



KILIFI COUNTY

HIV AND AIDS STRATEGIC PLAN

2016-2020





KILIFI COUNTY HIV AND AIDS STRATEGIC PLAN

2016-2020

"A healthy and productive population"

Cover Photo: Beautiful beach in Watamu, north shore of Kenya @Shutterstock

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Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AMURT	Ananda Marga Universal Relief Trust
AMREF	African Medical Research Foundation
APHIAplus	AIDS, Population and Health Integrated Assistance People Centred Local Leadership Universal Access To Services
ART	Anti-Retroviral Therapy
CASCO	County AIDS and STI Coordinator
CASM	County AIDS Sectorial Mainstreaming
CDH	County Director of Health
CEC	County Executive Committee
CHRIO	County Health Records Information Officer
CHS	Community Health Strategy
CHVs	Community Health Volunteers
CU s	Community Units
DHIS	District Health Information System
DSW	Deutsche Stiftung Weltbevölkerung
FHOK	Family Health Options of Kenya
GBV	Gender Based Violence
HCBC	Home and Community Based Care
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic Health Survey
KHSSP	Kenya Health Sector Strategic Plan
KRCS	Kenya Red Cross Society
KP	Key Populations
MAT	Medically Assisted Therapy
KASP	Kilifi County AIDS Strategic Plan
MOT	Modes of Transmission
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NEPHAK	Network for People Living with AIDS in Kenya
NCDs	Non Communicable Diseases
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children

PHC	Primary Health Care
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PWID	People who Inject Drugs
SCACC	Sub-County AIDS Community Coordination
SRH	Sexual and Reproductive Health
SW	Sex Workers
TB	Tuberculosis
TWG	Technical Working Group
WOFAK	Women Fighting AIDS in Kenya

Foreword

The County Government of Kilifi recognises key challenges posed by HIV&AIDS. The impact of the HIV epidemic continues to be felt across the entire socio-economic spectrum especially within the health sector. Whereas Kilifi is classified as HIV&AIDS medium epidemic county, (NACC, NASCOP 2014 County Estimates) with a prevalence of 4.4% among adult population and approximately 22,606 residents of Kilifi County currently living with HIV, the Government of Kilifi County, however, takes cognizance of the high incidence rate, especially among women and youth. The county's HIV epidemic exhibits characteristics of a generalized and concentrated epidemic in terms of geography and population clusters. It is against this background that Kilifi County adopted a coordinated multi-sectorial approach in responding to the HIV epidemic. Development of the Kilifi County HIV and AIDS Strategic Plan (KASP 2016-2020) epitomizes the resolve of the County Government in addressing the negative effects of HIV&AIDS.

Involvement of People Living with HIV&AIDS will continue being a part of the county's planning and budgeting process through the County Integrated Planning (CIDP) and the related County Medium Term Expenditure Framework (MTEF) budgeting process. The County Government will continue promoting responsive leadership, ensure mainstreaming of HIV&AIDS across all sectors through multi sectorial approach, involvement of Persons living with HIV&AIDS, civil Society and other key stakeholders. The existing community, religious, social and cultural structures will provide leverage in the leadership towards the war on HIV.

In the context of a shrinking HIV&AIDS resource basket, Kilifi County Government will strength accountability within all systems and units responding to the epidemic and also encourage Public Private Partnerships (PPP) investments on the HIV sector. My Government is committed to the implementation and the achievement of the results articulated in Kilifi County HIV&AIDS Strategic Plan 2016-2020. Through the Health Department, all county and sub- county sectors and other units will be held responsible for this plan's implementation. In doing so, we will build on the progress made so far through decades of hard work, unity of purpose, courage and commitment to step up the momentum towards ending the AIDS epidemic.

Let me therefore re-affirm the commitment of the Kilifi County Government in implementing this HIV&AIDS Strategic Plan (KASP 2016-2020). We are committed to ensuring that new infections are reduced in the county by employing appropriate preventive strategies and that those living with HIV get quality and dignified care.



H.E AMASON JEFFAH KINGI
Governor - Kilifi County

Preface

The Government of Kilifi County continues to offer firm leadership across the entire health spectrum. Provision of quality health services to all residents is the hallmark of the Health Department. HIV&AIDS has been identified as a key public health challenge facing our population today. With over 22,000 persons already living with HIV, most of them women and youth, the County Government is obligated to come up with responsive strategies of addressing this epidemic.

Development of Kilifi County HIV&AIDS Strategic Plan (KASP 2016-2020) marks a milestone in the county's response to HIV. Through this plan which spells out collaboration with the national government and other stakeholders, the Government of Kilifi County will scale up the response to HIV&AIDS. The County Government will scale up prevention and treatment programs including Medically Assisted Therapy (MAT) and needle and syringe programs (NSP) for People Who Inject Drugs (PWIDs). It is key to note that the County Government has made tremendous strides with regards to treatment coverage amongst adults having enrolled 71% of adults living with HIV (9,884 PLHIV) on ART. However, treatment coverage among children is way below the national average with only 42% of children living with HIV enrolled on ART. Furthermore, it is worrying that over 60% of the county's population does not know its HIV status.

This strategic plan requires that all actors pay particular attention to vulnerable and marginalised groups. This paradigm shift calls for utilisation of social, behavioural, cultural, biomedical, scientific, technological and innovative intervention as inputs to make real progress in HIV prevention, treatment and impact mitigation.

Our key strategic objectives in the next five years include:

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

To achieve these objectives, KASP 2016-2020 has identified workable eight (8) strategic interventions and also spelt out the expected results. The entire process of development of KASP 2016-2020 was anchored on clear evidences and gaps identified during many reviews undertaken. In that respect, KASP 2016-2020 is not only a guiding document. It is also an accountability tool that binds all players together for a common goal. Let us all join hands as we deepen and strengthen our response while seeking innovative ways to sustain HIV and AIDS response in our county. We should pull together all the resources to ensure provision of better health services with a focus on cost effective and socially inclusive interventions to prevent and manage HIV and AIDS.



HON. RACHEAL MUSYOKI

County Executive Officer of Health - Kilifi County

Acknowledgement

Development of Kilifi County HIV and AIDS Strategic Plan (KASP 2016-2020) was a result of collaborative effort by many individuals and organisations-in and out of the county. The process started in 2014 when the county participated in the end term review of the Kenya National AIDS Strategic Plan (KNASP III) and later the development and dissemination of Kenya AIDS Strategic Framework (KASF). Much effort has been directed to this process in terms of time, resources and technology. It is difficult to put value to all this support or mention everyone individually who made this process a success.

Special gratitude go to the office of the Governor of Kilifi County H.E. Amason Kingi who provided the much needed overall leadership to the entire process. I also wish to thank Kilifi County Department of Health where the entire process was domiciled for providing technical guidance and leadership. The offices of the County Health Director, the county and sub counties HIV and AIDS Control Coordinators (CASCOs), the Sub County AIDS Community Coordinators (SCACCs) and indeed the entire membership of the CHMT also deserve a special mention. In addition, we thank the Members of County Assembly (MCAs) and many other local leaders who contributed immensely to this process.

Many thanks go to National AIDS Control Council (NACC) national and regional offices for providing technical and financial support during the entire process. To the members of various working committees who laboured through drafting, review and validation processes, we say thank you. I further acknowledge the participation of networks of People Living With HIV (PLHIV), community and religious leaders, Persons with Disability (PWDs), representatives of priority populations including women, adolescents and young people whose gainful insight enriched the process of development of KASP 2016-2020. The Department of Health is committed towards implementation of this strategic plan in order to fulfil the wishes and aspirations of all residents of Kilifi County.



DR BILAL MAZOYA

County Director of Health Services, Kilifi

Executive Summary

Kilifi County is classified as a medium HIV county according to the National HIV&AIDS Estimates, 2014. With an estimated population of 1.3 million persons, approximately 22,606 persons were living with HIV by 2015. The county's annual new HIV rate stands at 700 persons. This is expected to accentuate HIV and AIDS burden if proper interventions are not put in place. The county HIV prevalence during the same period was 4.4%, slightly lower than the national prevalence of 5.6%. HIV epidemic in Kilifi is highly feminised with two out of every three persons living with HIV being women. Youth, adolescents and young person continues to bear disproportional effects of HIV, with vulnerability being higher among the urban dwellers than rural populations.

Though the county has scaled up HIV testing services and adapted a variety of innovative approaches, 70% of the residents did not know their HIV status by 2014. This factor is attributed to high levels of HIV related stigma, unequal distribution of health and testing facilities and testing commodity shortages among other factors. Social cultural factors continues to impact negatively on the HIV programming in Kilifi County. High levels of sexual and gender violence, early child marriages, low retention rates for children in schools and related early sexual debut are among many factors that increase HIV vulnerability in Kilifi. Further, only 41% of pregnant women attended the recommended 4 Anti Natal Clinics (ANC) while 72% of HIV positive pregnant women did not deliver with the aid of a skilled birth attendant in 2015.

The county continues to experience HIV treatment gaps especially among children, adolescents and young persons. The annual deaths related to HIV in 2015 were 991.

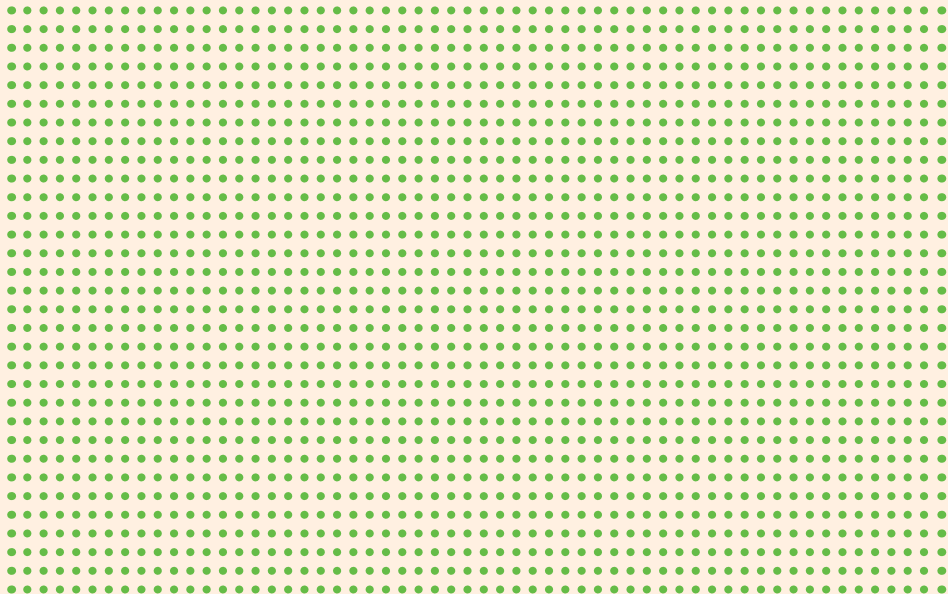
It is for these and other reasons that Kilifi County has developed this strategic Plan. KASP 2016/2020 sets clear, measurable targets and identifies key structures that will enable the attainment of the set results. The plan identifies four Strategic Objectives which are closely aligned to the objectives set in KASF. These are:-

- Reduction of new HIV infections by 75%.
- Reduction of AIDS related mortality by 25%.
- Reduction of HIV related stigma and discrimination by 50%.
- Increase the County financing for the HIV response by 50%- to cover for structural and behavioural interventions.

The Plan clearly identifies Eight Strategic Directions hinged under well-defined programmatic interventions to achieve the results. Targets are defined in an M&E Framework which contains measurable and costed indicators.

01.

KILIFI COUNTY BACKGROUND



Kilifi County lies between latitudes 2' 20" and 4'0" South and between longitude 39' 05" and 40' 14" East. The County borders Kwale County to the South West, Taita Taveta to the West, Tana River County to the North, Mombasa County to the South and Indian Ocean to the East. The county covers an area of 12,609.7sq km. According to the Kenya National Bureau of Statics 2016, Kilifi County has a population of 1,359,506 people. The ratio of female to male is 1:1 according to the Kenya Health Policy (KHP 2015), a factor that is contrasted by a higher HIV prevalence among women. Sixty one percent (61%) of inhabitants of Kilifi County are rural residents, although there is noted rapid rate of urbanisation. The county's main urban centres are Kilifi, Malindi, Mtwapa, Kaloleni, Mazeras, Mariakani, Watamu, Marafa, Marereni and Majengo. According to the 2009 census report, the county's urban population stood at 243,364 people, which represents 36.8 per cent of the total population.

Key Urban Centers in Kilifi County: Malindi, Kilifi Town, Watamu, Majengo, Maleleni Mtwapa, Mariakani And Kaloleni (KNBS, 2014)

The expansion of the urban population calls for proper planning to ensure sustainable development in the urban areas. There is also need to invest in those sectors and economic activities that create jobs for the rapidly increasing urban population. The county population density in 2009 was 88 persons per square km. This was projected to increase to 96 persons per square km in 2012, 105 persons per square km in 2015, and 116 persons per square km in 2017.

The Kenya National Bureau of Statistics (KNBS 2014) report indicated that 58% of inhabitants of Kilifi County were aged 19 years and below. This is largely classified as a dependent population which is expected to be in school. However, a big proportion of this population in Kilifi County is not enrolled in schools. The literacy level of the population aged 15 and above remains low. The population of those with ability to read and write stands at 65.5 percent while 34.5 percent cannot read and write. The adult literacy level in the county is 65.3 per cent. The gross enrolment rate in secondary school in the county is very low at 42.5 percent while the net enrolment rate is 34 percent with differentials being reflected with boys having a higher enrolment rate than girls

Secondary school gross enrolment rate in Kilifi County is very low at only 42.5 %
(CIDP 2013/2017)

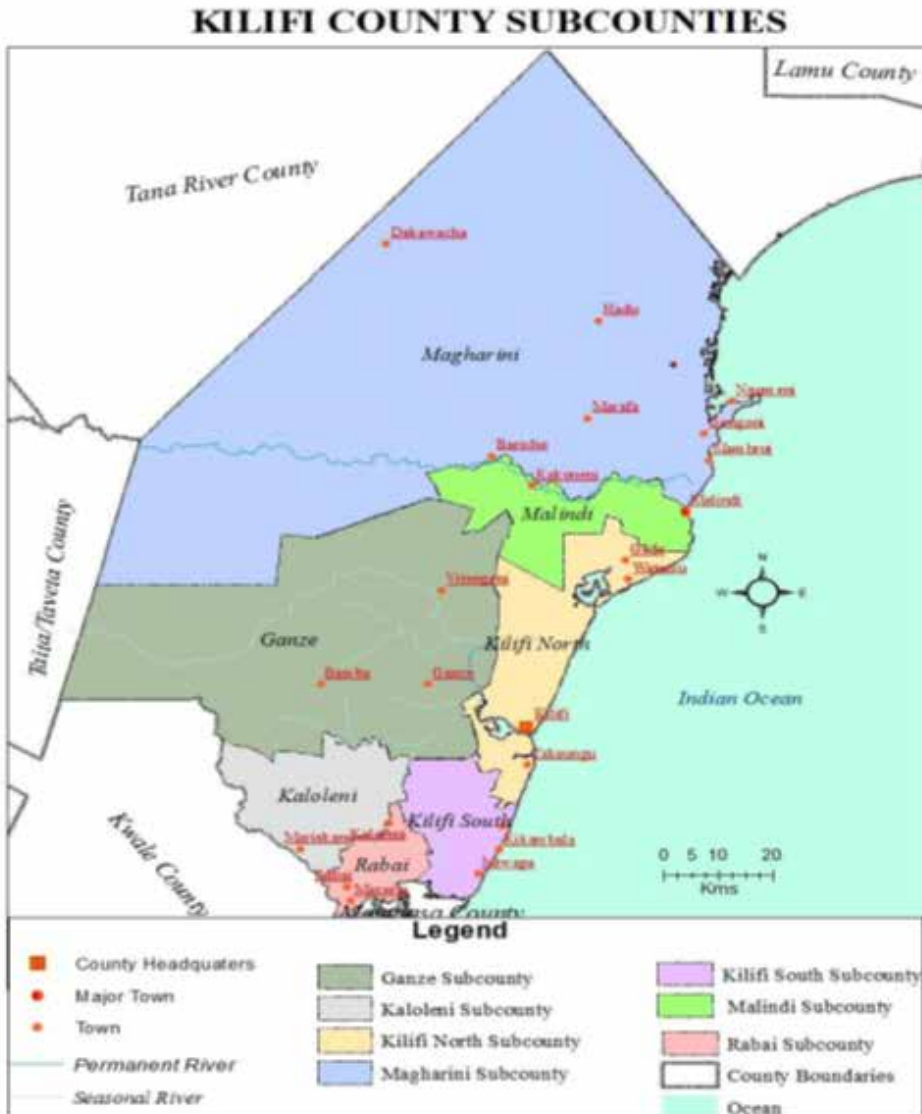
Kilifi County is characterised by high school dropout levels, low retention and transition rates from one stage/class to another (MOEST 2014). Girls are especially affected, but boys too continue to bear the blunt especially in areas frequented by tourists. Underage sex, early childhood marriages and sexual tourism among children of both genders continues to hamper education progression in the county.

