KISII COUNTY

HIV & AIDS

STRATEGIC PLAN

(KCHASP)

maisha!
National AIDS Control Council

2014/15 – 2018/19

KISII COUNTY

HIV & AIDS STRATEGIC PLAN

2014/15 – 2018/19

Table of Contents

Table of Contents

Abbreviations and Acronyms 4

List of Figures and Tables 6

Preface 7

Acknowledgements 9

Executive Summary 10

Chapter 1 **13**

Background Information 13

1.1 Introduction 13

Kisii Map 14

Pictorial 15

1.2 The evolution of HIV & AIDS response in Kisii County 16

Chapter 2 **17**

Situational Analysis **18**

2.1 Population and Demographics 17

2.2 HIV Epidemiology of Kisii County 17

Gaps and Challenges Analysis (Biomedical, Behavioural, Structural) 18

Chapter 3 **20**

Rationale, Strategic Plan Development Process and the Guiding Principles **20**

3.1 Purpose 20

3.2 Process of Developing the HIV Plan 20

3.3 Guiding Principles 21

Chapter 4 **24**

Vision, Mission, Objectives and Strategic Directions **24**

Strategic Directions 25

Strategic Direction 1: Reducing HIV new infections 25

Strategic Direction 2: Improving health outcomes and wellness of people living with HIV 32

Strategic Direction 3: Using a human right-based approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors 36

Strategic Direction 4: Strengthening integration of community and health systems 41

Strategic Direction 5
Strengthening research, innovation and information management
to meet KCHASP goals 43

Strategic Direction 6: Promoting utilization of strategic information for
research and monitoring and evaluation to enhance programming 45

Strategic Direction 7: Increasing domestic financing for a sustainable
HIV response in Kisii County 48

Strategic Direction 8: Promoting accountable leadership for delivery
of the KCHASP results by all sectors and actors 50

Chapter 5 **53**

Implementation Arrangements

5.1 HIV coordination structure for KCHASP delivery – county level 53

5.2 Roles of stakeholders 54

Chapter 6

Monitoring and evaluation of the plan 55

Chapter 7

Risk and mitigation plan 57

Annexes

Annexe 1: Results Framework 59

Annexe 2: Resource Needs 79

Annexe 3: Resource Materials 80

Annexe 4: List of Drafting Technical Review Team 81

Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Treatment/Therapy
ARV	Anti-Retroviral Drugs
BCC	Behaviour Change Communication
CACCs	Constituency AIDS Control Committees
CBO	Community Based Organization
CCM	Country Coordination Mechanism
CHAC	County HIV Committees
CHEWs	Community Health Extension Workers
CHV	Community Health Volunteers
CSO	Civil Society Organization
DICE	Drop in Centre
DHIS	District Health Information System
EBI	Evidence-Based Intervention
eMTCT	Elimination of Mother-to-Child Transmission
FBO	Faith-Based Organization
FSW	Female Sex Worker
GBV	Gender-Based Violence
GoK	Government of Kenya
HBC	Home-Based Care
HBTC	Home-Based Testing and Counselling
HCBC	Home and Community-Based Care
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papilloma virus
HR	Human Resources
HTS	HIV Testing (and counseling) Services
IEC	Information, Education and Communication
IPC	Infection Prevention and Control
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KARP	Kenya AIDS Response Programme

KCCB Kenya Conference of Catholic Bishops

KCG Kisii County Government

KDHS Kenya Demographic and Health Survey

KEPH Kenya Essential Package for Health

KNASP Kenya National AIDS Strategic Plan

KP Key Populations

MDAs Ministries, Departments and Agencies

M&E Monitoring and Evaluation

MIPA Meaningful Involvement of PLHIVs

MIEPA Meaningful Involvement and Empowerment of PLHIVs

MoE Ministry of Education

MoH Ministry of Health

MoT Modes of Transmission

MSM Men who have Sex with Men

MSW Male Sex Worker

NACC National AIDS Control Council

NASCOP National AIDS & STI Control Programme

NCDs Non-Communicable Diseases

NGO Non-Governmental Organizations

OVC Orphans and Vulnerable Children

PEP Post-Exposure Prophylaxis

PITC Provider-Initiated Testing and Counselling

PLHIV People Living with HIV and AIDS

PMTCT Prevention of Mother–to-Child Transmission

PrEP Pre-Exposure Prophylaxis

PwD People/Persons with Disabilities

PHDP Positive Health, Dignity and Prevention

RBM Results-Based Management

SASCOS Sub County AIDS and STI Coordinator

SGBV Sexual and Gender-Based Violence

SRH Sexual and Reproductive Health

STI Sexually Transmitted Infection

SW Sex Workers

TBD To be Determined

TOWA Total War against HIV and AIDS

TWG Technical Working Group

UNAIDS Joint United Nations Programme on HIV & AIDS

VCT Voluntary Counselling and Testing

WHO World Health Organization

List of Figures and Tables

Figure 1.1: Kisii County – Gini Coefficient by Ward

Figure 5.1: HIV coordination structure for Kisii County

Figure 6.1: HIV and AIDS response flow chart for Kisii County

Table 2.1: WHO's six building blocks of health systems strengthening framework

Table 4.1: Granulation of HIV per sub-county in Kisii County

Table 4.2: Donor contribution to HIV fight in Kisii County

Table 7.1: Risk and mitigation planning activities

Preface

The County Government of Kisii presents the **Kisii County HIV & AIDS Strategic Plan (KCHASP)** for 2014/15-2018/19. This is a product of a highly consultative process involving all stakeholders in the response to HIV and AIDS. This highly interactive process ensured that the KCHASP addresses current needs and epidemic trends in Kisii County, drawing on new global and national knowledge and information on HIV and AIDS. The technical working team that assisted the county to develop this plan included specialists on various HIV issues. Kisii County's approach is to mainstream these concerns at all levels, and indeed, to mainstream our HIV and AIDS response into our county development agenda. There were also specialists in Monitoring and Evaluation, Resource Mobilization Costing and HIV prevention.

The Kisii County HIV & AIDS Plan (KCHASP) uses a results based approach and evidence based planning. This has not only brought new thinking and a sharpened focus, but also facilitated mainstreaming of the "Three Ones" principles.

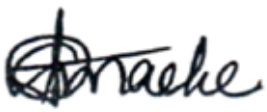
In developing a Kisii County HIV & AIDS Strategic Plan (as opposed to a Medium Term Plan - MTP), Kisii has shifted the planning paradigm from focusing on service delivery only, to understanding how the service delivery efforts will lead to changes in the lives of the targeted audiences, and therefore impact on the epidemic itself. In so doing, Kisii County has identified county priorities and articulated county targets (results) that all stakeholders will collectively contribute to. In this new strategy, we have mainstreamed gender and human rights in the implementation, and monitoring and evaluation strategies.

As a county, we have made significant progress in the fight against HIV, however, as we have seen from the Modes of HIV Transmission Study (MoT) in 2008, and Kenya AIDS Indicator Survey (KAIS) in 2012, we still face major challenges ahead. HIV prevalence in the county is among the highest in the country, new HIV infections have been estimated at 5,976 annually, which is unacceptably high. We

must all double our efforts in HIV prevention to turn off the tap of new infections. I am happy to note that the strategic plan will focus attention on the eight strategic directions as provided by the Kenya AIDS Strategic Framework (KASF).

The KCHASP presents an opportunity for the county response to be more effective in preventing infections, enhancing care, treatment and support, and mitigating the impact of HIV and AIDS, and if we succeed, in making an impact in the development agenda of the county. Kisii county Government aims to sustain the success rate in treatment of people living with HIV, ensuring that Orphans and Vulnerable Children enjoy equal rights and care, and scaling up effective evidence-based prevention strategies. The KCHASP further supports systems strengthening across all levels to sustain the collaboration and achievements gained by the county, including strengthening monitoring and evaluation efforts. Kisii County Government will strengthen its monitoring and evaluation efforts to enable implementers to recognize and reinforce good performance, and improve or reprogram activities that are not on track, to ensure that the response delivers on the intended results. This is an exciting time when there are opportunities to increase the resource base to fund an effective response to the development challenges posed by the epidemic in collaboration with our development partners.

