	**End Term Target**	**Responsibility**
Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response	80% of partners and stakeholders reached with the KCHSP	Print 200 copies of the KCASP and disseminate to the Kajiado County Executive Committee and stakeholders	Percentage of partners and stakeholders using the KCHSP to implement HIV activities.	0	60%	80%	NACC, County Government & Partners
	County HIV oversight committee in place and meets regularly	Form the County HIV coordination unit	Number of meetings held and key resolutions made by the County HIV coordination and used to deliver the KCHSP.	0	6	12	County Government & Partners
	County HIV ICC is in place and meets regularly	Form the County HIV ICC and hold quarterly coordination meetings	Number of meetings held and key resolution made by the County HIV ICC and used to deliver the KCHSP.	0	6	12	NACC, County Government & Partners
	Constituency AIDS control committees enhanced	Support sub county / constituency HIV committees	Number of sub counties / constituencies reporting to the County HIV coordination units.	0	30	60	County Government & Partners, Members of Parliament.

Annex 2 Cost Plan

Resource needs for implementing KCHASP (in Millions KSh)

SD	Specific KCASP intervention areas (resource % awarded)	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	Total
SD1	HIV prevention (25%)	356.08	405.52	457.67	512.02	554.68	2285.96
SD2	Treatment and care (50%)	712.15	778.70	813.44	828.27	817.92	3950.49
SD3	Social inclusion, human rights and gender (4.5%)	64.09	83.23	103.62	125.62	149.38	525.95
	Health systems (5.72%)	81.47	73.69	60.40	54.22	28.45	298.23
SD4	Community systems (3.65%)	51.99	46.86	38.48	34.54	18.13	189.99
SD7 & SD8	Leadership, governance and resource allocation (4%)	56.97	57.87	56.37	53.07	47.81	272.10
SD6	Monitoring and evaluation (2.84%)	40.45	40.98	39.92	37.52	33.80	192.67
SD5	Research (3.29%)	46.86	53.03	57.96	62.27	65.36	285.47
	Supply chain management (1%)	14.24	16.12	17.62	18.93	19.87	86.77
	Grand Total	**1424.30**	**1555.99**	**1645.47**	**1726.47**	**1735.40**	**8087.63**

Budget notes: This is item based costing for annual finance needs from KASF 2014 country estimation

- Costing as per international price (Sources: NACP III)
- PLHIV in Kenya 1,600,000 (2015) was the costing baseline for country estimates of which Kajiado had 23,830 PLHIV which translates to 0.014894 of the national disease burden.

Annex 3 Implementation Plan

Strategic Area	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strengthen program coordination, monitoring and evaluation	Lobby for recruitment of more staff.	X	X	X	X	X	X	X	X	X	X	X	X
	Continuous procurement of STI and HIV supplies.	X	X	X	X	X	X	X	X	X	X	X	X
	Lobby for the constructing and equipping of more health facilities.	X	X	X	X	X	X	X	X	X	X	X	X
	Construction and expansion of storage for health commodities including ART supplies.			X									
SDA 1: Reducing new HIV infections	Continue offering HIV services to the general population at facility level.	X	X	X	X	X	X	X	X	X	X	X	X
	Establish three more DICs to offer HIV services to the key populations in urban centres.			X			X				X		
	Increase outreach for the hard to reach for HTS including use of the Beyond Zero Campaign.	X	X	X	X	X	X	X	X	X	X	X	X
	Implement eMTCT at health facilities.	X	X	X	X	X	X	X	X	X	X	X	X

Strategic Area	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SDA 1: Reducing new HIV infections	Implement innovative approaches for targeting vulnerable populations with HIV services (truckers, prisoners, Boda boda operators, sand harvesters)		X										
	Hold a consultative meeting with representatives of institutions of higher learning to develop strategies for integrating HIV services in the institutions.		X										
SDA 2: Improving health outcomes and wellness of all PLHIV	Increase the number of health facilities offering ART services.												
	Sensitize the CCI network on HIV care and management among OVC.			X									
	Train social workers of CCI on HIV management among the OVC.			X									
	Improvement of the existing CCI to make them child friendly.				X								
	Build the capacity of healthcare workers on paediatric HIV management.				X								
	Establish three model CCCs in Kajiado.				X				X				X
	Establish a HIV referral laboratory in Kajiado County.			X									
	Develop innovative approaches for integrating the use of ICT in HIV services especially increasing adherence to ART.			X									
	Support partners to implement the minimum package for PWP activities[1].	X	X	X	X	X	X	X	X	X	X	X	X