The above factors combined with low literacy levels, high spread poverty, high prevalence of gender based violence (GBV) and related retrogressive cultural practices, challenges associated with access to provision of health services such as shortage of qualified health personnel at all sectors of the health system contribute to poor access to health services,

including those related to HIV and AIDS. Further, these factors are vulnerabilities that lead to transmission and acquisition of HIV, especially among the affected groups. Government report on Gender Based Violence indicated that in 2015, Kilifi County experienced the highest GBV cases in

the entire country. This was coupled with troubling violence against the elderly.

Small scale agriculture, subsistence farming and local and home businesses continue to drive local and community economy as the main source of the households'



Source: Kilifi County Integrated Development Plan (CIDP) 2013/2017

Government report on gender based violence indicated that in 2015, Kilifi County experienced the highest gbv cases in the entire country in 2015. This was coupled with troubling violence against the elderly.

disposable income. Recently, the transport industry (Boda Boda and Tuk Tuk) especially in urban centres have become key source of livelihood especially among the largely unemployed youth in Kilifi County. Without proper regulation, local transport industry can increase vulnerabilities that are associated with transmission of HIV.

At higher levels, Kilifi County boasts of tourism industry, mining, trading and large scale farming as its major economic activities. Main mining activities include salt mining centered on Gongoni and cement production in Kaloleni and Vipingo. Major plantations include REA Vipingo and Kilifi Plantations. The county is also home to commercial farming of cashew-nuts.

Kilifi County is also home to major manufacturing companies that involve

manufacturing of corrugated iron sheets in Mariakani, a Coca Cola bottling plant in Mtwapa and EPZs in Kikambala. Other major economic activities include fishing and tourism.

The county is blessed with some of the best beaches in the country. Malindi, Watamu, Kilifi and Kikambala have been voted on several occasions as some of the best beach tourism sites in the region. The county is also home to the large tourism and leisure centres and international hotels and resorts. Kilifi County is also home to historical and cultural sites like Jumba ruins – a twelfth century Swahili settlement; Mnarani ruins; and the Vasco da Gama Pillar. Kilifi County is also home to protected areas that host rare flora and fauna e.g Arabuko Forest, Gede Forest and the Malindi Marine Park.



Boda Boda riders participate in a public activity in Malindi, Kilifi County. The industry is largely unregulated.

The 'Kusi' Factor - This is the season associated with low economic activities such as fishing and tourism in Kilifi County. The Kusi factor comes with major decline of income to the households that depends on the tourism thereby increasing risky sexual activities such as sex work and the related vulnerabilities that predispose, especially, the youth to HIV.

Delivery of health Services in Kilifi

Kilifi County CIDP Report (2013-2017) points out challenges in delivery of health in the county. For that reason, the rate of unskilled delivery and child malnutrition is high while diseases such as HIV, Malaria and TB are still prevalent among the residents. The county has five level four public hospitals, 13 level three public health centres, 197 level two public dispensaries, two faith based hospitals and two private hospitals.

The doctor to patient ratio is 1: 26,000, clinical officer to patient ratio stands at 1:30,194 while

the nurse to patient ratio is at 1:3,396. Malindi, Kilifi and Mariakani sub-county hospitals are the only referral hospitals in the county.

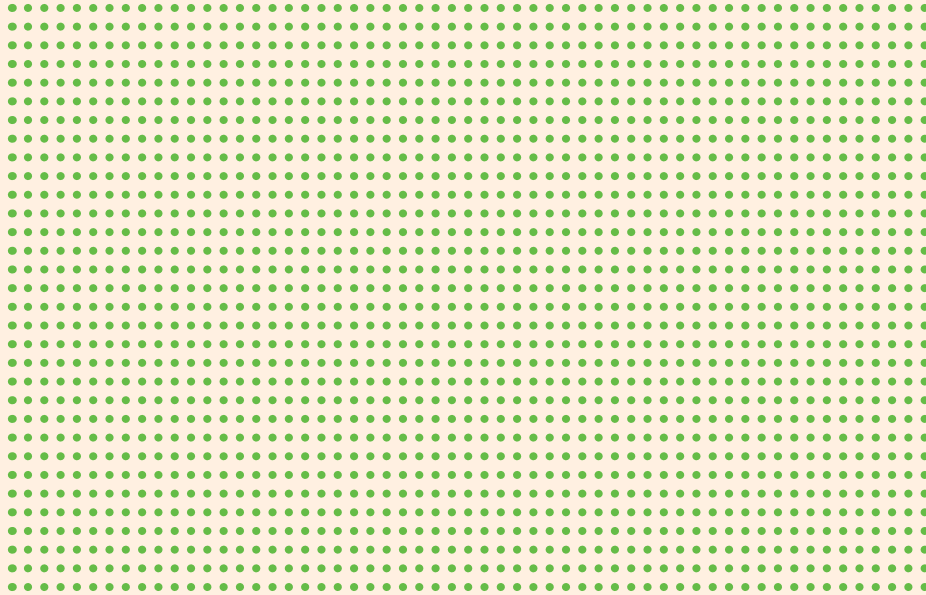
Kilifi Sub-County Hospital hosts KEMRI that is involved in various health research activities. The inpatient bed capacity in health facilities in the county is 508 beds (Source County HR Information System 2015)

The average morbidity rates in the county are 12.9 percent with females having higher morbidity rates at 15.4 percent as compared with men at 9.9 percent.

***The average morbidity rates in kilifi county is 12.9%.
Women have a higher morbidity rates at 15.4 %
Compared to men at 9.9%.***

02.

SITUATION ANALYSIS



Kilifi County is classified as medium HIV County according to the National HIV&AIDS Estimates, 2014. With an estimated population of 1.3 million people, approximately 22,606 persons were living with HIV by 2015, according to the National HIV County Estimates. With an estimated annual new infections rate of 700 persons, the county HIV burden is expected to increase substantially over years if the HIV incident will not be checked and reduced. The county HIV prevalence during the same period was 4.4%, slightly lower than the

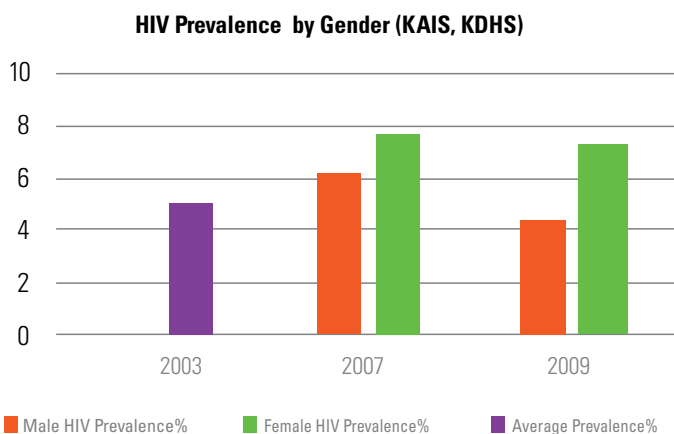
national prevalence of 5.6%. The annual deaths related to HIV stood at 991 in 2015. There are a number of facilities that offer HIV related services such as counselling and testing, care and treatment and responding to co-morbidities. The county HIV epidemic is highly feminised with two out of every three persons living with HIV being women. Youth, adolescents and young person continue to bear disproportional effects of HIV, with vulnerability being higher among the urban dwellers than rural populations.

HIV burden in Kilifi (National HIV Estimates, 2015)

County HIV Statistics, 2015

Indicators	Paeds	Adults	Total
Total population	617,264	703,382	1,320,646
Estimated HIV prevalence		4.4% (male 2.7%, female 6.3%)	4.4%
PLHIV	2606	20,000	22,606
New infections	60	651	711
Deaths due to HIV	123	858	981
Need for PMTCT		1,074	1,074
Health Facilities (Active)			187
ART Sites			91
PMTCT Sites			143
TB Treatment sites			107

Table: Prevalence of HIV by Gender in Kilifi County



Year of Survey(KDHS, KAIS)	HIV Prevalence %	
	Male	Female
2003		5
2007	6.2	7.7
2009	4.3	7.4

The County HIV epidemic exhibits characteristics of generalised and concentrated epidemics in terms of geography and population clusters. HIV prevalence is two or three times higher among Key Populations in the county. This population includes Sex Workers (SWs), Persons Who Inject Drugs (PWIDs) and Men Who have Sex with Men (MSMs).

HIV Incidence in Kilifi County

Nationally, the county is ranked position 22 in terms of HIV incidence. In 2015, 711 persons contracted HIV with 40% of them being KPs and youths. Despite gains in maternal and child health and increased uptake of PMTCT, 62 neonates acquired HIV. Home delivery with assistance of skilled birth attendants is also very high in the county.

New HIV infections annually among children-2015

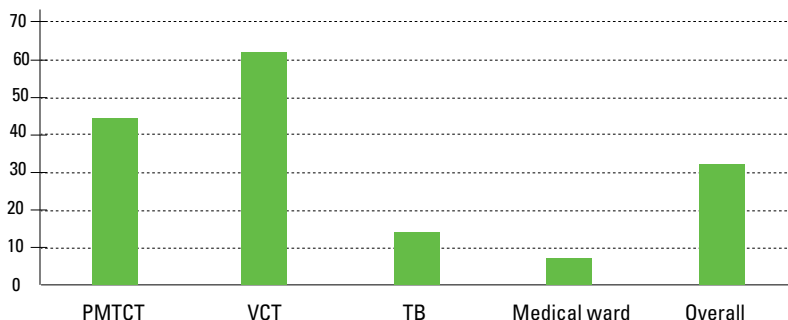


HIV Counselling and Testing

HIV counselling and testing and linkage to care and treatment are important steps in reducing sexual transmission of HIV. Kilifi County has scaled up HIV testing services and adapted a variety of innovative approaches in an attempt to reach various populations and hard to reach areas. In spite of this, only 30% of the population in the county were tested and received their HIV results in 2013. This factor is attributed to high levels of HIV related stigma, unequal distribution of health and testing facilities and testing commodity shortages-among other factors. KASP 2016-2020 identifies and prioritises innovative HTS in order to reduce the risk of those who test negative and link the sero-positive to care and treatment programmes with the ultimate aim of ensuring that those on ART have undetectable viral load. The plan is to scale-up treatment services and viral load monitoring and implement treatment as prevention strategy, especially among Key Populations.

*Only slightly over **30%** of the population in Kilifi County were tested and received their HIV results in 2013- Kenya HIV Estimates 2014*

Table : Percentage of Adults Enrolling for HIV care by point of entry in Kilifi County (source DHIS)



Early Sexual Debut and Vulnerability to the adolescents

According to the HIV County Profile Report 2014, approximately 55% of individuals in Kilifi County had their first sexual contact before the age of 15, an indication of early sexual debut. The KASP 2016/2020 also calls for scaled up promotion of consistent and correct condom use as part of active harm reduction among general population where low condom use is reported as compared to the high condom use among Key Populations.


Prevention of Mother to Child Transmission (PMTCT)

According to data from the Department of Health, approximately 41% of pregnant

women attended recommended four Antenatal Clinics (ANC) visits while 72% of HIV positive pregnant women did not deliver with the aid of a skilled birth attendant.

HIV Treatment

Kilifi County Government and the National Government have continued scaling up prevention and treatment programs. Currently, the county boasts of treatment coverage of 71% among adult population with 9,884 persons put on ART. Treatment coverage among infants and children remains low at 42%.




Situation Analysis *mai:ha!*
Kenya Department of Health

KILIFI COUNTY

County Adult HIV Treatment Access Annually

Indicator	
Adults in need of ART	13,868
Adults receiving ART	9,884
County ART adult coverage	71%
National ART adult coverage	79%
No. of adults who died of AIDS related conditions, 2013	1,021

Source: Kenya HIV County profiles 2014



Situation Analysis *mai:ha!*
Kenya Department of Health

KILIFI COUNTY

County Children HIV Treatment Access Annually

Indicator	
Children in need of ART	2,459
Children receiving ART	1,087
County ART Children coverage	44%
National ART Children coverage	42%
Number of children who died of AIDS related conditions in 2013	179

Source: Kenya HIV Profiles 2014

90:90:90-Strategy-Gaps

Kilifi County, like the entire country, is determined to adhere to UNAIDS and MOH guidelines of 90.90.90. The strategy defines the optimum results within HIV cascade of HIV identification and linkage, treatment initiation, retention and viral suppression.

However, occasioned by many constrains within the cascade, Kilifi County still faces many challenges in bridging the gaps. The KASP 2016/2020 introduces a synergistic approach among all players with the aim of accelerating attainment of the results set under the 90.90.90 strategy.

By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression-UNAIDS.



Ministry of Health



Category A counties: Targets

Category	Identification Target		Treatment Target		Viral Load uptake Target	
	Paediatrics	Adults	Paediatrics	Adults	Paediatrics	Adults
Baringo	463	2036	406	1,852	121	1232
Bomet	1,090	3,003	1,071	4,591	181	2,344
Elgeyo Marakwet	206	847	215	749	88	874
Garissa	219	164	200	242	23	402
Homa Bay	3,723	12,262	3,007	11,854	2,057	24,952
Kajiado	969	1,864	857	2,721	211	2,114
Kakamega	699	5,672	1,206	4,257	1,383	13,439
Kilifi	543	321	403	251	1,410	12,055
Kisii	2,875	18,203	2,475	16,165	144	2,912
Kwale	1,090	6,009	1,000	5,029	618	5,270
Lamu	22	259	16	187	98	583
Murang'a	726	2,591	530	2,779	498	5,150
Nakuru	2,019	1,479	1,651	1,291	1,271	14,392
Narok	1,170	4,677	1,128	5,720	53	932
Nyamira	783	4,232	675	4,396	687	5,482
Nyandarua	76	917	64	152	198	2,466
Samburu	365	2,430	290	2,079	118	477
Siaya	3,391	12,360	2,671	10,764	1,916	20,562
Taita Taveta	612	2,490	571	2,817	218	2,239
Turkana	2,554	14,659	2,273	13,525	354	2,496
West Pokot						

Table: Gaps within HIV cascade- Constrains to bridging the 90: 90: 90: Gap

The key Population factor in Kilifi County and Coast region

The National AIDS and STI Control Program (NAS COP) defines Key Populations as persons who act as a bridge between the HIV and AIDS epidemic and the general population. Key Populations are the main drivers of HIV and AIDS epidemic. These sub-populations engage in risky behaviours which elevate their exposure to HIV. The Kenya Modes of Transmission Study (KMOT, 2009) estimates that 44% of new infections result from three sub-populations of men having sex with men (MSM), sex workers (and indirectly with their clients) and Persons Who Inject Drugs

(PWIDS). Reports indicate that HIV prevalence among these groups is two to three times the national prevalence.