It is our responsibility to ensure an enabling policy and legal environment for the effective county HIV response implementation. KCHASP provides a comprehensive strategy for the effective management and control of the HIV and AIDS epidemic and its direct consequences in Kisii County; all the stakeholders are encouraged to use it as a tool and roadmap in the expanded county response to HIV and AIDS.



HON. SARAH OMACHE

COUNTY EXECUTIVE COMMITTEE MEMBER FOR HEALTH

KISII COUNTY

Acknowledgements

The successful development of the first Kisii County HIV & AIDS Strategic Plan (2014/15–2018/19) involved a long consultative process with stakeholders. Subsequent completion was made possible by the joint efforts of organizations and individuals whose participation needs to be acknowledged.

First, the County Government wishes to acknowledge with gratitude the valuable contribution of a number of individuals and organizations who made the process a success. We wish to express special thanks and appreciation to the members of the technical working group, namely; Dr. Richard Onkware, Mary Rogito and Yunia Nyaisu, (MoH) Misheal Oyunge and Ibrahim Nyachae (CACC); Kizito Mukhwana, Dr. Elizabeth Katiku, Dr. William Ringera, Judy Omare and Beatrice Moseti (CARE Kenya); Rev James M. Mogire and Ezekiel Rasugu (FBO); Fredrick Ongaki (ICL); Joshua Simba (KCG); Jamal Obwoge (NEPHAK); Gordon Okello, Monica Chan and Daniel Yongo (IRDO); Pauline G. Okemwa (Kisii University); Roselyne Igwora (KCCB-KARP); Kavutha Mutuvi (UNWomen); Harriet Kongin (UNAIDS) and Caleb Owino (IMC) for their dedication, hard work and availability, especially when they were called upon at short notice.

We would also like to thank all Development Partners including UNAIDS,UN-Women and CARE Kenya for their financial support and technical assistance. We also appreciate the Kisii County Government, Civil Society Organizations, Faith-Based Organizations and religious leaders for their valuable contributions towards completion of this document.

Special appreciation goes to the NACC regional officer for the coordination and who worked tirelessly for long hours to ensure the success of this process.

We acknowledge the support from all county leaders under the guidance of His Excellency the Governor James Omariba Ongwae, of Kisii County, towards the development of this fundamental document. It is our expectation that similar support/effort will be provided for during the implementation of the Kisii County HIV & AIDS Strategic Plan.

"Let us now join together, mobilize the necessary resources and implement the strategies as outlined in this document."

DR. GEOFFREY OTOMU
COUNTY DIRECTOR OF HEALTH
KISII COUNTY

Executive Summary

The Kisii County HIV & AIDS Strategic Plan (KCHASP) was developed to provide a framework for the implementation, coordination and monitoring of HIV and AIDS response in the County.

The process of developing the KCHASP commenced after the National AIDS Control Council held a KASF dissemination meeting at the Grabo County Hotel in Migori County on the 12th and 13th of August 2015 and subsequent formation of a 10-member technical team to spearhead the drafting process of the strategic plan. This was followed by two other technical team retreats at Jumuia Resort on the 6th and 9th October 2015 and 26th to 29th October 2015 at Waterpark Resort with support from the UNAIDS, UNWOMEN, CARE Kenya and NACC.

The purpose of this document is to outline the County priorities for the County response to HIV and AIDS for the period 2014/15 to 2018/19. These priorities are based on the evidence accumulated locally and are augmented by international best practices. The overall philosophy behind the Kisii County HIV & AIDS Strategic Plan is one of prioritization, focus, and intensification. It is through collective and concentrated efforts around these priorities that we will be able to maximize the impact of the County response. The process of developing this document was highly consultative, generating an in-depth picture of the epidemic and its response.

The KCHASP is responsive to international and Regional HIV Rights agreements, policies and Declarations, including global obligations such as the SDGs, UNGASS and Universal Access targets to HIV & AIDS services, the Abuja Declaration of Heads of States, and ILO conventions, among others. KCHASP is also cognizant of, and builds on national policies and frameworks including the Constitution of the Republic of Kenya of 2010, which provides for the right of every Kenyan to attain the highest possible levels of health care, Vision 2030 which describes HIV and AIDS as "one of the greatest to socio-economic development in Kenya", Kenya Health Policy 2012-2030 and County Integrated Development plan 2013-2017.

The KCHASP has outlined the Kisii County HIV profile where the prevalence of 8.0% (Kenya Prevention Revolution Roadmap). It is estimated that 63,715 people are living with HIV of which 7,715 are children. The HIV prevalence in women is higher (8.5%) than that of men (7.3%). Annual new infections stands at 5,976 (adult: 4891, Children 1085) (DHIS; Kenya HIV County Profile 2014)

The KCHASP has identified the drivers to the HIV epidemic in Kisii County are generally understood to include: Key populations such as sex workers (female, male & transgender), casual heterosexual sex, some socio-cultural practices like "house entering" where widows exchange sexual partners, casual laborers, soapstone carvers, banana/sugarcane sellers, Adolescents and young women (cross generational sex) and Stigma and discrimination of People Living with HIV.

Despite some modest gains in the HIV response in the county, significant gaps and challenges remain to be addressed or overcome. These main gaps and challenges include under-funding of prevention strategies; limited capacities for prevention as well as implementation and management; perennial shortage of HIV commodities; weak community and health linkages, ownership of the HIV response and

participation; insufficient targeted interventions; weak strategic information management; and insufficient scale up of treatment, care, and support.

Taking this situation as the starting point, the priority areas were built and refined through dialogue and inputs provided across sectors and at all levels of the County response. In order to maximize the impact over the next five years, listed below (in no particular order) are areas that must be the focus of the County response:

- Preventing new infections
- Systems strengthening; (health and community systems)
- Strategic information management and research
- Scaling up treatment, care and support

The KCHASP has aligned the vision, goal and objectives to the KASF as follows: vision – "Accessible, Caring and High Quality HIV Health Care Services to mitigate stigma and HIV & AIDS burden in Kisii County". While the overarching goal is to have an effective, efficient and robust HIV & AIDS response within the county that will improve the entire continuum of care and treatment, reduce structural barriers for all populations and build upon evidence based prevention interventions".

The following are the objectives of the KCHASP:

1. To increase access to health care services for HIV prevention.
2. To strengthen community and health systems capacity for Universal Access to quality, comprehensive and sustainable HIV and AIDS services.
3. To effectively coordinate, harmonize and align stakeholder support to the County response at all levels.
4. To strengthen and sustain political leadership and commitment on HIV and AIDS at all levels.
5. To improve the ethical and legal environment to support the County response.
6. To strengthen the information management system of the County response to enhance information sharing and utilization.
7. To increase access to HIV and AIDS comprehensive quality treatment, care and support services.
8. To enhance County ownership of the HIV response by allocation of resources in the implementation of the KCHASP.
9. To promote non-discriminatory delivery of HIV services to vulnerable and key population.