Strategic Area	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SDA 3: Using a human rights based approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors	Formation of a sub-TWG to review and advice on strengthening a HRBA to HIV services.		X										
	Hold a consultative meeting to strengthen the medico-legal structures to address SGBV cases in the county.		X										
	Training of health workers on HRBA to HIV services.			X									
	Sensitize the AAC on HRBA to HIV services.			X									
	Develop innovative approaches for increasing access to youth friendly HIV services including integrating HIV services to youth empowerment centres.				X								
	Develop innovative approaches of increasing access to HIV services for PLWD.				X								
	Establish a local arbitration mechanism within the ICC.				X								
SDA 4: Strengthening integration of community and health systems	Develop innovative approaches for increasing access to skilled birth attendants including the establishment of delivery manyattas to improve maternal and infant child health.		X										
	Develop a HIV communication strategy for Kajiado County.	X											
	Organize events aimed at integrating HIV services with the annual Masaai initiation ceremony.				X				X				X
	Establish more community health units.	X	X	X	X	X	X	X	X	X	X	X	X

Strategic Area	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SDA 4: Strengthening integration of community and health systems	Integrate HIV information and education as part of the school health program.			X									
SDA 5: Strengthening research, innovation and information management to meet the KCASP goals	Form the County Monitoring Unit to coordinate research, monitoring and evaluation activities.	X											
	Undertake a Kajiado HIV baseline survey.	X											
	Undertake a mid-line review of the KCHSP.							X					
	Undertake an end line review of the KCHSP.												X
SDA 6: Promoting utilization of strategic information for research and monitoring and evaluation	Undertake quarterly supervision and monitoring.	X	X	X	X	X	X	X	X	X	X	X	X
	Print and distribute M&E tools for collection of HIV data.	X				X				X			
	Hold quarterly M&E meetings and report to the County ICC.	X	X	X	X	X	X	X	X	X	X	X	X
	Prepare and publish a County Department of Health newsletter.			X			X			X			X
SDA 7: Increasing domestic financing for a sustainable HIV response	Prepare and present a session paper on increasing domestic funding of HIV activities to the County Executive Committee.					X							
	Plan and hold a charity walk, run to raise funds for HIV activities.				X				X				X
	Hold an annual gala dinner for raising funds for HIV activities.				X				X				X
	Undertake a mapping of HIV partners' representation in Kajiado to identify gap areas.	X											

Strategic Area	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SDA 8: Promote accountable leadership for delivery of the KCASP results by all sectors and actors	Develop and print 200 copies of the KCASP.	X											
	Hold a meeting to disseminate the KCASP to the Kajiado County Executive Committee.	X											
	Form the County HIV coordination unit.	X											
	Form the County HIV ICC and hold quarterly coordination meetings	X											
	Hold a meeting to disseminate the KCASP to the private sector for enhancing private-public partnerships for HIV services in Kajiado.	X											
	Support sub-county / constituency HIV committees.	X	X	X	X	X	X	X	X	X	X	X	X

Annex 4

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6. Kenya AIDS Indicator Survey, 2012
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8. Kenya National Bureau Statistics (2009), National Census
9. MoH (2014). Kenya HIV County Profiles, 2014
10. NACC, 2012
11. NASCOP, 2015
12. Partners' Reports (KANCO, Hope World Wide, North Star Alliance), 2015

Annex 5

List of Drafting and Technical Review Teams

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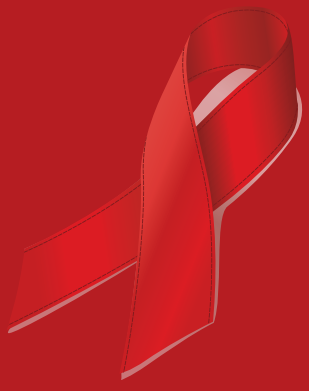

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