Although their overall population size may appear small, these sub-groups have increased the risk of transmitting HIV infection. Evidence shows that injecting with contaminated needles is the most efficient mode of transmission. NAS COP has identified many hotspots where key populations congregate-including those used as drug dens. While various civil society organisations are striving to deliver targeted HIV prevention interventions to reduce HIV transmission, unfortunately, given the limited resource envelope, availability of packages of services and geographical availability is limited.

Table: National and Regional Incidence of HIV and % Incidence by Mode of Exposure, (KMOT, 2009)

GROUPS	NATIONAL	COAST
Heterosexual sex within union/regular partnership	44.1%	37.9%
Casual heterosexual sex	20.3%	14.9%
Sex workers and clients	14.1%	18.2%
MSM and prisons	15.2%	20.5%
Injecting Drug Users	3.8%	6.1%
Health Facility Related	2.5%	2.3%
Number of new infections	76,315	6,656

Table: Estimated Size of Key Populations at National, Coast and County (Source: Kenya MARPs Size Estimations Consensus Report, 2013)

KEY POPULATION	NATIONAL	COAST	KILIFI
Female Sex Workers	133,675	20,143	Data Gap
People Who Inject Drugs	18,327	8,500	Data Gap
Men Who Have Sex with Men	13,019	2,162 (UoM)	Data Gap

Table:

	Nairobi	Coast	Data Source
Estimated number of PWID	6216	8500	Kenya Consensus Report
% Female	9%	9%	
HIV prevalence total	18	18-20	UNODC RSA, IBBS
Female	40-60	49	UNODC RSA, IBBS
Male	16	15	UNODC RSA, IBBS
Sexual Risk			
Condom use	low	Low	UNODC RSA, IBBS
Multiple partners	23	15	UNODC RSA, IBBS
Transactional sex	18	20	
Injection behaviour			
Daily injection	80-100	100	UNODC RSA, IBBS
Any unsafe injection	80%	47%+	UNODC RSA, IBBS
Shared needle	17%	17%	NASCOP PBS 2014

Facts about Key Populations

- HIV Prevalence among them is 2 or 3 times higher than the national prevalence (15-20%)
- One out of every two females who inject drugs is HIV positive (50% prevalence).
- The three main sub-groups of KPs (MSMs, SWs, PWIDS) contribute 44% of new infection annually in Coast-(KMOT study 2009)

In spite of the burden to health care by Key Populations as documented above; programs targeting these sub-populations in Kilifi County are limited both in terms of scope and geographical availability. Presence of programs targeting Key Populations are limited to the tourism resort towns of Mtwapa, Kilifi and Malindi and the transport hub of Mariakani. A large majority of Key Populations serving programs are implemented by CBOs and CSOs with limited involvement of Kilifi County government.

Medically Assisted Therapy (MAT) in Kilifi County



Celebrating first anniversary of MAT clinic in Malindi District Hospital- Kilifi County.

Vulnerable Populations

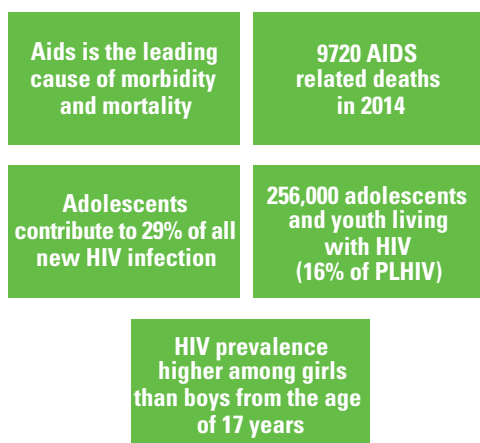
These are populations whose social contexts increase their vulnerability to HIV risk. In Kilifi County, identified vulnerable populations includes:-

- Adolescents and young persons.
- Youth
- Persons working in traditional brew (Mnazi) settings.
- Fishing communities.
- Persons in mining and plantation set-up.
- Truck drivers.
- Persons living with disabilities.
- PLHIVs

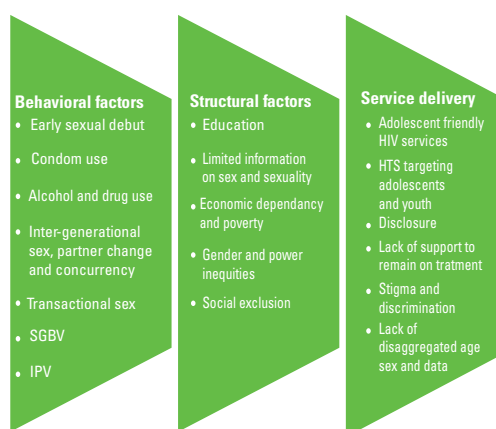
The HIV&AIDS and adolescence Factor

There has been a growing concern about HIV and AIDS among the adolescents and young persons in Kenya and by extension the rest of Sub-Saharan Africa. The 'All IN' campaign launched by the President of Republic of Kenya seeks to understand HIV epidemic among adolescents, avail data and tailor interventions that conform to their needs. AIDS is the leading cause of mortality and morbidity among the adolescents and young persons in Kenya (Kenya AIDS Adolescents Fast-Track Plan 2015). Kilifi County has identified many leading factors of adolescents' vulnerability to HIV and AIDS.

Kenya Adolescents HIV situation



Factors contributing to Adolescents HIV epidemic



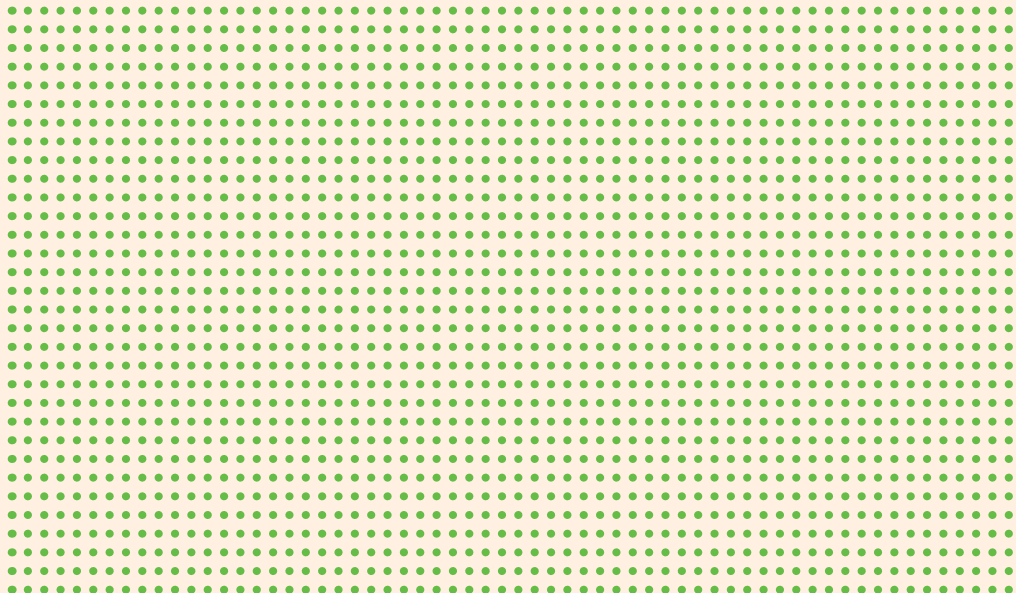
Kilifi county Adolescents and young people HIV Situation (15-24 years)	
Indicator	Total
Adolescents and young people living with HIV	7105
Need for identification	5684
Identified for care	4292
Need for treatment	5116
On treatment	3488
Viral suppression targets	4604

Source: HIV estimates 2014 and DHIS

By 2015, there were over 7000 adolescents living with HIV in Kilifi County while only 3,488 of these were under treatment. Together with a decision by Kilifi County to implement resolutions of the Kenya Adolescents HIV fast-track plan 2015, the county further established a Adolescent HIV Response Technical Working Group (ATWG) to advise on matters of HIV response among this critical group.

03.

RATIONALE, STRATEGIC
PLAN DEVELOPMENT
PROCESS, GUIDING
PRINCIPLES AND
PUBLIC PARTICIPATION



Rationale

Kenya has made several strides in managing HIV and AIDS epidemic. Three National HIV&AIDS Strategic Plans (KNASPs) have been successfully implemented. With introduction of the devolved system of governments, the country, through National AIDS Control Council (NACC), developed and adopted HIV&AIDS Strategic Framework (KASF) which guided HIV response at both national and county levels. Health is largely a county function, hence a need for the counties to come up with their customised plans of addressing the epidemics. The Bill of Rights in the Kenyan Constitution guarantees right “to the highest attainable standard of health”. Kilifi AIDS Strategic Plan (KASP 2016-2020) is, therefore, a guide for coordination and implementation of the HIV response; a resource mobilisation and accountability tool for all players in the county.

KASP ensures that the HIV response remains multi-sectorial function. The Plan further defines working relationships between all agencies and organs at county, sub- county

and community levels. KASP 2016-2020 ensures that HIV response remains multi – sectorial function as defined by the national HIV&AIDS policy of 1999. Through this plan, county and sub-county institutions will be held responsible for the achievements of the results.

Process of Developing Kilifi Strategic Plan

Development of Kilifi County AIDS Strategic Plan (KASP 2016-2020) was initiated after the launch and dissemination of Kenya AIDS Strategic Framework (KASF) at the county level. KASP was developed through in-depth analysis of available data and information and a highly participatory and consultative environment. The process was prompted by an end term review of the third Kenya National AIDS Strategic Plan III (KNASPIII), development of KASF and other key county government’s plans and policies such as County Integrated and Development Plan and Kilifi County Health and Investment Plan.



Through technical assistance from the National AIDS Control Council and partners, the County Department of Health initiated the process of KASP (2015/16-19/20) development. The County Health Department took leadership of the process through formation of KASP working committees. Development of KASP 2016-2020 was a systematic elaborate process that was informed by available evidences, extensive data and information and expert reviews and stakeholder participation. The process entailed the following key steps

1. County HIV intervention gaps and priority identification

This step entailed participation by the Kilifi County teams in the process of end term review of KNASPIII. From the process, the gaps in county HIV response were identified and prioritised. The review report was instrumental in guiding the KASP process.

Development & dissemination of KASF to County Players including health workers.

Devolution ushered county governance in Kenya and demarcated health function largely as a devolved function. To conform to the new reality, Kilifi County's team participated in the development of KASF which took into consideration the new dispensation of health and HIV function. KASF further set new priorities guided by emerging evidences and HIV epidemiology. With assistance from NACC, NASCOP and other partners, KASF was disseminated widely among county players. Through a consensus, domesticating Kilifi County HIV response through a strategic plan was agreed.

1. Training of KASF County KASP Training of Trainers (TOTs).

This step involved identifying and training of county teams in KASF priorities to enable them guide KASP development process. A team of 20 persons drawn from various sectors was trained.

2. Constitution of working groups and technical committees

Three committees were identified and constituted to draft and manage the KASP 2016-2020 process. These were the management committee domiciled in the office of the County Health Executive. This was an oversight committee that also provided linkage of the process to higher levels of the government. The technical committee undertook the actual drafting together with organising peer and technical review sessions. This committee was supervised by the office of the County Health Director.

3. Drafting process.

The drafting process involved review of the county priorities and gaps, consultations with health care workers, PLHIVs, implementing agencies and other stakeholders and consolidation and prioritisation of the information gathered. Drafters were selected in line with their expertise on various strategic directions including M&E and Costing Framework and other sections of the KASP.

4. Expert/peer review of the KASP draft

Sessions were held to review the draft document at various stages of development. This included review and validation of data and the related technical information, indicators, targets and costing among others.

5. Validation process

The draft document was subjected to validation by various groups and stakeholders including PLHIVs, PWDS, religious and community leaders, youth groups, women groups, health care givers and representatives from public and private sectors. Their views and recommendations were incorporated into the draft.

Public Participation

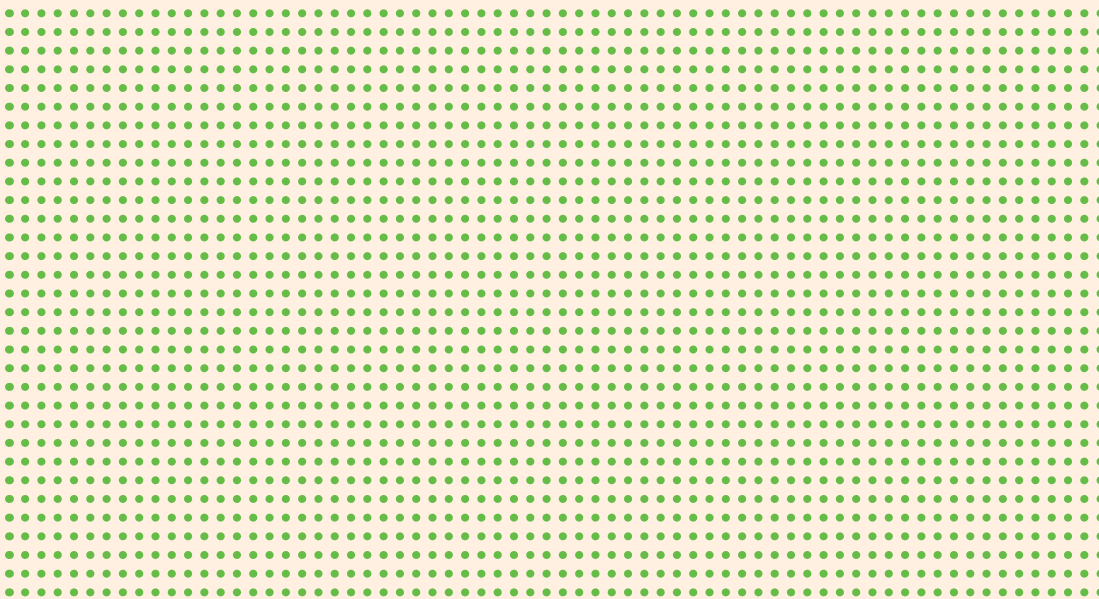
The Kenya Constitution 2010 stipulates that one of the objectives of counties is “to encourage the involvement of communities and community organisations in the matters of county government”. Article 105(1) subsection (d) and Article 106 section (4) of County Government Act 2012 provides for the issue of public participation in county planning. The preparation of this plan included pre-draft consultation with communities, sectorial groups, statutory agencies and local authorities. The consultation strategy included public information and workshops and focused group discussions to encourage as much public engagement as possible. KASP draft was widely circulated both in hard and softcopy to various stakeholders and players in the county for their input. This included, persons living with HIV&AIDS, Persons Living with Disability, county and national government agencies, implementers and other players for their input.