The KCHASP has adopted the KASF 8 Strategic Directions as follows:

Strategic Direction Area	Specific Objectives	Key Intervention Area
SDA 1: Reducing new HIV infections	To identify and target the priority populations for HIV services	Increase coverage of combination HIV prevention services, prioritize the population and identify the geographical location.
SDA 2: Improving health outcomes and well being of all people living with HIV	To improve HIV services for PLHIV	Increase HTS and adherence to ART
SDA 3: Using a human rights based approach to facilitate services for PLHIV, key populations and other priority groups in all sectors	To increase equitable access to HIV services to PLHIV	Identify and remove barriers to HIV services through a HRBA.
SDA 4: Strengthening integration of health services and community systems	To strengthen linkage between health services and community systems for HIV response	Strengthen HIV information education activities, establish more community units, increase outreach to those with limited access to health services.
SDA 5: Strengthening research and innovation to inform the Kisii HIV strategic plan	To strengthen research so as to have information for innovations.	Promote the generation of domestic HIV data and information.
SDA 6: Promoting the utilization of strategic information for research, monitoring and evaluation to enhance programming.	To strengthen monitoring and evaluation of the KCHASP	Promotion of consumption and utilization of domestic data.
SDA 7: Increasing domestic financing for a sustainable HIV response.	To mobilize for resources for the implementation of the KCHSP.	Domestic resource mobilization activities.
SDA 8: Promoting accountable leadership for delivery of the KCHASP	To strengthen the leadership and coordination of KCHASP.	Improve coordination, strengthen HIV advocacy and increase participation

The Kisii County HIV & AIDS plan is a forward looking document that frames the County's response in terms of what it should look like by the year 2019. Thus, the Overall Strategic Outcomes for the period are:

1. Improved utilization of health care services for HIV prevention.
2. Communities empowered to effectively respond to HIV and AIDS.
3. Improved access to quality HIV and AIDS services.
4. Partners aligned to County priorities and held accountable.
5. Adequately resourced County response.
6. Improved ethical and legal environment for HIV and AIDS.
7. Increased availability of quality, comprehensive and harmonized information on the response to the epidemic.
8. Improved utilization of information by partners for policy development, advocacy and programming.
9. Improved basic and operational research, monitoring and evaluation of the HIV and AIDS response.
10. Improved access to comprehensive quality treatment, care and support services

CHAPTER 1

Background Information on the County

1.1: Introduction

Kisii County is one of the forty seven counties in Kenya. It shares common borders with Nyamira County to the North East, Narok County to the South and Homa Bay and Migori Counties to the West. The County lies between latitude 0 degrees 30' and 1 degrees South, and longitude 34 degrees 38' and 35 degrees East. The County covers a total area of 1,317.5km^2 and is divided into nine constituencies namely: Kitutu Chache North, Kitutu Chache South, Nyaribari Masaba, Nyaribari Chache, Bomachoge Borabu, Bomachoge Chache, Bobasi, South Mugirango and Bonchari. It has 9 Sub-Counties (constituencies), which are subdivided into 45 electoral wards. The county has 24 divisions, 75 Locations and 190 sub-locations.

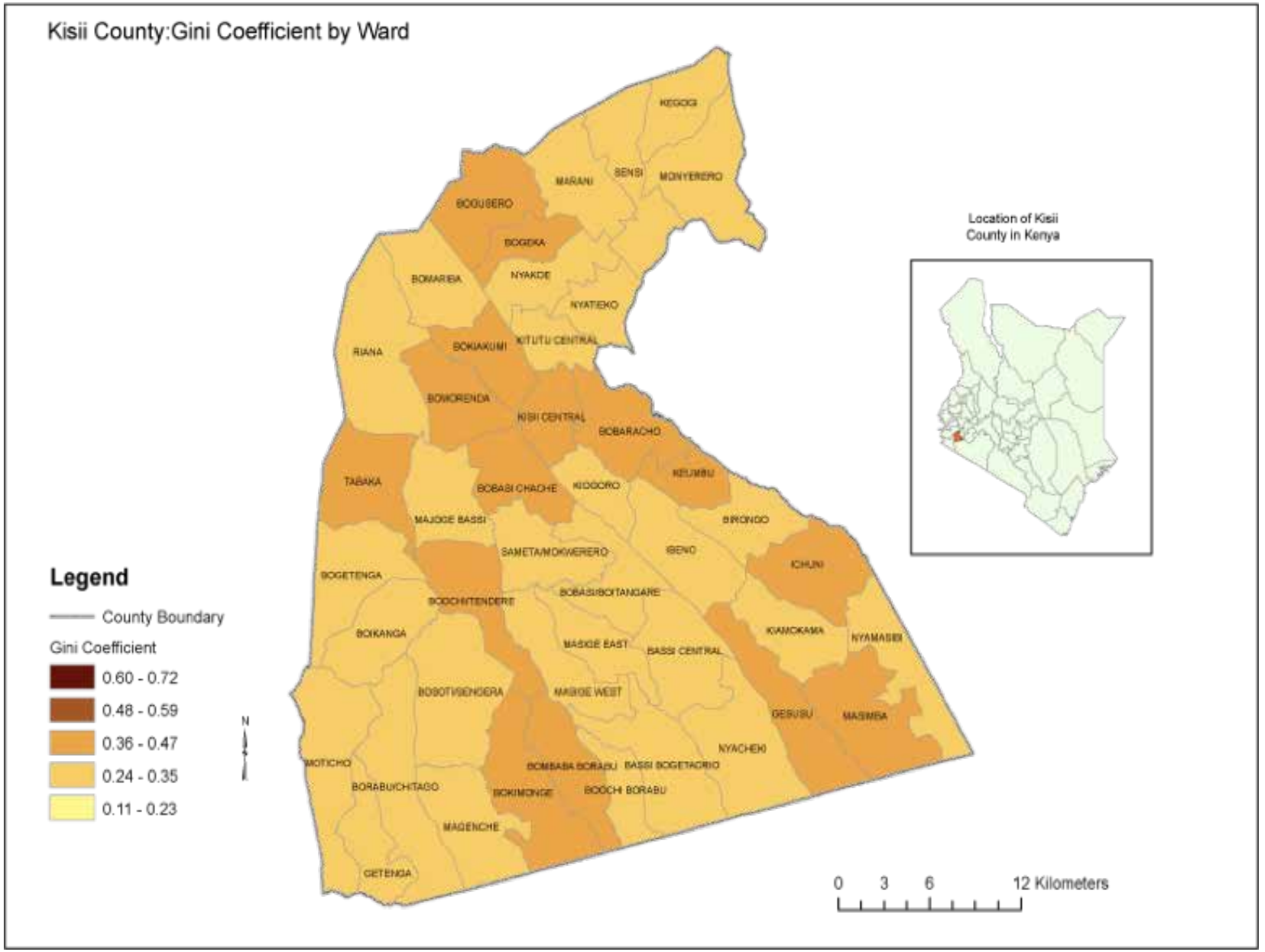
The County has an estimated population of 1,236,966 (2012). This represents 597,934 and 639,032 – males and females respectively. By 2017, this population is expected to rise to 1,367,049 persons (660,810 males and 706,239 females).

The poverty level in the County is placed at 51 percent compared to the national poverty index which is at 43.8. The county is estimated to have 125,000 orphans and vulnerable children (County Integrated Development Plan, 2013-2017).

Kisii County has a HIV prevalence of 8.0% (Kenya Prevention Revolution Road map). It is estimated that 63,715 people are living with HIV of which 7,715 are children. The HIV prevalence in women is higher (8.5%) than that of men (7.3%). Annual new infections stands at 5,976 (adult: 4891, children 1085) (DHIS; Kenya HIV County Profile 2014).

Kisii County inhabitants are predominantly of the Kisii ethnic community. They practise traditional Female Genital Mutilation/Cut (FGM) in secrecy and with the use of unsterilized paraphernalia. This is a contributing factor in the new infections among adolescents and young girls in the county. Consequently, this has contravened the legal rights of the girl-child. In the recent past, health

Fig 1.1: Kisii County Map



Kisii County

workers have been participating in the malpractice for economic gains.

HIV & AIDS has a major socio-economic impact in the County, it poses a negative impact on the agricultural sub-sector which is a major economic activity employing over 80 percent of the County's population. HIV & AIDS related mortality of the skilled and experienced staff and farmers has resulted in low production particularly of food crops. This has affected food security at household and county level.

HIV & AIDS has also negatively impacted on the health sector. HIV & AIDS related morbidity has resulted in an increase in the number of people seeking health services thus household resources are diverted to health care (The first County Integrated Development Plan 2013-2017 Kenya) .

1.2: The evolution of HIV & AIDS response in Kisii County

The HIV services provision started in year 2000 at Kisii District Hospital currently known as Kisii Teaching and Referral Hospital (KTRH). The programme was supported by NASCOP and Liverpool VCT. The facility carried out HIV voluntary counseling and testing, while the counsellors were trained and certified by NASCOP.

In the wards, HIV testing started much earlier with minimal counselling; ELIZA test was used for diagnostic HIV testing. The HIV testing was not well structured, the results were not disclosed to the clients/patients. However, the test results enabled the doctors to manage clients with opportunistic infections effectively. Later on, the Ministry of Health (MoH), with the support from partners was able to train more counsellors on HIV counselling and testing. This resulted in HIV Testing (and counseling) Services (HTS) being scaled up to other higher volume facilities such as Gucha, Oresi, Keumbu, Marani, Hema and Kegogi among others.

Prevention of Mother–To-Child Transmission (PMTCT) services were rolled out in the year 2003 after the health care providers underwent a PMTCT training organized by NASCOP. The trained personnel introduced HIV counseling and testing (use of rapid HIV test kit) and provision of single dose Nevirapine to pregnant mothers to be taken at the onset of labour in mother and child clinics. Soon after more service providers were trained on PMTCT and more sites started offering PMTCT services. Currently 90% of the facilities in Kisii County and 100% of public ones are offering PMTCT services.

Care and treatment services were started in KTRH, by then known as Kisii District Hospital in October 2004, led by the then hospital physician, who ensured that all the HIV-positive patients admitted in the ward with HIV-related illness received ARVs which were available in the pharmacy at a cost of Kshs. 500. Follow up was done on monthly basis. The services provided for the People Living with HIV and AIDS (PLHIVs) were not accurately documented and reported since the reporting systems was not in place and clients were strictly attended to by the Medical Superintendent. Despite the fact that there was a lot of reported stigma and discrimination directed toward the PLHIVs. The trained counsellors offered the service to the clients while attaching the new clients to the newly formed psychosocial support groups.

As the number of clients increased, HIV clinic was set up in one of the rooms in the outpatient department. CDC/KEMRI supported the implementation and additional staff was trained on the HIV service provision. Afterwards, MERLIN came in to supplement the efforts of the MoH as the number of clients increased and by setting up a new HIV Clinic structure at the KTRH. Extra health care personnel were trained; consequently, this led to the decentralization of ART services to high-volume health facilities such as Keumbu, Gucha, Oresi, Marani among others. Currently, 80% of the facilities in Kisii County are offering ART services.

CHAPTER 2

Situational Analysis

2.1 Population and demographics

The County has an estimated population of 1,236,966 (2012). This represents 597,934 and 639,032 – males and females respectively. By 2017 this population is expected to rise to 1,367,049 persons – 660,810 males and 706,239 females (County Integrated Development Plan, 2013-2017).

2.2 HIV epidemiology of Kisii County

The overall HIV prevalence among adults and children was 8.0% translating into 63,715 PLHIV in Kisii County out of which 56,000 are adults and 7,715 are children. The HIV prevalence among women in Kisii County is higher (8.5%) than that of men (7.3%). Over the years, the women living in the County have been more vulnerable to HIV infection than men. (County HIV profile, 2014). This can be attributed to male dominance in the Kisii Community setting.

The drivers of the epidemic, (being verified through the consultation process and programming data) are generally understood to include: Commercial Sex workers (female, male), casual heterosexual sex, some socio-cultural practices such as "house entering", where widows exchange sexual partners.

Other are key populations such as sugarcane cutters, soapstone carvers, banana/sugarcane sellers, adolescents and young women (cross generational sex) and stigma and discrimination of People Living with HIV.

According to the Kenya Demographic Health Survey of 2014, about 78.2% of women and 64.8% of men in Kisii County had tested and received results for HIV by 2013.

There is a need to scale up HIV testing in the County to reach the untested population, counsel to reduce the risk for those who test negative and link those who test positive to care and treatment programmes. This will ensure that those who are HIV negative are counselled on better ways to ensure they stay negative, while those who are HIV positive will be taken through the process of positive living and also the need to adhere to treatment. Disclosure methods can also be taught to those who turn HIV positive during the testing visits hence reducing the stigma associated with HIV.

Currently, Kisii County is among the counties with relatively high HIV prevalence which currently stands at 8.0%, with an estimated 4,891 new HIV infections in adults and 1,075 new HIV infections in children. Kisii is ranked at number 42 out of 47 counties in terms of the HIV burden (HIV and AIDS Profile - Kisii County).

Consistent and proper use of condoms can reduce the risk of HIV and other sexually transmitted infections by more than 90 per cent. In Kisii County, low condom use may pose a significant risk of HIV infection to the population. However, 81.7 % of the women and 89.8% of men in Kisii County believe that condom use can prevent HIV transmission (Kenya Demographic Health Survey, 2014)

Therefore, low uptake of condoms in Kisii County can be attributed to the perennial shortage of condoms supply in the County.

In Kisii County, approximately 55% of individuals had their first sexual intercourse before the age of 15, an indication of early sexual debut (County HIV profile, 2014).

According to the "Kenya Fast Track Plan to End HIV and AIDS among Adolescents and Young People, 2015", in Kisii County it is estimated that 13,079 adolescents aged 15-24 years are living with the virus, while approximately 5,012 do not know their HIV status and could be contributing to the new infections in this age group.

Looking at the County's need analysis, there are 4,118 HIV-positive mothers in need of ARVs, but currently the coverage is at 44% using the national Elimination of Mother-To-Child Transmission. EMTCT targets elimination of mother to child transmission of HIV. The county has a 56% gap to be met in order to achieve reduction of EMTCT rates. Currently the County EMTCT rates are at 8% which is high above the National target of 5% (and twice the regional rate of 4%) (County HIV service delivery profile, 2014). This scenario is attributed to (but not limited to) some mothers declining to take up EMTCT services (mainly due to stigma), lack of commitment from private health facilities in provision of the comprehensive HIV care services, low level of disclosure among partners, knowledge gap and staff attitude among other reasons.

In Kisii County, adult ART coverage is at 34% (18906) while paediatric ART coverage is at 28% (2064). This is much lower than the national coverage for both adults and pediatrics which is at 81% and 38% respectively (DHIS, Kisii County profile, Kenya HIV estimates). Using the 90:90:90 strategy, 45,360 adults and 6,250 children are in need of ART. The County is ranked 42 out of 47 and 43 out of 47 in ART coverage among adults and children respectively. Approximately 1,352 adults and 492 children died of AIDS-related conditions in 2013. (Kenya HIV County Profiles, 2014)

Gaps and challenges analysis (biomedical, behavioral, structural)

The gap analysis for Kisii County health service provision is based on the World Health Organization's six building blocks of health system strengthening framework that promotes the HIV service delivery.

Table 2.1: WHO's six building Blocks of Health System Framework

WHO's Six Pillars of Health	Gap and Challenges Analysis
Service Delivery	• Limited integration of HIV services into routine health services • Insufficient scale-up of treatment, care and support • Inadequate supportive infrastructure to enhance ART monitoring like Viral Load Machine, i.e. space, reagents, personnel etc • Inadequate EBI's targeting different age groups • Unstructured programmes towards eradicating HIV-related stigma and discrimination • Outdated social cultural beliefs and norms that fuel the epidemic of HIV for example FGM • Inadequacy of service to mitigate SGBV among the vulnerable populations i.e. Orphans & SW • Inadequate infrastructure (physical, HR & information technology) to accommodate specific HIV services namely care and treatment, Dice for KP etc. • Under utilization of HIV online platforms for HIV related emergency services within the county. • Weak community and health linkages/referral, i.e. defaulter tracing
Human Resource	• Low coverage of Kenya Mentor Mothers Programme • Inconsistent capacity building of service providers in HIV-related updates • Insufficient technical Capacity in the management of HIV and AIDS patients i.e. newly employed staff
Information	• Lack of research that can be used to inform the existing gaps. • Underutilization of the social and main stream media platforms for example the local radio stations, newsletters etc. Peer influence and misinformation, among the youths and adolescents. • Insufficient use of strategic information, data demand and use for decision making and irregular performance review mechanism.
Medical Products Vaccines and Technology	• Erratic and inadequate supply of HIV/STI related commodities • Weak HIV commodity management and supply chain systems within the county.
Financing	• Inadequate budgetary/ funding allocation towards TB-HIV & AIDS activities.
Leadership and Governance	• HIV Testing (and counseling) Services HIV Testing (and counseling) Services Limited policy documents that enhance oversight of health services • Poor involvement mechanism for the religious/cultural leaders on HIV prevention within the community i.e. on condom use - Lack of political will and buy-in on some of the HIV activities e.g. the KP interventions - Poor parenting to the adolescents on sexual reproductive health. • Inadequate budgetary/ funding allocation towards TB-HIV & AIDS activities. • Poor accountability structures on HIV received funds at the periphery. - Unreliable structures to oversee the HIV & AIDS activities on the ground.