The KASP Guiding Principles

- 1. Implement a Multi-Sectoral, Multi-Faceted HIV AIDS Control Program:** – Taking into consideration the social, cultural and economic dynamics of Kilifi County and its periphery, Key issues such as tourism, fishing and ease with which the county is prone to illicit drugs due to its spanning oceanic borders were considered when developing KASP.
- 2. Responsive to Rural and Urban Populations:** Kilifi County has rural population whose access to health services is limited and whose low knowledge on HIV coupled with cultural practices predisposes them to the HIV infection. Similarly, with devolution, there is growth of urban centres and increased urban cosmopolitan populations -a factor that is accentuated by tourism. KASP is responsive to these and other populations.
- 3. Populations of Concern:** – The plan defines key and vulnerable populations which require targeted interventions.
- 4. Integration:** The plan seeks for both vertical and horizontal integration of HIV service delivery within the bigger health set up. Horizontal integration will ensure that HIV&AIDS is addressed by all other sectors, such as economic, education and social services to compliment health system delivery. Integration of activities and resources will be encouraged to enhance efficiency.
- 5. Rights-Based and Gender Transformative approach:** Identified interventions will seek to safeguard the rights of all players.
- 6. Evidence and Result Based approach:** Activities, interventions and resource allocation for HIV&AIDS will be guided by the evidence. The county will invest in mechanisms that avail data and strategic information that will inform decision making and programming

04.

VISION, GOAL,
OBJECTIVES & COUNTY
STRATEGIC DIRECTIONS



Vision

A county with the highest possible standards of health, free from new HIV infections, stigma and discrimination.

Goal

To provide an integrated, rights evidenced and cost effective HIV interventions and services that ensures timely HIV eradication.

Objectives

The Key Strategic Objectives in the next five years are:

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

The County has identified eight strategic directions to address various gaps on HIV programming. The strategic directions are

closely linked to the Kenya AIDS Strategic Framework (KASF) and National Health Policy. To promote prevention and arrest transmission of HIV, Kilifi County identifies HIV status awareness as the key entry point. HIV testing and counselling will be promoted among all populations and especially among key and vulnerable populations using innovative approaches. Competent community structures will be developed in an integrated approach. This entails strengthening the County Community Strategy.

Structural and institutional barriers to HIV testing will be addressed. Access to treatment, defaulter tracing and tracking those lost within the cascade of care will be ensured. County HIV programs will be conducive and friendly to all, especially to persons with disability (PWDs). The county will invest in evidence gathering and research and strengthen its information and M&E systems. Health delivery structures will be strengthened and the county will strive to mobilise resources from local, national and international partners to compliment the financial allocation.

Strategic Direction 1	Strategic Direction 2	Strategic Direction 3	Strategic Direction 4
Reducing new HIV infections.	Improving health outcomes and wellness of all people living with HIV.	Using a human rights approach to facilitate access to services for PLWHIV, key populations and other priority groups in all sectors.	Strengthening integration of health and community systems.
Strategic Direction 5	Strategic Direction 6	Strategic Direction 7	Strategic Direction 8
Strengthening research and innovation to inform the KASP goals.	Promoting utilisation of strategic information for research and monitoring and evaluation (M&E) to enhance programming.	Increasing domestic financing for a sustainable HIV response.	Promoting accountable leadership for delivery of the KASP results by all sectors and actors.

Strategic Direction 1: Reducing New HIV Infections

Context

An estimated 711 people acquire HIV virus each year in Kilifi County. This is considerably high considering the fact that over 22,000 people are living with HIV in the county. By the end of 5 year period, the KASP 2016/2020 anticipated a reduction in new infections by 75%. Women, adolescents and youth constitutes the largest proportion of those likely to contract HIV. Kilifi County HIV incidence is accentuated by the existence of concentrated key populations who includes Sex Workers (SW), Men Who Have Sex with other Men (MSM) and People Who Inject Drugs (PWID). Under this strategic direction, the county will scale up HIV counselling and testing and link to care those who will have been identified. The county PreP program will be intensified as a preventive strategy.

Programs and interventions to create awareness and deliver correct knowledge on HIV and AIDS will be scaled up targeting various sub- populations. Other interventions addressing social and economic determinants of health such as early child marriages, SGBV, high poverty levels and over-dependence on tourism sector (with its associative sex trade) will be addressed.

Identified Program Gaps

- Low uptake of HIV Testing services especially among Key populations, adolescents and children.
- Low uptake of PMTCT services.
- Sexual behaviour change has been minimal.
- Low levels of implementation of combination prevention.

KASF OBJECTIVE: REDUCE NEW HIV INFECTIONS BY 75%

KASP Result	Key Action	
Biomedical Interventions		
Increased uptake of HIV Testing Services to 90%	Develop and deliver innovative targeted and integrated HTS approaches and models	
Improved diagnosis and treatment of STI	Increased access to quality and affordable STI diagnosis and treatment services	
Increased access to PMTCT	Offer comprehensive EMTCT interventions integrated with MNCH services	
Increased availability and access to harm reduction commodities and programs	Scale up harm reduction interventions including, NSP, MAT, condoms, lubricants provision of PrEP, PEP etc.	
Behavioural Interventions		
Reduced risky behaviours and factors	Scale up access to comprehensive sexuality education including sexual health (HIV prevention education)	
	Design and implement peer education and outreach programs	
	Implement behaviour change communication (BCC) programs	
	Improve media communication to improve behaviour change	
	Offer harm reduction services to scale including risk reduction counselling & skill building and psychosocial support services	
Structural Interventions		
Increased access to PMTCT	Engage men in EMTCT programs	
Increased uptake of HIV testing services to 90%	Establish and strengthen Integrated youth friendly services	
Consistent supply and availability of male and female condoms	100% condom programming	
Reduced vulnerability for HIV infection	Establish income generating supplementation programs	

	Target Population	Geographic areas by sub- county	Responsibility
	General population, Key Populations, Priority Populations	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health Department, MoH, NACC, NASCOP, implementing partners
	General population, Key Populations, Priority Populations	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health Department, MoH, NACC, NASCOP, implementing partners
	Pregnant women and partners	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health Department, MoH, NACC, NASCOP, Implementing Partners
	General population, Key Populations, Priority Populations	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health Department, MoH, NACC, NASCOP, implementing partners, UNODC
	General population, Key Populations, Priority Populations	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health Department, County Department of Community Development, culture and talent management, MoH, NACC, NASCOP, implementing partners
	Key populations, priority populations	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, Department of Community Service MoH, NACC, NASCOP, implementing partners
	General population	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, Community service, MoH, NACC, NASCOP, implementing partners
	Adolescents and young people	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, Department of Community Service, MoH, NACC, NASCOP, implementing partners, UNICEF.
	General population, Key Populations, Priority Populations	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, Department of Community Service, MoH, NACC, NASCOP, implementing partners
	Sex workers, youth and women	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, NACC, NASCOP, implementing partners

Strategic Direction 2: Improving Health outcomes of People Living With HIV

Context

Kilifi County has an ART coverage of 71% amongst adults and 44% amongst children. The factors affecting access and uptake of treatment includes stigma and discrimination, especially among Key Populations, shortage of health facilities and poor health seeking behaviour among the community members.

KASP puts in place robust interventions geared towards scaling up access and uptake of treatment through mobilisation to HIV testing, enrolment to care and treatment and defaulter tracing mechanisms. The Plan further singles out and responds to the needs of various sub-populations such as children, adolescents, youth, persons living with disabilities, rural residents and key populations among others. For maximum impact and efficacy, KASP 2016-2020 identifies and recommends for targeted interventions to the identified sub-groups.

KASP OBJECTIVE: REDUCE AIDS MORTALITY BY 25%

KASP Result	Key Action	Target Population	
Biomedical Interventions			
Increased linkage to care after HIV diagnosis	Improve timely linkage to care for persons diagnosed with HIV	PLHIV	
Increased sustained ART coverage to 90%	Increase coverage of care & treatment and reduce loss in the cascade of care	PLHIV	
Behavioural Interventions			
Increased sustained ART coverage to 90%	Scale up education on ART, treatment literacy, adherence and retention	PLHIV	
Structural Interventions			
Increased sustained ART coverage to 90%	Integrating community strategy to HIV treatment, care and support	Community health workers , community members	
Improved quality of care and health outcomes	Scale up interventions to improve quality of care including consistent capacity building of county health workers	County health workers and CHMT	

Identified program gaps

- Inadequate monitoring of patients in care.
- Delayed linkage and enrolment to care after diagnosis.
- Limited capacity of patients to access services.
- Low uptake of ART among the PLHIV.
- Low retention rate of patients on ART.
- Disproportionately lower coverage of ART in children and adolescents.

Geographic areas by sub- county		
Geographic areas by sub- county	Responsibility	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health Department, MoH, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, MoH, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, CDCDCTM, MoH, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, CDCDCTM, MoH, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, CDCDCTM, MoH, NACC, NASCOP, implementing partners	

Strategic Direction 3: Using human rights approach to facilitate access to Services

environments which undermine public health goals, violate human rights and limit safe and effective provision of services.

Context

The Kenya HIV Prevention Revolution Road Map estimates that over 22,000 people are living with HIV in Kilifi County. Evidence shows that key populations, PLWHIV and youth are consistently under-served and that low service coverage remains an important driver of ongoing HIV transmission.

At the core of these inequities are the social and structural barriers of stigma and social discrimination, including discrimination in health care settings and the criminalisation of substance use and sex work. Stigma and violence among KPs and to an extent PLHIVs has been reported in the county. These social and structural realities can generate risky

Figure: Advocating for human rights programming for all populations including KPs



KASF OBJECTIVE: REDUCE HIV & AIDS RELATED STIGMA AND DISCRIMINATION BY 50%

KASP Result	Key Action	Target Population
Structural Interventions		
Reduced HIV and AIDS related stigma and discrimination by 50%	Implement PHDP programs	PLHIV
	Sensitise county health workers on provision of population friendly services	County health workers
	Design and implement stigma reduction programs	General Population, key and priority populations
Reduced levels of gender based violence, police harassment	Design and implement GBV education programs	General population, key and priority populations
	Integration and mainstreaming of gender responsive programs	General population, key and priority populations
	Strengthen referral and access to legal and health services for survivors of GBV	General population, key and priority populations
Reduced levels of gender based violence, police harassment	<ul style="list-style-type: none"> ▪ Establish and strengthen GBV survivor sub county centres ▪ Educate law enforcement agencies on HIV and human rights 	General population, key and priority populations County Health Department, police and prisons officers
Increased Involvement and participation of key populations in decision making	Design and implement leadership development programs for KPs	Key and priority populations
Strengthened engagement of PWDs in HIV programs	Develop and implement population specific programs leveraging on PWD networks	PWDs

Pragmatic human rights based approaches can help develop enabling environments where inclusion in HIV services can be progressively realised. The right to health is enshrined in the Kenyan Constitution. There is need to put intervention that hinges human rights in all HIV programmes in the county. In Kilifi County, there are reported cases of stigma and discrimination towards PLHIV and Key Populations in families, communities and in institutions where they seek services. The KASP 2016/2020 therefore seeks integrating human right norms and principles in the design, implementation, monitoring and evaluation of health related policies and programmes.

These include; enhancement of human dignity, principle of equality and freedom from discrimination, attention to the needs and rights of participation in decision making processes. Implementing program interventions recommended in this strategic

direction will help to reduce HIV related stigma and discrimination by 50%.

Identified Program gaps

- HIV related stigma and discrimination against PLHIV and violence against key populations.
- Lack of specific policy and legal enforcement tools to address explicit needs of key populations and people with disabilities among other sub-groups.
- Negative provider attitudes that reduces access to care and affects disclosure and adherence.
- Legal barriers that hampers programing for key populations.
- High levels HIV related stigma and discrimination that impedes service uptake.
- Inadequate measures in addressing SGBV and related harmful cultural practices.
- Negative service provider attitude.

Geographic areas by sub- county		Responsibility
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	MoH, County Health Department, County Department of Community Development, Culture and MoH, NACC, NASCOP, Implementing Partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, MoH, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, MoH, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, MoH, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, MoH, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, MoH, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, Community and Social services, MoH, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, Community and Social services MoH, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	CHD, Community and Social services MoH, NACC, NASCOP, implementing partners	

Strategic Direction 4: Strengthening Integration of Community and Health Systems

Context

A strong, well-functioning and sustainable health system capable of efficiently delivering and managing health care services is vital to improving the health status of Kilifi residents. Health systems in the county are constrained by insufficient financial resources, a shortage and un-even distribution of healthcare workers

and weak health information management systems. There is a need to strengthen linkages and referrals and integrate HIV services in primary health care. Kilifi County has 78 Community Units (CUs) that serves a third of the population. The optimum number of CUs in Kilifi is 276. Therefore, the county is expected to scale up establishment of the remaining CUs to bridge the gap. The KASP 2016-2020 lays out concrete strategies of formation addition CUs, strengthening the existing ones and forging an integrated links between the community and health systems.

KASP OBJECTIVE: TO BUILD A STRONG AND SUSTAINABLE SYSTEM FOR HIV SERVICE DELIVERY			
KASP Result	Key Action	Target Population	
Structural Interventions			
Strengthened health service delivery and community systems	Streamline commodity management through effective and efficient management of medical supplies and consumables	County Health Management teams, community units	
	Establish and strengthen effective community to facility referral and tracking of referral mechanisms	Community units, primary health facility heads	
Increased number of health facilities providing KEPH integrated HIV services	Strengthen health service delivery systems for HIV services integrated in the essential health package	Primary health facility heads, CHD	
Improved community health workforce for the county HIV response	Formalise engagement of community health workers including recruitment, orientation, training, supervision and reporting	County health management teams	

Identified program gaps

- Inadequate workforce, equipment, commodities and supplies.
- Few functional community units (CUs).
- Weak coordination mechanism between different community actors and other community structures such as community units.
- Weak linkages between different community players consequently affecting referral and overall service provision.
- Weakened community mobilisation processes, which limits demand creation efforts/utilisation of key HIV prevention services.

Geographic areas by sub- county		Responsibility
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	MoH, County Health Department, KEMSA, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	MoH, County Health Department, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	MoH, County Health Department, NACC, NASCOP, implementing partners	
Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	MoH, County Health Department, NACC, NASCOP, implementing partners	

Strategic Direction 5: Strengthening Research, Innovation and Information Management

Context

There is increased need for new evidences and information to guide programming in both national and county levels. However, efficient translation of strong research findings into policies and practices remains a challenge

across all counties in Kenya. There are still research gaps in understanding drivers of the epidemic by population and geography and in evaluating effectiveness and efficiency of various interventions. Data and research on social determinants of health and their impacts on incidence and mortality are scanty. Timely generation and translation of data and evidence is important in informing decision making and programming. Multiplicity of data sources, inadequate qualified personnel and necessary equipment for data and evidence

KASF OBJECTIVE: TO PROVIDE A MECHANISM FOR EFFECTIVE KNOWLEDGE GENERATION, INFORMATION SHARING AND MANAGEMENT THAT WILL INFORM THE COUNTY HIV RESPONSE

KASP Result	Key Action	Target Population	
Increase capacity for conducting quality HIV-related research	Research capacity building through training and recruitment	County government, internal implementers & partners	
Promote/ Conduct targeted implementation research in priority areas	Identify and prioritise research themes and areas	County government, internal implementers & partners	
Increase funding and resources for HIV-relevant research and evidence generation	Develop the county HIV research financing strategy	County government, partners	
Increase capacity to monitor and regulate research in the county	Establish research approval procedures and structures in the county	County government	
Strengthen usage of research findings and evidence in service delivery	Increase evidence-based programming/ interventions.	County government, internal implementers & partners	
Increase capacity for data demand and information use in HIV-related programming	Strengthen county health data analysis and management capacity	County government, internal implementers & partners	
Increase production of knowledge, products and information	Establish a multi-sectoral and interactive web based County HIV research hub /platforms	County government, partners	
	Develop and disseminate regular review of papers on key research findings and local innovations	County government, internal implementers & partners	

collection, storage and processing continues to impinge HIV response in Kilifi County.