CHAPTER 3

Rationale, Strategic Plan Development Process and the Guiding Principles

3.1 Purpose

Strategic Plans were introduced as a performance management tool to enable public and private sector institutions to focus their work strategically and to enhance efficiency and accountability in the use of resources. The strategic management paradigm has largely been successfully implemented with tangible results. The policy plan of the HIV response is defined by the Constitution of Kenya, 2010 (which establishes a right "to the highest attainable standard of health") and the resulting devolution of the responsibility for the implementation of most health services, including the HIV response at county level. The national development strategy, Kenya Vision 2030, underscores the importance of health as a key building block in transforming Kenya into a successful middle-income country; the HIV policy of 1999, which defines HIV as a disaster and provides a framework for a multi-sectoral response; and the Kenya Health Policy that prioritizes the elimination of communicable diseases.

This Strategic Plan lays the foundation for the county's response to HIV at both county and sub-county levels' priorities for a five-year period. Specifically, the plan will guide the Ministry of Health together with other implementing partners in enhancing its performance and service delivery, stimulating strategic thinking, providing a basis for resource mobilization, and allocation as well as contribution to the attainment of the Kenya Vision 2030 and the County Integrated Development Plan (CIDP) goals and aspirations.

3.2 Process of developing the HIV Plan

The KCHASP was developed in four stages as follows:

i) Joint end-term review of the Kenya National AIDS Strategic Plan III (KNASPIII)

ii) Development and Dissemination of the Kenya AIDS Strategic Plan (KASF)

iii) Development, Review and Validation of Kisii County HIV & AIDS Strategic Plan (KCHASP)

iv) Costing of the Strategic Plan.

The process was broadly participatory and involved stakeholders from communities, Civil Society Organizations (Impact Research and Development Organization, CARE Kenya, I Choose Life and International Medical Corps), People Living with HIV

(NEPHAK), private sector, and development partners (including United Nations agencies of UNAIDS and UN-Women), tertiary institutions of learning (Kisii University) Faith-Based Organization (Church of God & Kisii Assemblies of God), and County Government of Kisii. Stakeholders were involved through technical working groups and programme consultations. Technical review, conducted by a team of reviewers, was coordinated by NACC.

3.3 Guiding principles

The key principles that will guide this county HIV strategy plan are based on the desire to move towards more results-based planning and management and will include:

1. Delivery of integrated services

In order to leverage scarce resources and to deliver value for money and enhance sustainable quality services, Health Sector HIV and AIDS services must be integrated into shared health care delivery infrastructure so that resources (human, financial and material) and facilities are used wisely to reap economies of scale. The strategy provides for increased integration of HIV and AIDS services in the general health care system, especially at the service delivery levels and health system interventions.

2. Coordination of multi-sectoral HIV response

Commitment to forge consistent and effective partnership and collaboration with development partners, the private sector, and civil society through harmonized and aligned ways of working to support the HIV & AIDS response at all levels. The sub-county HIV Coordinators (CACCS) and SASCOS will guide the coordination and implementation of the key HIV interventions in this plan.

3. Equity

Equity in access to health services aims to address unnecessary, avoidable and unfair differences in health status. The strategy takes into consideration equity-motivated interventions that seek to allocate resources preferentially to people with the worst health status or largest disease burden. This requires increased understanding and the need to influence the redistribution of resources for health and specifically for HIV interventions.

4. Enhanced focus on key population

Commitment to accelerate and scale up HIV prevention among key population such as Commercial Sex Workers and their clients and Men who have Sex with Men (MSMs).

5. Universal health access

Universal health access aspires to provide a specified package of health benefits to all members of a society with the end goal of providing financial risk protection, improved access to health services and improved health outcomes. This is more critical for HIV and AIDS services where the impact is greatest in the poorest segment of the population. To achieve this, the health sector will require a strong, efficient and well-run health system; a system for financing health services; access to essential medicines and technologies; and sufficient human resource capacity in the form of well-trained, motivated health workers. This strategy depends on the success of other health sector initiatives/strategies such as the County Health Strategic and Investment Plan (CHSIP), 2013/2014-2018/2019 and the Health Financing Strategy HFS.

6. Rights of vulnerable groups and gender-based approach

While more women than men are seen to access HIV testing and ART services, they are on the other hand disproportionally affected by HIV and AIDS as well as other social determinants for health (higher prevalence, incidence, poverty, low education). This is in turn compounded by gender-based discrimination and violence. Commitment to promote and protect

the rights of women, children, young people, and reduce their vulnerability to HIV is the key issue in this plan.

7. Leadership and stewardship of the county response

Strong political leadership and stewardship of the county HIV & AIDS response and commitment to transparency and prudent management of financial and other resources at all levels of the response.

8. Decentralization

Continued devolution of resources and key responsibilities, including planning, organizing, coordinating and control of service delivery to county and sub-county government authorities, health facilities and community-based organizations from the wards to the sub-counties and hospitals where health services are provided.

9. Rights and Meaningful Involvement of People Living with HIV (MIPA and MIEPA)

This plan seeks for protection and promotion of the rights and access of PLHIV to comprehensive prevention, treatment, care and support services as well as reduction of stigma and discrimination. The health sector recognizes the important role that can be played by PLHIV and has strived to ensure their involvement early in the process i.e. from the review process of the KASF and its dissemination to development of this Kisii County HIV Strategic Plan. The interventions in this strategic plan provide for meaningful involvement and empowerment of PLHIVs in all the implementation and monitoring of the multi-sector HIV response. All actors at sub-county level, including wards, health facilities (both public, faith-based and private) are expected to adhere to this guiding principle.

10. Accountability

Strong, accountable and effective leadership at all levels of the KCHASP delivery is critical for the efficient implementation of this strategic plan. The strategy provides structures to ensure accountability to government, funding partners and the communities served in terms of resource utilization, service provision and health outcomes achieved at all levels of the health sector. This will ensure that all actors are doing the right thing the right way.

11. Quality

In the roadmap of KCHASP implementation, quality will be ensured by working according to national standards and guidelines aimed at improving the health status of individuals and communities. Specifically, the health sector will work towards increasing HIV preventive measures, reducing suffering due to AIDS and increasing client satisfaction, while ensuring that services rendered are effective and efficient. The focus on quality will further be enhanced and centered on evidence-based medicine and rational public health decision making.

12. Sustainability and local ownership

The strategy prioritizes sustainability of interventions, results and outcomes with a focus on approaches for financing HIV and AIDS services, management of financial, material and human resources, community ownership, organizational development, service availability, coverage, and accountability to ensure the efficiency, efficacy and effectiveness of health sector HIV and AIDS interventions. Different elements and domains of sustainability will be monitored using Sustainability Index and Dashboard.

13. Public Private Partnership

The Strategy promotes partnership with all stakeholders, taking full advantage of the synergies provided by each stakeholder group. Going forward, the county Government will aggressively pursue Public and Private Partnerships (PPP) in health care delivery. The County Government will support appropriate policies, infrastructure development and maintenance as well as plug human capital and skills gaps. This will stop the hangover of central planning policies that make the County Government the sole provider and financier of health services. Development of a county PPP policy, health sector PPP strategy and recognition of PPP as a key success factor for the five-year strategic plan, 2015-2019, will lead to a more sustainable (and diversified) health financing situation. Currently, the health sector HIV and AIDS strategy promotes PPP in all aspects including financing, implementation and progress monitoring.

CHAPTER 4

Vision, Mission, Objectives and Strategic Directions

Vision

Accessible, Caring and high quality HIV health care services to mitigate stigma and HIV & AIDS burden in Kisii County.

Mission Statement

To improve health status through the prevention of new HIV infections and the promotion of healthy lifestyle and to consistently improve the health care system by focusing on access, equity, efficiency, quality and sustainability.

Objectives

1. To increase access to health care services for HIV prevention.
2. To strengthen community and health systems capacity for universal access to quality, comprehensive and sustainable HIV and AIDS services.
3. To effectively coordinate, harmonize and align stakeholder support to the county response at all levels.
4. To strengthen and sustain political leadership and commitment on HIV and AIDS at all levels.
5. To improve the ethical and legal environment to support the county response.
6. To strengthen the information management system of the county response to enhance information sharing and utilization.
7. To increase access to HIV and AIDS comprehensive quality treatment, care and support services.
8. To enhance county ownership of the HIV response by allocation of resources in the implementation of the KCHASP.
9. To promote non-discriminatory delivery of HIV services to vulnerable and key populations.

STRATEGIC DIRECTIONS

Strategic Direction 1:

Reducing HIV new infections

Kisii County has an estimated population of 1,259,489 with a HIV Prevalence of 8.0% (Kenya Prevention Revolution Roadmap; 2014). It is estimated that 63,715 people are living with HIV, of which 7,715 are children. The HIV prevalence in women is higher (8.5%) than that of men (7.3%). Despite the resources and HIV reduction interventions that the county has put in place, the annual new infections stand at 5,976; 4,891 adults and 1,075 children (DHIS; Kenya HIV County Profile 2014).

The county still has much to be done in combating this epidemic. This can be done by enhancing HIV testing and identification of newly infected people, improving linkage and referral systems, decentralizing HIV services to the periphery, promoting sexual behaviour change and male involvement just to mention a few.

Currently, Kisii County is among the counties with a high HIV incidence with an estimated 4,891 new HIV infections occurring in adults and 1075 new HIV infections occurring in children annually.

The following can be considered as drivers of HIV & AIDS epidemic in the county:

(a) Sex workers (female, male & trans-gender) and their clients.

(b) Casual heterosexual sex.

(c) Some socio-cultural practices such as "house entering" where widows exchange sexual partners at will though not universally accepted.

(d) Presence of priority populations such as sugarcane cutters, soapstone carvers, banana/sugarcane sellers, adolescents and young women (cross generational sex).

(e) Stigma and discrimination of People Living with HIV.

Key Intervention 1:

Granulate the HIV epidemic to intensify prevention efforts to priority geographies and populations

In Kisii County, a high prevalence of HIV is noted among communities living along the administrative borderline. This could be associated partly but not exclusively to cross-infection at the border regions. It is observed that some health facilities such as Mosocho Dispensary, Raganga HC, Matongo Health Centre and Nyabiosi Dispensary have recorded high positivity in HTS (6%). A joint inter-county effort should be put in place to sensitize the populations living at the border lines both within and without the county so as to reduce the high incidences occurring in these regions.

It is theorized that Key Populations such as sex workers and priority groups such as adolescents and young adults are among the drivers of the HIV epidemic in Kisii County. According to service delivery data, it is estimated that there are 4,000 FSWs in Kisii town alone and their estimated HIV Prevalence is 10.1%. HIV positivity in the chest clinic is from 25% to 40% (TB program data).

The county should put more effort in geographical locations with high HIV prevalence as well as implement comprehensive package services for key and priority populations.

Table 4.1: Granulation of HIV per sub-county (Kisii County)

Sub-County	Population (2015)	Estimated no of PLHIVs	HIV Prevalence (Kenya HIV and AIDS Estimates 2014)
South Mugirango	191,193	7023	8.0%
Bonchari	130,006	4775	
Kitutu Chache South	164,791	6053	
Kitutu Chache North	122,674	4506	
Bomachoge Chache	110,063	4043	
Bomachoge Borabu	126,148	4911	
Bobasi	215,320	7909	
Nyaribari Masaba	140,013	5143	
Nyaribari Chache	147,167	5406	

Key Intervention 2: Adopt and scale up effective evidence-based combination prevention

Interventions for scaling up evidence-based combination HIV prevention						
KASF Objective	**KCHASP Results**	**Target Population**	**Key Activity**	**Sub Activity/ Intervention**	**Geographic Areas by county/Sub-County**	**Responsibility**
BIOMEDICAL INTERVENTIONS						
Reduce new HIV infections by 75%	Reduce new HIV infections by 75%	General Population	Offer innovative and evidence-based HIV prevention and care activities.	• Innovative HIV testing and counseling (HTS) models • Linkage of those testing HIV positive to care and early ART initiation • Prevention and management of co-infections and co-morbidities • Support and ensure safe circumcision practices among the traditionally circumcising communities • Offer gender-based violence care services including post-exposure prophylaxis (PEP) for survivors	• Kisii County (9 Sub-Counties)	MoH Implementing Partners Kisii County Government
		Key Populations and vulnerable groups	Roll out package of care for Key Populations and vulnerable groups	• Provision of key commodities including lubricants and condoms • Screening and management of HPV among FSW/MSM and Hepatitis B and C • Scale up STI management in all health facilities • Provide pre-exposure prophylaxis services(once approved by the Ministry of Health)	• Kisii County (9 Sub-Counties)	MoH Implementing Partners
		Adolescents and Young Women (AGYW)	Implement package of services for AGYW	• Innovative HIV and STI testing • Establish youth friendly clinical services • Offer age appropriate contraceptives, condoms, and microbicides. • Offer HPV screening and education • Increase access to sexual and reproductive health services • Offer behaviour change interventions in order to delay early sexual debut	• Kisii County (9 Sub-Counties)	Kisii County Government MoH Implementing Partners

KASF Objective	KCHASP Results	Target Population	Key Activity	Sub Activity/ Intervention	Geographic Areas by county/Sub-County	Responsibility
Reduce new HIV infections by 75%	Reduce new HIV infections by 75%	PLHIV and sero-discordant couples	Offer package of services for PLHIV and sero-discordant couples	• Offer HTS to partners and families of all HIV positive clients • Provide ART to the infected partner and adherence support • Provide pre-exposure prophylaxis (once approved by the Ministry of Health). • Active monitoring of viral load for the HIV + partners and offering viral load counselling as an independent package	• Kisii County (9 Sub-Counties)	Kisii County Government MoH Implementing Partners
		Children and pregnant women living with HIV	Implement strategies to identify and retain HIV-positive pregnant and lactating women and their infants. Adopt new national and WHO guidelines on eMTCT	• Integrate early infant diagnosis of HIV with immunization services • Deliver all 4 prongs of EMTCT at 100% of health facilities countrywide. Offer comprehensive interventions to prevent HIV among young women; ensure all HIV-positive women of reproductive health age have access to family planning; • Integrate EMTCT with MNCH services. Ensure all pregnant and lactating women are initiated on ART and all HIV-positive children are offered ART. • Integrate HIV testing in FP/PN clinics, Integrate early infant diagnosis of HIV with immunization services. • Integrate eMTCT with MNCH services etc). • Offer GBV services including services for post-rape and incest among children. • Treat all persons infected irrespective of CD4 levels and PrEP for those at high risk for transmission/ acquisition of HIV.		