Desirable results

- Increase capacity to monitor and regulate research in the county.
- Increase funding and resources for HIV-relevant research and evidence generation.
- Promote/ conduct targeted implementation research in priority areas.
- Increase capacity for conducting quality HIV-related research.
- Strengthen usage of research findings and evidence in service delivery.
- Increase capacity for data demand and information use in HIV-related programming.
- Increase production of knowledge products and information.

	Geographic areas by sub- county	Responsibility
	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health, universities and colleges, private institutions, NACC, NASCOP, Partners
	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County government, NCPWD, NACC, NASCOP, MOH.
	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County health, NACC, NASCOP, partners
	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County health, universities, and colleges, NACC, NASCOP, partners
	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County health, NACC, NASCOP, partners
	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County health, universities and colleges, UNODC, NACC, NASCOP, implementers, partners
	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health, NACC, NASCOP, partners
	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County health, NACC, NASCOP, partners

Strategic Direction 6: Promote Utilization of Strategic Information for Research, Monitoring and Evaluation to Enhance Programming

Context

A functional, integrated monitoring and evaluation system for HIV is vital for effective evidence informed decision making at national and county levels. The Constitution demands for transparency, accountability and participation of people in order to assure good governance and stewardship of the

HIV response. Over the past decade, the country has relied on quality national surveys (KAIS and KDHS), facility based HIV sero-prevalence surveys as well as bio-behavioural surveys to provide trends in HIV prevalence and incidence as well as HIV-related risk behaviours. Majority of these data sources are supported and maintained by various stakeholders. Both routine and non-routine M&E subsystems are in place with reasonable infrastructure and personnel. The Kenya AIDS Strategic Framework has a detailed M&E framework in place to guide and inform M&E activities. The achievement of HIV M&E, however, has not been without challenges.

KASF OBJECTIVE: TO FACILITATE THE TRACKING OF PROGRESS TOWARDS THE KASF RESULTS AND GENERATION OF STRATEGIC INFORMATION TO INFORM DECISION MAKING		
KASP Result	Key Action	
Established HIV information hub at the county level	Establish an integrated real time HIV platform to provide update data on HIV epidemic in the county	
Improved data use for decision making	Strengthening M and E capacity to effectively monitor the KASF/KASP performance and HIV epidemics at all levels	
Increased availability of quality and timely strategic information to inform HIV response at county level	Ensure harmonised, timely and comprehensive routine monitoring systems to provide quality HIV data as per national, county and sector priority information needs	
Planned evaluations, reviews, surveys and implementation science on HIV response for general and key populations implemented and results disseminated in timely manner	Strengthen county M&E capacity to effectively track KASP performance and HIV dynamics at county and decentralised levels	

Key Program Gaps

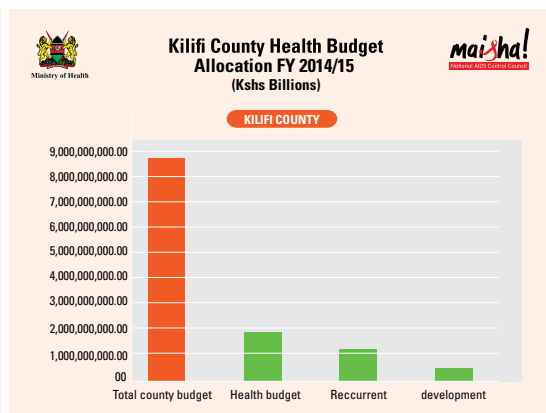
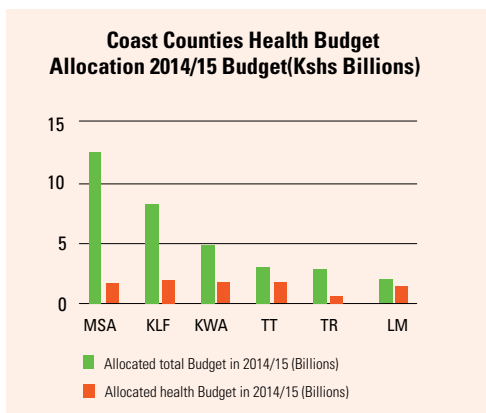
- Inadequate data use for decision making in the county.
- Parallel data collection and reporting systems that are not interoperable.
- Inadequate data quality in terms of timeliness and completeness of the M&E reports from various sub-systems.
- Overdependence on external funding for M&E activities at county level.

	Target Population	Geographic areas by sub- county	Responsibility
	County health department	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health Department, NACC, NASCOP, partners
	County Health ADM, implementers	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health Department, NACC, NASCOP, partners
	HCWs, County Health Management	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health Department, NACC, NASCOP, partners
	HCWs, County Health Management	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health Department, NACC, NASCOP, partners

Strategic Direction 7: Increasing Domestic Financing for Sustainable HIV Response

Context

Health Sector is disproportionately underfunded across all counties in Kenya. HIV & AIDS being a sub-sector in health is highly affected.



In 2015, Kilifi County allocated approximately Ksh1.8 billion to the health sector—an allocation considerably low owing to the massive needs of the sector. HIV and AIDS is a health function and, therefore, the allocation catered for the biomedical aspect of the epidemic. Allocation to structural and behavioural interventions such as stigma reduction was minimal or lacking. We need to get approximates to use in this section on how much was used on HIV and AIDS activities by the county.

Key Program Gaps

- Low budgetary allocation to HIV interventions by the county.
- Less or no funding to behavioural and structural interventions in favour of biomedical interventions.
- Lack of efficient use of existing HIV/Health resources at facility and community levels.
- Lack of alignment of HIV/Health resources by county partners and implementers due to poor coordination.
- Lack of county mechanisms to tap resources from private and key sectors.

KASP OBJECTIVE: TO INCREASE DOMESTIC FINANCING BY 50%

KASP Result	Key Action	Target Population	Geographic areas by sub- county	Responsibility
Structural Interventions				
15% of the county health budget allocated to the HIV programs annually	Develop and implement a county HIV response funding advocacy strategy	County Government	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health, MOH, NACC, NASCOP, partners
Involvement and inclusion of Private sector in the HIV response	Establish and operationalize a county HIV response Public Private Partnership	County Government	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health, MOH, NACC, NASCOP, partners
	County private partners to formulate and implement workplace HIV policies and programs	County Government, workplaces and professional associations	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health, MOH, NACC, NASCOP, Partners
Efficient utilisation of HIV program resources	Develop systems to track the HIV county investment	County Government	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County Health, MOH, NACC, NASCOP, Partners
	Integrate HIV programs into other health programs including TB, malaria, non-communicable diseases.	County Government	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County health, MOH, NACC, NASCOP, partners

Strategic Direction 8: Promoting accountable Leadership

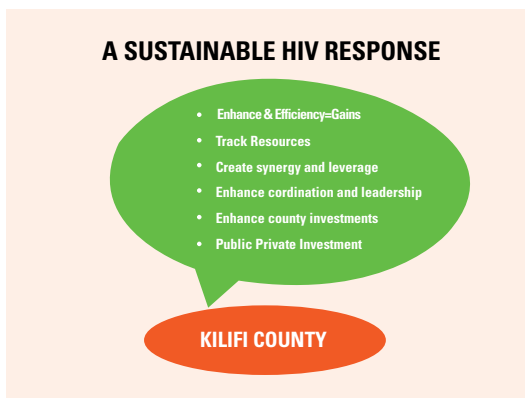
Context

Constitution of Kenya 2010 guarantees every Kenyan the right to highest attainable standard of health (Article 43). Health is a devolved function and, therefore, all counties are obliged to ensure all residents access quality health care services. Hence, like in all other health service delivery, the Constitution has provided for new legal and policy environment upon which the HIV response will be implemented. Articles 10(2) and 73 outline key defining elements of good governance and leadership while Article 21 (3) bestows on all state organs and all public officers the duty to address the needs of vulnerable groups within the society. In cognisance of the above constitutional and other mandatory provisions, and indeed for the good of all Kilifi County residents, all Kenyans and the visitors, the county government of Kilifi continues to put into place responsive regulatory and service delivery policies and guidelines of ensuring efficient and effective delivery of quality health care. This applies to the HIV&AIDS sub-sector.

Delivery of quality HIV&AIDS care and prevention and mitigation of social economic impacts of the epidemic is provided for in Kilifi County development policies including in the Kilifi County Strategic Plan and Kilifi County Health Investment Plan. The County Government will continue promoting responsive leadership, ensure mainstreaming of HIV&AIDS across all sectors through multi sectorial approach, involvement of Persons Living with HIV&AIDS, civil society members and other key stakeholders. The existing community, religious, social and cultural structures will provide leverage in the leadership to address HIV epidemic. In the context of shrinking HIV&AIDS resource basket, Kilifi County Government will strength accountability within all systems and units responding to HIV&AIDS and also encourage public Private Partnerships(PPP) investments on the HIV sector.

The County Government will continue promoting responsive leadership and ensure mainstreaming of HIV&AIDS across all sectors through multi sectorial approach.

Figure; Leadership for a sustainable HIV Response in Kilifi County.



Identified Program gaps

- Gaps in implementation and adherence to county HIV coordination structures.
- Weak mechanisms to leverage on existing county strengths especially in public and private sectors.
- Weak mechanisms to ensure accountability in mainstreaming and other sectorial response.
- Gaps in coordination and supervision of partners and implementers.
- Inadequate political will to drive HIV agenda at the county policy bodies, especially in the County Assembly.

KASF OBJECTIVE:

KASP Result	Key Action	Target Population	Geographic areas by sub- county	Responsibility
Structural Interventions				
Effective leadership mechanisms that ensure quality service delivery.	Institute and adhere to responsive results measurement mechanisms, supervision and controls to ensure efficient and effective quality service delivery	County Assembly, County Health Executive	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County health department, NASCOP, NACC
County HIV multi-sectoral coordination structure established.	Establish and strengthen functional and competent HIV co-ordination mechanism	County Assembly, County Health Executive	Magarini, Rabai, Malindi, Kaloleni, Ganze, Kilifi North, Kilifi South.	County health department, NASCOP, NACC

Leadership for Leveraging other sectors in the County HIV Response

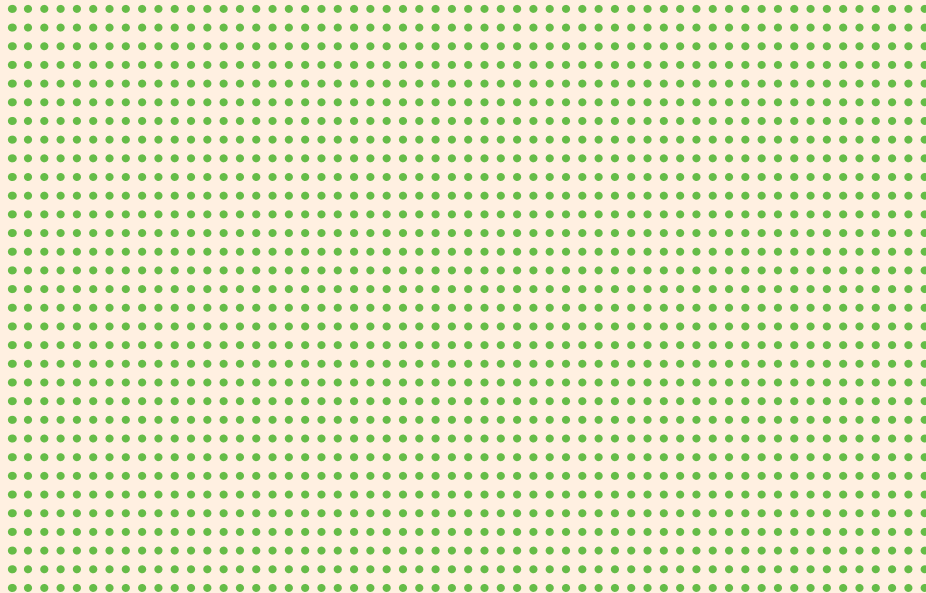
There exists many opportunities in Kilifi County that can be tapped to leverage HIV response. Hotel and tourism industry, culture and entertainment, agriculture and emerging manufacturing sectors will promote HIV response. Under the principle of multi-sectorality, the KASP will create mechanisms of leveraging on these sectors, especially in bridging the resource gap.

Leveraging On Key Sectors

County Entity / Sector	Recommended Sectorial Function	Responsibility
County Executives	<ul style="list-style-type: none"> Establishment of a robust Kilifi County HIV&AIDS Work Place policy. Promotion of sectorial and departmental HIV advocacy by including targeted HIV messages in the all-county employees' pay slips. 	County Secretary
Members of County Assembly	<ul style="list-style-type: none"> Resource allocation across HIV intervention spectrum. Provision of conducive legislative environment for HIV programming for all populations. Increased oversight role on HIV program and project implementation status, resource utilisation, accountability and service delivery. 	Clerk of the County Assembly.
Transport (public and private)	<ul style="list-style-type: none"> Transport vehicles and trucks have prevention and awareness messages. Installation of condom dispensers in public transport stages and termini. Innovative HTC and treatment campaigns for LDTDS, 	County government, national government, NTSA.
Tourism and Hotels	<ul style="list-style-type: none"> Avail HIV prevention messages and preventive commodities in hotels, bars and lodgings. System referrals for PEP and health facility list put in all bars, 	CEC Tourism
Private Sector Associations.	<ul style="list-style-type: none"> Undertake HTC and treatment referral campaigns among factory and plantation workers. 	County government

05.

IMPLEMENTATION ARRANGEMENTS



Achievements of set targets under KASP 2016-2020 goals requires a committed leadership at all levels. The office of the governor will provide overall political and administrative leadership to ensure a conducive environment for the programming. Technical leadership and management will be maintained by the health department. National government will be incorporated in and aligned to the Kilifi County HIV response through offices of county and sub-county AIDS & STI Coordinators (CASCOs). HIV community, sectorial and mainstreaming functions shall be vested with the NACC county focal persons at the county and sub-county levels. County and sub-county health teams will be required to oversee and report on the implementation of all health strategies including KASP in their respective areas. Established County HIV&AIDS Committee (CHC) will advise SCHMT on progress of KASP implementation and also act as technical arm of CHMT. In order to attain the set objectives and targeting, responsive coordination mechanisms and structures are necessary. KASP has clearly defined the county and sub-county structures that will work together, in a system model, to deliver on the plan.

1. **Office of the Governor**- This is this the supreme office in the county. Headed by the Kilifi County Governor, this office will be responsible for provision of high level leadership, promotion of engagement with national government, inter-county or bilateral or even multi-lateral negotiations and relationship in the matters HIV. The office will be responsible for the overall KASP results.
2. **County Executive Committee:** Made up of the entire county executive officers and other senior county officers. The office will provide a crucial link for HIV programs with the executive arm of the

government and the governor's office. The County Executive Officer in charge of health matters will be the focal person. Further, this office will be a liaison point between HIV programs with other arms of the county government such as County Assembly and County Service Board among others.