KASF Objective	KCHASP Results	Target Population	Key Activity	Sub Activity/ Intervention	Geographic Areas by county/Sub-County	Responsibility
BEHAVIOURAL INTERVENTIONS						
Reduce new HIV infections by 75%	Reduce new HIV infections by 75%	General Population	• Implement strategies to address HIV related stigma • Promote life skill programs among vulnerable populations	• Stigma reduction campaigns • Risk reduction counseling and skill building • Male and female condom demonstration, distribution and skill building	• Kisii County (9 Sub-Counties)	Kisii County Government MoH
		Key Populations and vulnerable groups	• Behaviour change intervention using specific interpersonal tools and techniques including those in Braille	• Regular outreach and contact with Key Populations through peer based education, treatment and support • Offer harm reduction interventions to vulnerable populations	• Kisii County (9 Sub-Counties)	Kisii County Government MOH Implementing Partners
		AGYW	Implement evidence-based interventions (EBI) for adolescents and young women and provide HIV and RH related education in schools	• Offer peer-to-peer outreach in school or outside school • HIV and RH related education in school or in the community • Implement life skills programs for youth in school and out of school	• Kisii County (9 Sub-Counties)	Kisii County Government MoH Implementing Partners
		PLHIV and sero-discordant couples	Implement appropriate evidence-based behavioral interventions.	• Implement Positive Health dignity and Prevention (PHDP) • Offer peer outreach and support services to create treatment and rights awareness as well as PSSGs to enhance adherence	• Kisii County (9 Sub-Counties)	Kisii County Government MOH Implementing Partners
		Children and Pregnant Women Living with HIV	Implement Kenya Mentor Mother Program	• Psycho-social and peer support services for pregnant women • Infant and young children feeding strategies • Empowerment of caregivers of orphans vulnerable children and other stakeholders on rights of children in regard to HIV & AIDS	• Kisii County (9 Sub-Counties)	Kisii County Government MOH Implementing Partners

KASF Objective	KCHASP Results	Target Population	Key Activity	Sub Activity/ Intervention	Geographic Areas by county/Sub-County	Responsibility
STRUCTURAL INTERVENTIONS						
Reduce new HIV infections by 75%	Reduce new HIV infections by 75%	Children and Pregnant Women Living with HIV	Provide an enabling environment for programming	• Implement gender-based violence prevention and response programmes • Address the issue of violence against Key Populations through appropriate crisis response mechanisms • Implement stigma reduction campaigns • Strengthen linkages between communities and facilities • Men involvement in eMTCT • Implement programmes to keep girls in school and social protection of vulnerable families • Strengthen protection of rights and empower key and vulnerable, populations such as creation of drop-in centres, rights awareness • Establish youth-friendly centres • Engage private sector to formalize a system to compliment the service delivery system and reporting requirements • Protection from cultural issues/ practices that are directly linked to HIV, e.g. FGM • To initiate IGAs for Key Populations and vulnerable groups • Promote post-test HIV clubs and psycho-social support groups • Initiate programmes to address inter-generational sex	• Kisii County (9 Sub-Counties)	Kisii County Government MoH Implementing Partners

Key Intervention 3: Maximise efficiency in service delivery through integration

Interventions for increasing knowledge of HIV status and linkage to other services		
Intervention Areas	**Recommended Actions**	**Responsibility**
Adopt population and geography- specific HTS approaches	• Strengthen facility-based PITC and ensure linkage to care. • Deliver routine community-based HTS for priority and key populations. • Deliver door-to-door testing and community-based testing at population scale in high prevalence areas. • Undertake high yield and effective strategies for HTS for targeted geographic areas and populations.	Kisii County Government MOH Implementing Partners
Strengthen HIV diagnostic infrastructure and system	• Strengthen early infant HIV diagnosis and innovative diagnostics strategies. • Invest in adequately skilled staff, commodity security and quality assurance mechanisms.	Kisii County Government MoH Implementing Partners
Deliver targeted and integrated HIV testing and counselling	• Offer couples/partners HTS with supported disclosure options. • Deliver integrated HTS and other packages which includes: TB screening, family planning services, cervical cancer screening, other health checks such as blood pressure/sugar, weight and include other risk-reduction services (counselling, condoms with lubricants, STI screening) for priority population. • Identify and retain high risk individuals for regular HTS and screening. • Scale up Positive Health Dignity and Prevention (PHDP) interventions.	Kisii County Government MoH Implementing Partners
Strengthen linkages to care and treatment	• Obligate HTS points to account for linkage to prevention programmes, care and treatment. • Utilize Community Link Persons/peer educators (CLPs) and Community Health Volunteers (CHVs) to link diagnosed individuals with facilities and support groups. • Strengthen engagement and leadership of PSSGs of people living with HIV to mobilize and facilitate HTS.	Kisii County Government MoH Implementing Partners

Key Intervention 4: Interventions for strengthening integration and linkages of services to catalyse HIV prevention outcomes

Interventions for strengthening integration and linkages of services to catalyze HIV prevention outcomes		
Intervention Areas	**Recommended Actions**	**Responsibility**
Integrate HIV prevention into routine health care delivery mechanisms	• Integrate comprehensive HIV prevention messages, condom distribution, pre-and post-exposure prophylaxis, GBV and fertility intention interventions into health services such as immunization, reproductive, maternal, neonatal and child health as appropriate. • Strengthen capacity of service providers and increase demand for delivery of HIV prevention services including active engagement of private sector for eMTCT.	Kisii County Government MOH Implementing Partners
Strengthen community and health facility-level linkages	• Equip and utilize peer educators, community health and outreach workers with commodities to effectively deliver stigma free prevention and provide effective referral for services. • Strengthen engagement and leadership of faith communities, people living with HIV, County/Sub-County administrators, councils of elders and political leaders for HIV prevention knowledge and interventions.	Kisii County Government MoH Implementing Partners

Key Intervention 5: Intervention targeting prevention of HIV in health care setting

Interventions targeting prevention of HIV in health care setting		
Intervention Areas	**Recommended Actions**	**Responsibility**
Improve blood and injection safety	• Capacity building health care workers on infection prevention and implement PEP programme for health care workers. • Encourage blood donors to come for HIV results at regional blood transfusion centres. • Ensure quality assurance mechanisms for injection safety to eliminate HIV transmission in health care settings.	Kisii County Government MOH Implementing Partners
Medical waste and IPC management	• Strengthen waste segregation and disposal in all levels of the health system to minimize risk of infection. • Improve the availability and accessibility of appropriate IPC equipment and infrastructure in all health care settings.	Kisii County Government MoH Implementing Partners

Strategic Direction 2:

Improving Health Outcomes and Wellness of All People Living with HIV

In Kisii County, adult ART coverage is at 34% (18906) while pediatric ART coverage is at 28% (2064). This is much lower than the national coverage for both adults and pediatrics which is at 81% and 38% respectively (DHIS, Kisii County profile, Kenya HIV estimates). Using the 90:90:90 strategy; there are 45,360 adults and 6,250 children in need of ART. The County is ranked at position 42 out of 47 and 43 out of 47 in ART coverage among adults and children respectively. Approximately 1,352 adults and 492 children died of AIDS-related conditions in 2013. (Kenya HIV County profiles, 2014).

Key intervention areas

- Intensify efforts to identify PLHIV (discussed in Strategic Direction 1).
- Improve timely linkage to care for persons diagnosed with HIV.
- Increase coverage of care and treatment and reduce loss in the cascade of care.
- Scale up interventions to improve quality of care and improve health outcomes.

Expected output

- Immediate linkage to care and treatment up to 90% upon HIV diagnosis.
- Increased ART coverage to 90% for both adults and children.
- Increased retention rates for newly enrolled and active clients.
- Increased viral load suppression to 90% among clients enrolled on care.

Key intervention 1: Improve timely linkage to care for persons diagnosed with HIV

Inadequate identification of PLHIVs leads to low linkage to care and treatment. Therefore, targeted HIV testing and counselling strategies will be utilized to increase the detection rate for HIV-positive clients. Most clients are lost within the treatment cascade due to poor linkage and follow up. The County needs to strengthen referral and linkage mechanisms for these clients.