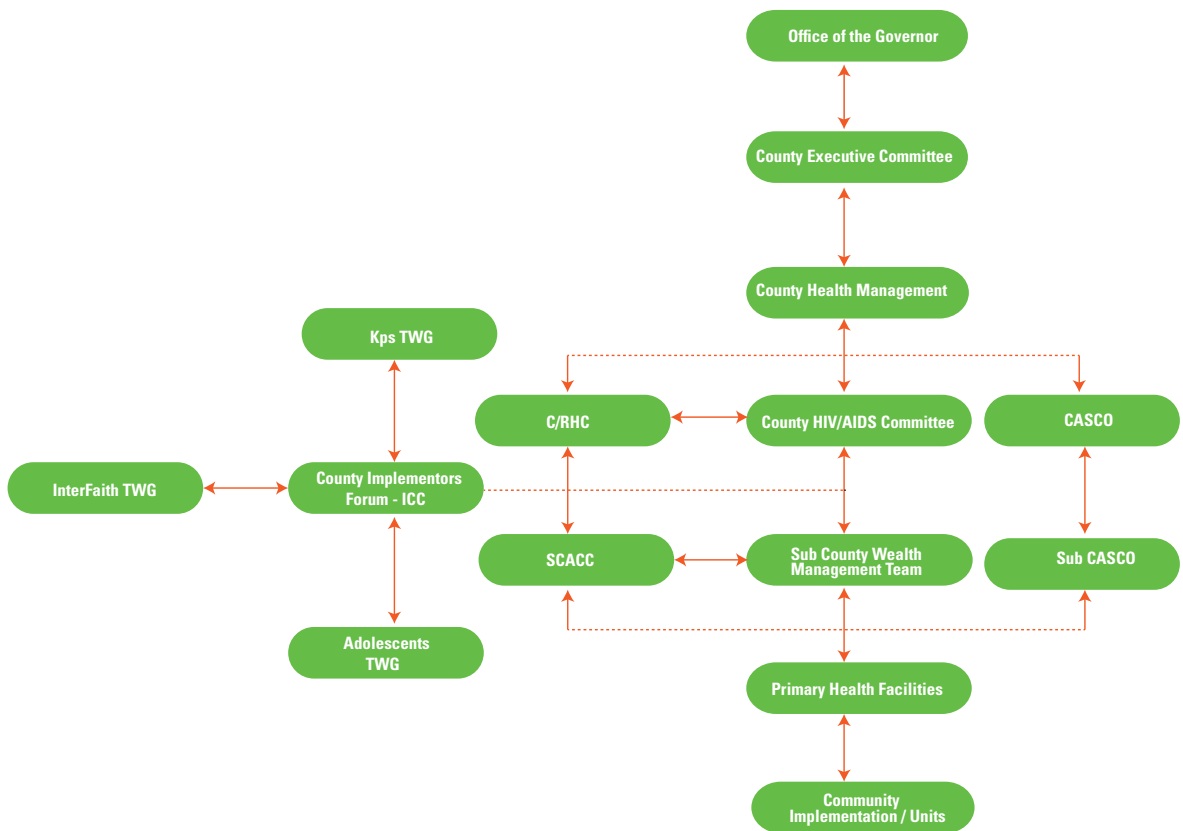
3. **County Health Management Team (CHMT)** - Oversees direct implementation of HIV and health programs. This office consists of, among others, health officials, the Health CEC, Chief Officer of Health and County Health Director. The team backs all HIV activities in the county.
4. **County HIV&AIDS Committee (CHC)** - Advises, CHMT and County Executive on HIV matters. The unit advocate for HIV&AIDS issues and has strong representation of persons living with HIV. CHC reflects a multi-sectorial coordination in Kilifi County.
5. **County AIDS/STI Coordinating Office (CASCO-NASCOP)** –As a member of CHMT, this office oversees all HIV&AIDS related activities and programs in the county. The office directly coordinates and supervises facility based HIV&AIDS programs.
6. **County/Regional HIV Coordinating Office-C/RHC (NACC)** - Coordinates community and sectorial based interventions (structural and behavioural interventions) in the county. The office further ensures that HIV&AIDS is mainstreamed in all county key sectors in line with the principle of multi-sectoral programming. The office further works closely with CASCO to create and sustain demand and uptake of HIV&AIDS services in the county.

- 7. **Sub County AIDS/STI Coordinating Unit (Sub-CASCO)** - In charge of HIV health/facility based interventions at sub-county level.
- 8. **Sub-County AIDS Community and sectorial and Mainstreaming Coordinating Unit (SCACC)** - Coordinate Community and sectorial based intervention (structural and

behavioural interventions) mainstreaming and foster demand creation for the health services at sub- county level.

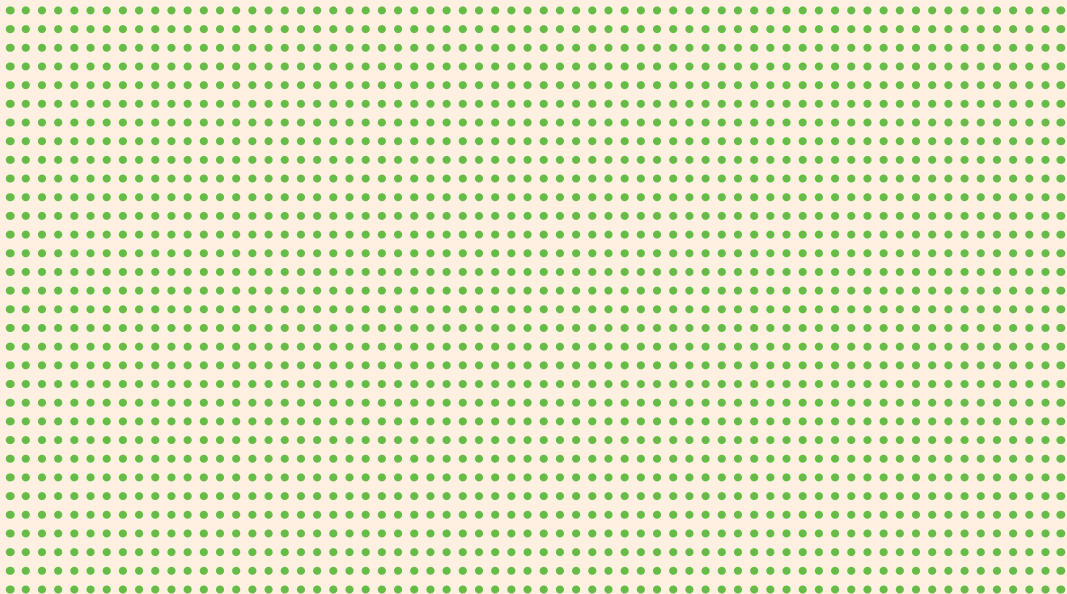
- 9. **Community Units-** Ensures smooth coordination of activities and results delivery at community level. Headed by a CHEW in line with the County Community Health Strategy.

KASP 2016/2020 COORDINATION STRUCTURE.



06.

RESEARCH MONITORING
AND EVALUATION/
REPORTING FRAMEWORK



Kilifi County Government will strive to establish and strengthen one county health data architecture to manage health/HIV related issues as stipulated by KASP 2016-2020 and KASF. One county HIV database will ensure that information is generated, managed and shared in a coordinated manner. The database will capture data on the core indicators outlined in the KASP and KASF M&E framework, from routine programmatic data generated from all sectors -health, community, private and public sectors. The database will also be made interoperable with the relevant national M&E data sub-systems to enable it gather and filter non-routine data from evaluations, surveys and surveillances (KDHS, KAIS, and KSPA among others).

Department of Health will backstop the entire county HIV and Health data systems-through the County Health and Record and Information system (CHRIS). Kilifi County will invest in resources and technology to bridge the existing gaps in terms of personnel, equipment, technology and finances as far as health and HIV M&E and Data system and sub-systems are concerned. The following are some of the identified data sub-systems that will be unified and made inter-operable to serve as the Kilifi County M&E system:

- **County Health Management Information System (HMIS)-**

All health facilities will be strengthened and supported to ensure regular quality data submission to the DHIS. The sub-county health data will be aggregated into County Data- CHMIS, which will then be reported to the national HMIS managed by

MOH. All KASP/KASF health facility based and biomedical indicators from facility and community level will be tracked through this system.

- **County logistics management and information system (LMIS)**

LMIS tackles supply of pharmaceuticals and other health commodities to the health facilities. The system is managed by Kenya Medical Supplies Agency (KEMSA). Kilifi County will work closely with KEMSA to ensure that the data from LMIS is filtered and used at county level. This will strengthen commodity and resource accountability, forecasting and mitigating on stock outs as stipulated in the KASP 2016/20.

- **County community based activity reporting System (COBPAP)**

COBPAP system will be strengthened and converted into a county system to track especially the important non-health facility data indicators generated by CSOs, CBOs, FBOs and privates and public sector implementers at community and grassroots level. COBPAP tool will be revised to ensure that there will be no duplication between the indicators tracked with those in other sub-systems. Kilifi County Government will liaise with NACC to ensure continued support for SCACs. SCACs are expected to continue taking responsibility and ensuring compliance with set COBPAP reporting regulation and maintenance of inventory among other roles.

COBPAP will be converted into a county system. Kilifi county government will liaise with nacc to ensure a continued support For SCACS who will be expected To ensure compliance with the county COBPAP regulations.

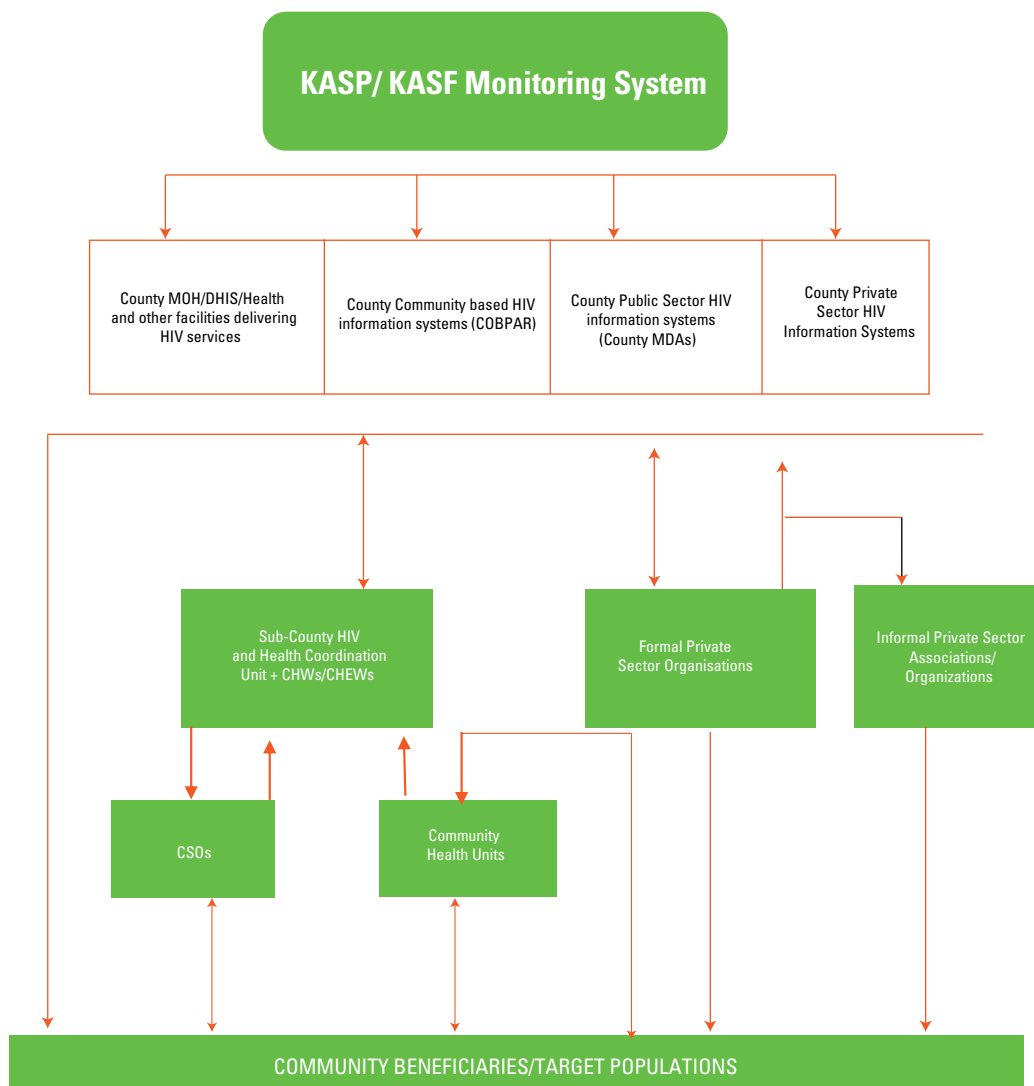
- **Public sector HIV response reporting system-**

The entire public sector in Kilifi County (both county and national government based), government ministries, departments and agencies will be required to report or avail information and data through the Public Sector Reporting System. Departments within the county government will be expected to comply with County Performance Contracting System that will incorporate HIV delivery, an indicator of performance.

- **Private Sector HIV Response System-**

All private sector implementers, both formal and informal will report on HIV&AIDS specific indicators through the Private Sector Reporting System. This will include small scale and micro enterprises undertaking HIV&AIDS activities and also medium and large scale manufacturing firms. The latter (medium and large scale firms) will be expected to have HIV workplace policies which will effectively mainstream HIV in their daily operations.

KASP 2016/2020-Integrated M&E and Data information flow and coordination



Annexes

Annex 1. KASP Result-based, M&E framework

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS

KASF objective	KASP Results	Key Activity	Indicator	
1. Reduce new HIV infections by 75% among adults	Increased uptake of HIV Testing Services to 90%	Innovative HIV Testing Services models	Percentage of people accessing HIV testing services.	
		Establish and strengthen Integrated adolescent & youth friendly comprehensive services.	Percentage of adolescents and young people accessing SRH-HIV services and information	
	Percentage of health facilities offering comprehensive YFS			
2. Reduce HIV transmission rates from mother to child to below 5%	Increased access to PMTCT	Strengthen ART enrolment programs for pregnant & lactating women and children living with HIV.	Percentage of HIV positive pregnant and breast feeding women receiving HAART	

STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES OF PEOPLE LIVING WITH HIV&AIDS

KASF objective	KASP Results	Key Activity	Indicator	
Reduce AIDS related mortality by 25%	Increased linkage to care and treatment within 3 months of HIV diagnosis to 90%	Improve timely linkage to care and treatment for persons diagnosed with HIV	Percentage of people diagnosed HIV positive linked to care within 3 months	
	Increased ART uptake to 90%	Scale up access to ART	Percentage of PLHIV initiated on ART	
		Consistent capacity building of staff on ART	Percentage of Health service providers capacity built on ART	
	Ensure 90% retention of PLHIV in to care	Integrating community strategy to HIV treatment, care and support	Percentage of PLHIV initiated on ART retained in care	
Improved quality of care and health outcomes	Scale up interventions to improve quality of care and improve health outcomes	Percentage of clients enrolled and retained in care		

	Baseline	Mid-term Targets	End -term Targets	Responsibility
	40%	75%	90%	County Health Department, NASCOP, NACC, Beyond Zero, implementing partners
	30%	50%	70%	County Health Department, MoEST, MoH, NASCOP, NACC, Beyond Zero, implementing partners
	20%	40%	60%	County Health Department, MoEST, MoH, NASCOP, NACC, Beyond Zero, implementing partners
	75%	80%	90%	County Health Department, NASCOP, NACC, Beyond Zero, implementing partners

	Baseline	Mid-term Targets	End -term Targets	Responsibility
	30%	70%	90%	CDH, NASCOP, NACC, PLHIV Networks, partners
	52%	70%	90%	CDH, NASCOP, NACC, PLHIV networks, partners
	30%	70%	100%	CDH, NASCOP, NACC, PLHIV networks, partners
	52%	70%	90%	CDH, NASCOP, NACC, PLHIV networks, partners
	46%	70%	90%	CDH, NASCOP, NACC, PLHIV networks, partners

STRATEGIC DIRECTION 3: USING HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES

KASF objective	KASP Results	Key Activity	Indicator	
Reduce HIV related stigma and discrimination by 50%	Reduced stigma & discrimination related to HIV&AIDS by 50%	Implement PHDP/PWP programs	Percentage of PLHIV reached through PHDP programs	
		Capacity build county health services providers on provision of population specific friendly services	Percentage of county health service providers capacity built on population specific friendly services	
		Design and implement programs that educate on stigma and discrimination	Number or percentage of programs addressing stigma and discrimination developed and institutionalised under the Ministry of Education	
	Reduced levels of GBV by 50%	Design and implement programs that educate on GBV	Number or percentage of GBV population specific programs developed and disseminated	
		Integration and mainstreaming of gender responsive programs	Percentage of implementers integrating gender responsive programs	

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS

KASF objective	KASP Results	Key Activity	Indicator		
Reduce new HIV infections by 50%	Strengthened community health systems to deliver quality HIV services.	Strengthen logistical systems to ensure timely and consistent supply of essential commodities to the community units	Percentage of health facilities experiencing commodity stock out		
Reduce AIDS related mortality by 25%		Strengthen community to facility referral systems	Percentage of health facilities with appropriate community referral systems		
Reduce HIV related stigma & discrimination by 50%		HIV services integrated into primary health care	HIV services integrated with existing primary health care services	Percentage of health care facilities with integrated health care services	
		Improved management of community health workforce	Formalise engagement of community health workers including recruitment, orientation, training, supervision and reporting	Percentage of health care facilities with appropriate number of health care workers at all cadres	

	Baseline	Mid-term Targets	End-term Targets	Responsibility
	30%	70%	90%	CDH, NASCOP, NACC, PLHIV networks, partners
	25%	50%	80%	CDH, NASCOP, NACC, PLHIV networks, partners
	20%	40%	60%	CDH, NASCOP, NACC, PLHIV networks, partners, CDE, MOEST
	TBD	TBD	TBD	CDH, NASCOP, NACC, PLHIV networks, partners
	20%	60%	100%	CDH, NASCOP, NACC, PLHIV networks, partners

	Baseline	Mid-term Targets	End-term Targets	Responsibility
	45%	30%	5%	CDH, NACC, KEMSA, NASCOP, Partners
	TBD	TBD	TBD	CDH, NACC, NASCOP, partners
	30%	50%	80%	CDH, NACC, NASCOP, partners
	30%	50%	80%	CDH, NACC, NASCOP, partners

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT

KASF objective	KASP Results	Key Activity	Indicator
Resource and implement a Kilifi County HIV research Agenda	Increase capacity for conducting quality HIV-related research	Research capacity Building through training and recruitment	Number or percentage of county personnel including health workers trained on research methods
Increase evidence-based planning, programming and policy formulation	Promote/ conduct targeted implementation research in priority areas	Identify and prioritise research themes and areas	Number or percentage of research themes based on KASP conducted annually.
	Increase funding and resources for HIV-relevant research and evidence generation	Develop the county HIV research financing strategy	Proportion of HIV funds utilised on county research.
	Increase capacity to monitor and regulate research in the county	Establish research approval procedures and structures in the county	Percentage of research topics/themes approved by County Approval Authority.

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

KASF objective	KASP Results	Key Activity
Reduce new HIV infections by 50%	Established HIV information hub at the county level	Establish a multi sectoral and integrated real time HIV platform to provide update on HIV epidemic response accountability
Reduce AIDS related mortality by 25%	Improved data use for decision making	Strengthening ME capacity to effectively monitor the KASF performance and HIV epidemic
Reduce HIV related stigma & discrimination by 50%	Increased availability of quality and timely strategic information to inform HIV response at county level	Ensure harmonised, timely and comprehensive routine monitoring systems to provide quality HIV data as per national, county and sector priority information needs
	Planned evaluations, reviews, surveys and implementation science on HIV response for general and key populations implemented and results disseminated in timely manner	Strengthen county M&E capacity to effectively track KASP performance and HIV dynamics at county and decentralized levels

	Baseline	Mid-term Targets	End -term Targets	Responsibility
	TBD	TBD	TBD	CDH, NACC, Higher learning institutions, KEMRI, NACOSTI, NASCOP, partners
	TBD	TBD	TBD	CDH, NACC, NASCOP, partners, higher learning institutions, KEMRI, NACOSTI
	TBD	TBD	TBD	CDH, NACC, NASCOP, Partners, higher learning institutions, KEMRI, NACOSTI
	TBD	TBD	TBD	CDH, NACC, NASCOP, partners, higher learning institutions, KEMRI, NACOSTI

	Indicator	Baseline	Mid-term Targets	End -term Targets	Responsibility
	Percentage of planned M&E products generated at county/ sub-county levels	TBD	TBD	TBD	CDH, NACC, NASCOP, partners
	Percentage of M&E performance reports generated by the system.	TBD	TBD	TBD	CDH, NACC, NASCOP, Partners
	Percentage of planned M&E products generated and disseminated at county/sub-county levels	TBD	TBD	TBD	CDH, NACC, NASCOP, partners
	Percentage evaluations undertaken based on KASP	TBD	TBD	TBD	CDH, NACC, NASCOP, partners

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

KASF objective	KASP Results	Key Activity	
Resource and implement a Kilifi County HIV research Agenda	Increase capacity for conducting quality HIV-related research	Research capacity building through training and recruitment	
Increase evidence-based planning, programming and policy formulation	Promote/ Conduct targeted implementation research in priority areas	Identify and prioritise research themes and areas	
	Increase funding and resources for HIV-relevant research and evidence generation	Develop the county HIV research financing strategy	
	Increase capacity to monitor and regulate research in the county	Establish research approval procedures and structures in the county	

STRATEGIC DIRECTION 7: INCREASING DOMESTIC FINANCING FOR SUSTAINABLE HIV RESPONSE

KASF objective	KASP Results	Key Activity	
Increasing Domestic Financing to 50%	15% of the county health budget allocated to the HIV programs annually.	Develop and implement a county HIV response funding advocacy strategy	
	Involvement and inclusion of private sector in the HIV response	Establish and operationalize a county HIV response through Public Private Partnership	
		County private partners to formulate and implement workplace HIV policies and programs	
	Efficient utilization of HIV program resources	Develop systems to track the HIV county investment	
Integrate HIV programs into other health programs including TB, malaria, non-communicable diseases.			

STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP

KASF objective	KASP Results	Key Activity	
Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of HIV response to 50%	Effective leadership mechanisms that ensure quality service delivery	Institute and adhere to responsive results measurement mechanisms, supervision and controls to ensure efficient and effective quality service delivery	
	County HIV multi-sectoral coordination structure established	Establish and strengthen functional and competent HIV co-ordination mechanism	

Indicator	Baseline	Mid-term Targets	End -term Targets	Responsibility
Number or percentage of county personnel including health workers trained on research methods	TBD	TBD	TBD	CDH, NACC, Higher learning institutions, KEMRI, NACOSTI, NASCOP, partners
Number or percentage of research themes based on KASP conducted annually.	TBD	TBD	TBD	CDH, NACC, NASCOP, partners, higher learning institutions, KEMRI, NACOSTI
Proportion of HIV funds utilised on county research.	TBD	TBD	TBD	CDH, NACC, NASCOP, partners, higher learning institutions, KEMRI, NACOSTI
Percentage of research topics/themes approved by County Approval Authority.	TBD	TBD	TBD	CDH, NACC, NASCOP, Partners, Higher learning institutions, KEMRI, NACOSTI

Indicator	Baseline	Mid-term Targets	End -term Targets	Responsibility
Proportion of county health budget allocated to HIV sub-sector including structural and behavioural interventions	TBD	30%	50%	CDH, NACC, NASCOP, KEPSA, FKE, partners
Proportion of HIV funding coming from the public and private sectors.	TBD	TBD	TBD	CDH, NACC, NASCOP, partners
Proportion of county sectors that have developed and implemented HIV work place policies	TBD	TBD	TBD	CDH, NACC, NASCOP, partners
Total county funds invested on HIV from various sources	TBD	TBD	TBD	CDH, NACC, NASCOP, partners
Percentage of health and non-health programs integrating HIV&AIDS in the county	TBD	TBD	TBD	CDH, NACC, NASCOP, partners

Indicator	Baseline	Mid-term Targets	End -term Targets	Responsibility
Proportion of HIV related indicators included and rated within the county performance contracting system	TBD	TBD	TBD	CDH, County Public Service NACC, NASCOP, Partners
Number of HIV coordination meetings held and documented at county/sub-county and community levels annually	TBD	TBD	TBD	CDH, NACC, NASCOP, partners

Annex 2: Costing Framework

The costing module adopted for KASP 2016/2020 is based on the National AIDS Costing Plan (NACP) that uses activity and program costing. Where possible, the module attempts a unit cost approach for basic HIV items and services as defined in the KNASP III. Needless to say, the costing module is not exhaustive

Intervention	Unit Cost	Source
BASIC PROGRAMMES		
ART	\$561 per patient per year	NACP III
Care and support	\$52 per patient per year	NACP III
PMTCT	\$19 per mother-baby pair	NACP III
Condoms	\$0.06 per condom distributed	NACP III
Male circumcision	\$38.70 per circumcision	Kioko, 2010 [2]
Prevention for sex workers and clients	\$70 per person per year	NACP III
Prevention for MSM	\$42 per person per year	NACP III
Harm reduction counselling for PWID	\$48 per person per year	NACP III
Special populations	\$55 per person reached	NACP III
ENABLING ENVIRONMENT		
Provider initiated testing and counselling	\$5.58 per person	Obdure, 2012 [1]
Workplace prevention	\$24 per covered employee	International averages
Community mobilization	\$1.50 per population	NACP III
Mass media	\$625,000 per campaign	NACP III
School-based programs	\$120 per teacher trained	NACP III
Out-of-school youth	\$7.44 per youth reached	NACP III
Program management	7.4% of direct costs	NACP III
<p>Obure CD, Vassall A, Michaels C, Terris-Prestholdt F, Mayhew S, Stackpool-Moore L, Warren C, The Integra Research Team, Watts C. Optimizing the cost and delivery of HIV counselling and testing services in Kenya and Swaziland. <i>Sexually Transmitted Infections</i>. 2012; 88: 498-503.</p> <p>Kioko U. Estimating the costs and impacts of male circumcision in Kenya, 2010, unpublished.</p> <p>NACP III. Kenya National AIDS Strategic Plan, 2009/10 – 2012/13. Supporting documents for the Plan, NACC. Unit costs calculated from number reached and total costs.</p>		

Summary of the KASP COSTING

STRATEGIC DIRECTION	ESTIMATED COST – KSHS
STRATEGIC DIRECTION 1- REDUCTION OF NEW INFECTIONS	4,033,000,000
STRATEGIC DIRECTION 2. IMPROVING HEALTH OUTCOMES OF PEOPLE LIVING WITH HIV AND AIDS	938,000,000
STRATEGIC DIRECTION 3. USING HUMAN RIGHTS BASED APPROACH TO FACILITATE ACCESS TO SERVICES	1,298,000,000
STRATEGIC DIRECTION4: STRENGTHENING INTERGRATION OF COMMUNITY AND HEALTH SYSTEMS	2,226,000,000
STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION	556,500,000
STRATEGIC DIRECTION 6: PROMOTE UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH, MONITORING AND EVALUATION TO ENHANCE PROGRAMMING	21,000,000
STRATEGIC DIRECTION 7: INCREASING DOMESTIC FINANCING FOR SUSTAINABLE HIV RESPONSE	10,500,000
STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR THE DELIVERY OF THE TTASP RESULTS BY ALL SECTORS	30,000,000
TOTAL(FOUR YEARS)	9,113,000,000

STRATEGIC DIRECTION 1- REDUCTION OF NEW INFECTIONS

Recommended Actions	Target Population	Targets (Numbers)	Cost per Person	
Innovative HIV testing and counselling (HTC) models	All populations	700,000	1,200	
Establish youth friendly HTC services.	Youth/adolescents	150,000	1,500	
Initiate community stigma reduction strategies in order to create service demand for HTC	All populations	700,000	50	
Offer HTC to partners and families of all HIV positive clients	PLHIVs	22,000	1,500	
Regular outreach and contact with Key Population through peer based education, treatment and support	KPs	7,000	2,000	
Offer harm reduction interventions to PWIDS and PWUDs	KPs	2,000	10,000	
100% proper condom promotion among sexual active groups	KPs	10,000	1,000	
Total required resource for SD 1				

STRATEGIC DIRECTION 2. IMPROVING HEALTH OUTCOMES OF PEOPLE LIVING WITH HIV AND AIDS

Recommended Actions	Target Population	Targets (Numbers)	Cost per unit	
Improve timely linkage to care for persons diagnosed with HIV	PLHIVs	800	10,000	
Strengthen facility and community linkages with inter- and intra-facility referral protocols and linkage strategies	HCW	1,200	20,000	
Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services	Health facilities	10,000	2,500	
Utilise peer support and networks of all and adolescents living with HIV	Youth/adolescents	15,000	2,500	
Integrate alcohol and drug dependence reduction strategies in care services	PWUDs and health facilities	7,000	10,000	
Scale up key population friendly HIV care and treatment services with peer mobilisation and support	KPs and health facilities	7,000	10,000	

STRATEGIC DIRECTION 3. USING HUMAN RIGHTS BASED APPROACH TO FACILITATE ACCESS TO SERVICES

Recommended Actions	Target Population	Targets (Numbers)	Unit Cost	
Remove barriers to access of HIV, SRH and rights information and services to all populations	General Pop, Key Pops, Adolescents, Children	700,000	50	
Reduce levels of sexual and gender based violence for PLWH, key populations, women, men, boys and girls	Indicated populations	70,000	50	
Promote uptake of HIV pre and post-exposure prophylaxis among survivors of sexual violence and priority population	Indicated populations	10000	10,000	
Leverage on religious and cultural institutions to address HIV related stigma among PLHIVs and violence among Key Populations	Religious and Faith communities	7000	1,000	
Develop and disseminate population specific and user friendly information including braille	PWDs, PLHIVs	4000	2,000	
Develop policies to protect priority populations when accessing HIV and health services	PWDs, vulnerable and marginalised populations	10,000	2,500	

	Years (4)	Total cost	By when	Responsibility
	4	3,360,000,000	2020	County Health, NASCOP, NACC partners
	1	225,000,000	2017	County Health, MOEST, NACC, NASCOP, partners
	4	140,000,000	2020	County Health, NASCOP, NACC partners
	4	132,000,000	2020	County Health, NASCOP, NACC partners,
	4	56,000,000	2020	County Health, NASCOP, NACC Partners
	4	80,000,000	2020	County Health, NASCOP, NACC, Partners
	4	40,000,000	2020	County Health, NASCOP, NACC, Partners
		4,033,000,000		

	Years (3)	Total Cost	By when	Responsibility
	4	32,000,000	2020	County Health, NASCOP, MOH
	4	96,000,000	2020	County Health, NASCOP, MOH, Partners
	4	100,000,000	2020	County Health, NASCOP, MOH, Partners
	4	150,000,000	2020	County Health, NACC, NASCOP, MOH, Partners, Youth Support Groups
	4	280,000,000	2018	County Health, NASCOP, MOH, Partners
	4	280,000,000	2019	County Health, NACC, NASCOP, MOH, Partners, KP Support Groups
		938,000,000		

	Years (3)	Total Cost	By when	Responsibility
	4	140,000,000	2020	County Health, NASCOP, NACC, Social Services
	4	14,000,000	2020	Law enforcement, NACC, NASCOP-TSU, Human Rights Organisations.
	4	400,000,000	2020	County Health, NASCOP, MOH, Partners
	4	28,000,000	2020	County Health, SUPKEM, CIPK< KENERELA, NCCK, NACC, NASCOP, partners
	4	32,000,000	2020	County Health, NACC, NASCOP, MOH, partners, NCPWD.
	4	100,000,000	2020	County Health, NACC, NASCOP, MOH, partners, NCPWD

STRATEGIC DIRECTION 3. USING HUMAN RIGHTS BASED APPROACH TO FACILITATE ACCESS TO SERVICES

Recommended Actions	Target Population	Targets (Numbers)	Unit Cost
monitoring stigma and discrimination among health workers	Health facilities	1200	100,000
Initiating Health-setting stigma reduction campaigns	Health facilities	20	100,000
Increased protection of human rights and access to justice for PLHIV, key populations, women, boys and girls	PWDs, vulnerable and marginalised populations	7000	2,000
Improving access to legal and social justice and protection from stigma and discrimination in the public and private sector	All populations	100,000	100

STRATEGIC DIRECTION 4: STRENGTHENING INTERGRATION OF COMMUNITY AND HEALTH SYSTEMS

Recommended Actions	Target Population	Targets (Numbers)	Unit Cost
Increased number of functional community units in the county	Communities	40	50,000
Improve community and facility referral system	Communities	1	500000
Scale up Community Health High Impact Interventions through integration, use of peer support networks and technology including socio media	Communities, youth, adolescents	100,000	100
Improve procurement and management of medical products and technologies, with emphasis being placed on ensuring the commodities are	HCW	1200	400000
Provide adequate and competent work force to deliver integrated HIV services in the county	County	10	2000000
Revitalise the Community Health Strategy (CHS), on how to realise its implementation with regard to establishment of CUs and the remuneration of CHVs	CUS	40	200,000
Ensure firm leadership by the county (Department of Health) to guide the delivery of the health sector priorities	Facilities	40	400,000
Improve community and facility referral system	facilities	40	400,000
Establish minimal package/standards for guiding community and workplace health implementation and practice	Communities and facilities	40	400,000
Total Estimated			

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT

Recommended Actions	Target Population	Targets (Numbers)	Unit Cost
Identify barriers to testing and access to interventions services by populations in the county	All populations	700,000	100
Determine barriers to access among PWD and other populations of priority identified and addressed	PWID, Other priority populations	7000	2,000
Determine impact of alcohol and drug use on HIV prevention by populations (young adolescent and Key Populations) and geography	General and specific populations, PLHIVs	60,000	2,000
Identify and test interventions that address determinants and barriers to linkage into care for PLHIV	PLHIVs	22,000	2,500

	Years (3)	Total Cost	By when	Responsibility
	4	480,000,000	2020	County Health, NASCOP, NACC, MOH
	4	8,000,000	2020	County Health, NASCOP, NACC, MOH
	4	56,000,000	2020	Law enforcement, NACC, NASCOP-TSU, human rights organisations
	4	40,000,000	2020	Law enforcement, NACC, NASCOP-TSU, Human Rights Organizations
		1,298,000,000		

	Years	Total Cost	By when	Responsibility
	4	8,000,000	2020	County health, partners
	4	2,000,000	2020	County health
	4	40,000,000	2020	County health, NACC, partners
	4	1,920,000,000	2020	County health, KEMSA, NASCOP,
	4	80,000,000	2020	County government
	4	32,000,000	2020	County health, partners
	4	64,000,000	2020	County government
	4	16,000,000	2020	County government, MOH, Beyond Zero, partners.
	4	64,000,000	2020	County health
		2,226,000,000		

	Years (3)	Total Cost	By when	Responsibility
	4	280,000,000	2020	County Health, partners, NASCOP, MOH
	4	56,000,000	2020	County Health, partners, NASCOP, MOH, NACC, UNODC
	1	120,000,000	2018	County Health, partners, NASCOP, MOH, NACC, UNODC, NACADA
	1	55,000,000	2018	County Health, partners, NASCOP, MOH, NACC

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT

Recommended Actions	Target Population	Targets (Numbers)	Unit Cost	
Determine outcomes and causes of loss to follow up among PLHIV on care and treatment.	PLHIVs	22,000	2,000	
Single out, amend or repeal all health access disabling laws at national and county assemblies	General population	1	1,500,000	

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

Recommended Actions	Target Population	Targets (Numbers)	Unit Cost	
Establish a multi-sectoral HIV programming web based data	County health system	1	1000000	
Establish and strengthen functional multi sectoral HIV M&E coordination structure and partnership at county level	Facilities, CUs	1	3000000	
Put in place sustainable financing for HIV M&E planning activities	County	1	1000000	
Strengthen routine HIV information management at county level	CHIMS, HMIS, Situation Room, HIPSOR	1	2000000	
Conduct regular M&E supervision, data quality audits and verification	County health	1	1500000	

STRATEGIC DIRECTION 7: INCREASING DOMESTIC FINANCING FOR SUSTAINABLE HIV RESPONSE

Recommended Actions	Target Population	Targets (Numbers)	Unit Cost	
Developing and implementing a county HIV financing lobbying strategy	County Health	1	1000000	
Ensure participation of PLHIVs and other interested stakeholders in budget forums(citizen participation)	PLHIVs, stakeholders, wananchi	1	1000000	
Establish a framework for HIV Combination Prevention Strategy	County Health	1	1000000	
Institute corruption eradication strategy for health/HIV programmes at all levels	County	1	1000000	
Establish, operationalize a County HIV funding PPP.	Privates	1	500000	
Total				

	Years (3)	Total Cost	By when	Responsibility
	1	44,000,000	2017	County Health, Partners, NASCOP, MOH, NACC
	1	1,500,000	2019	County Health, County Assembly, NACC, NASCOP
		556,500,000		

	Years	Total Cost	By when	Responsibility
	1	1,000,000	2019	County Health, partners, NASCOP, MOH
	3	9,000,000	2017	County Health, partners, NASCOP, MOH
	3	3,000,000	2017	County Health, partners, NASCOP, MOH
	1	2,000,000	2018	County Health, partners, NASCOP, MOH, NACC
	4	6,000,000	2020	County Health, partners, NASCOP, MOH,
		21,000,000		

	Years	Total cost	By when	Responsibility
	1	1,000,000	2017	County Health, County Assembly, partners, NACC, NASCOP, MOH
	4	4,000,000	2020	County Health, Partners, CSOs, NACC,
	1	1,000,000	2018	County Health, Partners, NASCOP, MOH
	4	4,000,000	2020	County Government, County Assembly
	1	500,000	2018	County Health, KEPSA, FKE, partners, private institutions,
		10,500,000		

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

Recommended Actions	Target Population	Targets (Numbers)	Unit Cost	
Regular support supervision for health care givers.	County Health	1200	5,000	
Establish and strengthen functional and competent HIV co-ordination mechanism at the county and sub-county level	County Health	1	1,000,000	
Establish and operationalize a HIV multi-sectoral committee to oversee the HIV mainstreaming at county level	County	1	2,000,000	
Roll out Partner-Coordination online reporting platform	County	1	3,000,000	
Total estimated				

	Years (3)	Total cost	By when	Responsibility
	4	24,000,000	2020	County Health, MOH
	1	1,000,000	2016	County Government, MOH, NACC, NASCOP
	1	2,000,000	2016	County Government, MOH, NACC, NASCOP
	1	3,000,000	2016	County Government, MOH, NACC, NASCOP
		30,000,000		

Annex 3: KASP 2016-2020 Risk assessment and mitigation matrix

An assumption has been made that implementation of KASP 2016-2020 will proceed without hitches. However, anticipated risks will be assessed and mitigated in a systematic continuous manner as proposed in the Risk Matrix. The County HIV Committee (CHC) will be expected to report to the county department of health, NACC, NASCOP and the other partners on the status of the identified risks, effects and the necessary mitigation.

RISK CATEGORY	RISKS	STATUS
Social Cultural	Impinging programming HIV environment for PLHIV, key and other vulnerable populations due to high society/culture/religious stigma and intolerance	High
Systems	Weak systems to address commodity stock-out and guarantee inter and intra-county redistribution	medium
	Weak service delivery supervision systems to guarantee quality, efficiency and effectiveness	Medium
	Weak, uncoordinated and irregularly updated M&E, data systems that leads to poor quality or lack of data/strategic information	high
Human resource and staffing	Inadequate staffing at all cadres of HIV/health service delivery.	Medium
	Technical capacity to implement programmes such as NPT (New Prevention Technologies) MAT and NSP, among others.	High
Financial	Inadequate prudent utilisation of available resources	Medium
	Low resources allocation to the HIV sub-sector especially for key structural and behavioural interventions such as stigma reduction.	High
Legislation	Un-conducive legal, policy environment of HIV programming and KASP implementation.	High
Political	Less prioritisation of HIV/Health delivery due to political campaigns	High
Security effects to county economy	Security versus county economic development due to its effect to tourism.	Medium

MITIGATION	RESPONSIBILITY	WHEN
Enhanced community education and continuous engagement of community and religious leaders using the NACC Interfaith and other committees	County government, NACC, national government and partners	Continuous
Work with KEMSA, NASCOP, NACC and county health to strengthen HIV/ Health commodity forecasting, supply and distribution to avert stock out	KEMSA, County government, MOH, NASCO, NACC	Y1
Strengthened routine, non-routine and ad hoc supervision to all service delivery facilities.	County health, NASCOP, MOH	Continuous
Strengthen data/M&E systems	County health, MOH, NACC, NASCOP	Continuous
Undertake staffing assessment and initiate process of ensuring minimum staffing at all cadres of health and HIV service delivery	County health, MOH, NASCOP, NACC, partners	Y1
Initiate a systematic capacity building programmes to CDH staff to implement and oversee technical programs such as NPT, MAT, NSP among others	County Government, MOH, UNODC, NACC, NASCOP	Continuous
Initiate resource utilisation transparency, accountability mechanisms and enforce corruption eradication processes.	County Government, National Government.	Y1
Lobby for an increased resource allocation to support implementation of targets set under KASP 2016-2020.	County Government, County Assembly, NACC, NASCOP, CSOs	Y1
Initiate local resource mobilisation strategies through an elaborate PPP strategy, among others	County Government, County Assembly, NACC, NASCOP, privates, CSOs	Y1
Flag out, amend or repeal laws, clauses that impinges KASP implementation and initiate supportive laws and policies.	County Government, County Assembly, Law Reform, NACC, CSOs.	Y1
Lobby for a commitment by all politicians for a policy of non-interference and continued prioritisation of HIV/ Health service delivery during the entire post and pre campaign period.	County health, CSOs, MOH, NACC, NASCOP.	FYI 2& 3
Work with national and county government security apparatus to promote security at all levels.	National & County Government, Police, partners	Continuous

Annex 4: Reference and Operational Documents

1. The Kenya AIDS Strategic Framework (KASF) 2014/2015- 2018/2019 that seeks to reduce new HIV infections by 75% come 2019.
2. DHIS
3. COBPAP
4. The Kenya HIV Prevention Revolution Road Map: Count Down to 2030 – that set out to reduce HIV incidence by 50% in 2015, by 75% by 2020 and zero new HIV infections by 2030.
5. The Kenya HIV County profiles 2014 – that analysed each county profile, established baseline programme data and made county-specific priority programme interventions.
6. The Monitoring and Evaluating Framework for KASF 2014/2015-2018/2019 – providing indicators for KASF strategic directions.
7. The Annual Kenya HIV Estimates – that provides an annual progress in HIV programming.
8. The Strategic Framework towards Elimination of Mother to Child Transmission of HIV and keeping Mothers Alive 2012-2015 – that aims to reduce MTCT rate to less than 5% and HIV-related maternal mortality by 50%.
9. A strategic framework for engagement of the First Lady in HIV control and promotion of maternal, new-born and child health in Kenya 2013-2017- which seeks to provide guidance for the engagement of the First Lady on political championship towards elimination of new HIV infections among children and promoting maternal and child birth.
10. The National Guidelines for HIV Testing and Counselling, Couples and Prevention with Positives (positive Health, Dignity and Prevention).
11. Policy Analysis and Advocacy Decision Model for services for populations in Kenya.
12. Kenya's Fast – track Plan to End HIV&AIDS Among Adolescent and Young People 2015-2017 – which seeks to reduce among adolescents and young people HIV incidence, AIDS-related mortality and Stigma and discrimination by 40%, 15% and 25% respectively by 2017.
13. The Constitution of Kenya (2010).
14. The Adolescents and Youth Sexual Reproductive Health and Development Policy (2003) and its Plan for Action (2007).
15. Education Sector Work plan Policy on HIV&AIDS Second Edition (2013).
16. Eastern and Southern Africa Commitment on Comprehensive Sexuality Education and sexual and Reproductive Health Services for Adolescents and Young People.
17. The Kenya Guidelines for Conducting HIV and Sexual Reproductive Health Research with Adolescents.
18. The Kenya National Reproductive Health Policy (2007) and Strategy (1997 – 2010).
19. The Kenya National Maternal and New-born Health (MNH) Road Map (2010).
20. Kilifi County Integrated and Development Plan (CIDP,2014)

Annex 5: List of Review and Technical Teams

1. Dr. Bilal Mazoya	County Director of Health Kilifi	26. Shungu Davin	Magarini Kujawaheri
2. Mr. Ibrahim Fauz	CHD-CASCO	27. Edward Fondo Kazungu	Religious leaders representative
3. Julius Koome	NACC	28. Zakiya Suleiman	Kilifi South
4. Gladys Etemesi	CHD	29. James Nyingeh	Kilifi South
5. Godfrey Njoroge	CHD-SCASCO	30. Sadaka Charo	Kilifi North
6. Arnold Mwakalindo	FHOK	31. Joseph Karisa Gonzi	Ganze
7. Dawn Maranga	NRT- IPR	32. Ali Athuman	Kilifi North
8. Munga Gulani	CHD-SCAC	33. Elizabeth Mwakiru Thinga	Ganze
9. Daniel Wanje	CHD-SCAC	34. Kasena Changawa	Kilifi North
10. Augustus Lugo	CHD-SCAC	35. Margaret W. Mwangi	Malindi
11. Peter Mwang'ombe	CHD-SCAC	36. Mattison S. Jaji	Upendo S. Group
12. Charity M. Kule	CHD-SCAC	37. Winnie U. Charo	M.Y.W.O Magarini
13. James Mwatela Jembe	CHD	38. Mwanaisha Kadzo Khamisi	Afya Support Group
14. Amos M. Ndenge	CHD	39. Samuel Bora Lauzi	Rabai H.C.S. Group
15. George Odhiambo	KANCO	40. Saida R. Chome	Rabai CHV
16. Peris Mwaka	Moving Goal Posts	41. Charles Lwanga	Nation Media Group
17. Bernadette Kombo	KEMRI-HIV Studies	42. Esther Riziki	Kenya News Agency
18. Peter Wanjohi	APhia Plus	43. Cecilia Wamalwa	CHD
19. Gabriel Sande	AMURT	44. Claire Obonyo	CHD
20. Eva Munene	Kilifi County Government	45. Eva Langat	CHD
21. Jocelyn Katunge	Maendeleo ya Wanawake Organization	46. Meshack Mwangala	Aphia Plus
22. Jimmy Ngongodi	Kaloleni	47. Vincent Antuncha	Aphia Pwani
23. Douglas Masinde	Tamba Pwani	48. Bernadette Kina	KEMRI
24. Sewe Malamba	FHI 360	50. Gladys Etemesi	CHD
25. Martha Wandera	NACC		

KILIFI COUNTY AIDS STRATEGIC PLAN (KASP) 2016-2020