Interventions for improved timely linkage to care for persons diagnosed with HIV						
KASF Objective	**KCHASP Results**	**Target Population**	**Key Activity**	**Sub Activity/Intervention**	**Geographic Areas by County/Sub-County**	**Responsibility**
Increased linkage to care and treatment up to 90% within 3 months of HIV diagnosis Increased ART coverage to 90% for both adults and children	Increased linkage to care and treatment up to 90% within 3 months of HIV diagnosis Increased ART coverage to 90% for both adults and children	Children Living with HIV	Intensify identification and retention in care of children Living with HIV	• Community mobilization and health education of care givers. • Intensified case finding by testing children in MCH, outpatient, special clinic and wards with unknown status. • Improved identification follow-up of HEI such as in maternity wards, immunization clinics etc. • Age-specific psychosocial support group and activities • Implement disclosure guidelines for children.	• Kisii County (9 Sub-Counties)	MoH Implementing Partners Kisii County Government
		Adolescents and Youth	Roll out adolescent's package of care	• Provide youth friendly services, psychosocial and peer support. • Utilize technology including social media for education, recruitment and retention in care. • Implement disclosure guidelines for adolescents. Ministry of Health)	• Kisii County (9 Sub-Counties)	MoH Implementing Partners
		Key Populations and vulnerable groups	• Roll out KPs package of service for Key Populations and vulnerable groups	• Mainstream KPs programming in health facilities. • Integrate care services in drop-off centres.	• Kisii County (9 Sub-Counties)	Kisii County Government MoH Implementing Partners
		Adults	Intensify identification and retention in care for adults living with HIV	• Targeted HIV testing models. • Improve referral and patient management system and infrastructure. • Implement patient retention strategies (treatment literacy sessions, peer and psychosocial support). • Strengthen facility and community linkages with inter- and intra-facility referral protocols and linkage strategies. • Establish effective tracking system of clients.	• Kisii County (9 Sub-Counties)	Kisii County Government MoH Implementing Partners
		PMTCT Mothers	• Implement PMTCT guidelines on testing.	• Strengthened male involvement for PMTCT outcomes • Roll out KMMP.	• Kisii County (9 Sub-Counties)	Kisii County Government MoH Implementing Partners

Key intervention 2: Increase coverage to care and treatment and reduce the loss in the cascade of care

The county aims to increase ART coverage from 54% to 90% as well as improving the ART retention from 68% to 90% by 2019 in line with 90:90:90 targets (DHIS) . This will be achieved through proposed interventions as tabled below:

Interventions for increasing coverage to care and treatment and reduce the loss in the cascade of care						
KASF Objective	**KCHASP Results**	**Target Population**	**Key Activity**	**Sub Activity/Intervention**	**Geographic Areas by County/Sub-County**	**Responsibility**
Increased linkage to care and treatment up to 90% within 3 months of HIV diagnosis Increased ART coverage to 90% for both adults and children	Increased linkage to care and treatment up to 90% within 3 months of HIV diagnosis Increased ART coverage to 90% for both adults and children	Children Living with HIV	Decentralize HIV services for children to all health facilities including private and faith based facilities	• Provide care givers with HIV education, literacy and empowerment. • Improve pediatric psychosocial support and disclosure. • Implement child friendly services. • Capacity building of health care providers on management of HIV in children.	• Kisii County (9 Sub-Counties)	MoH Implementing Partners Kisii County Government
		Adolescents and Youth	Roll out package of services for adolescents and youth.	• Decentralize HIV services for adolescents and youth to all health facilities including private and faith based facilities. • Promote adherence and retention using strategies such as technology and social media. • Develop disclosure algorithm to standardize methodologies for disclosure by and to adolescents living with HIV	• Kisii County (9 Sub-Counties)	MoH Implementing Partners
		Key Populations and vulnerable groups		• Scale up key population friendly HIV care and treatment services. • Demystify myths and misconception that fuel HIV related stigma and discrimination. • Improve HIV services for people with disabilities, poor women and children.	• Kisii County (9 Sub-Counties)	Kisii County Government MoH Implementing Partners
		Adults	Decentralization of ART services and ensure commodity security	• Capacity building of HIV service providers. • Infrastructure improvement (screening and diagnostic equipment for TB, NCDs, malnutrition, opportunistic infections together with those for HIV). • Improve management of NCDs among PLHIV. • Scale up prevention and interventions for TB, OIs and other co-morbidities, water and sanitation-related diseases, vaccinations for preventable diseases (cervical cancer, hepatitis, pneumococcal)..	• Kisii County (9 Sub-Counties)	Kisii County Government MoH Implementing Partners

KASF Objective	KCHASP Results	Target Population	Key Activity	Sub Activity/Intervention	Geographic Areas by County/Sub-County	Responsibility
Increased linkage to care and treatment up to 90% within 3 months of HIV diagnosis	Increased ART coverage to 90% for both adults and children	PMTCT Mothers	Decentralization of PMTCT services to all health facilities	• Implement KMMP intervention to improve retention of the mother/baby pair.	• Kisii County (9 Sub-Counties)	Kisii County Government MoH Implementing Partners

Key Intervention 3: Improve quality of care and treatment outcomes

The county will strengthen systems to improve quality of care and health outcomes through routine analysis and use of health and programme data as well as strengthening facility support and oversight for quality HIV services. The county experiences challenges such as HIV-related stigma, defaulting, poor adherence to medication, poor ART monitoring, and lack/poor dose adjustment for children as well as delays in switching clients to second line.

Interventions for increasing coverage to care and treatment and reduce the loss in the cascade of care						
KASF Objective	**KCHASP Results**	**Target Population**	**Key Activity**	**Sub Activity/Intervention**	**Geographic Areas by County/Sub-County**	**Responsibility**
Reduce mortality by 25%	Increased access to HIV and AIDS compre-hensive quality treatment, care and support services.	PLHIV	To improve quality of care and monitoring treatment outcomes	• Strengthen capacity of facilities to monitor quality of care and utilize care data for decision making • Scale up use of electronic medical records (EMR) • Implement periodic surveys and cohort analysis • Strengthen supply systems and ensure commodity security • Implement periodic monitoring for adherence and disclosure	• Kisii County (9 Sub-Counties)	MoH Implementing Partners Kisii County Government
			To improve laboratory capacity and infrastructure	• Strengthen laboratory networks • Put in place systems to assure quality and monitor adherence to laboratory protocols • Improve laboratory equipment, supplies, space, personnel	• Kisii County (9 Sub-Counties)	MoH Implementing Partners
			Support community based adherence	• Promote age and population specific treatment education in community and other non-health facility based settings • Use innovative mobile and web-based technology to increase adherence and follow up options • Scale up use of people living with HIV peer support strategies • Strengthen defaulter tracing mechanisms • Implement community PHDP	• Kisii County (9 Sub-Counties)	Kisii County Government MoH Implementing Partners

Strategic Direction 3

Using a Human Rights Approach to Facilitate Access to Services for PLHIV, KPs and other Priority Groups in all Sectors

Safeguarding human rights is an essential part of improving the quality of life of those infected and affected by HIV & AIDS. HIV hits the hardest where human rights are least protected. People have the right to know how to protect themselves; how to obtain treatment, care and support if infected: and to be educated on the treatments available to them.

According to the Constitution of Kenya 2010 Chapter 4 - Article 43(a), 2 and 3 states that:

- Every person has the right to the highest attainable standard of health which includes the right to healthcare services including reproductive health care.
- A person should not be denied emergency treatment.
- The state should provide appropriate social security to persons who are unable to support themselves and their dependants.

Kisii County Stigma and Discrimination Index stands at 35% according to Kenya National HIV and AIDS Stigma and Discrimination Index Survey of 2014. The stigma situation can be attributed to the following:

- Barriers to access of HIV information in public and private facilities.
- Inadequate County legal and policy environment for protection and subsequent promotion of the rights of priority and key population and people living with HIV.
- Gender-based violence and social exclusion.
- Inadequate protection from stigma and discrimination in the Public and Private sector.

Key intervention areas

- Remove barriers to access of HIV, SRH and rights information and services in public and private entities.
- Improve County legal and policy environment for protection and promotion of the rights of priority and key populations and people living with HIV.
- Reduce and monitor stigma and discrimination, social exclusion and gender-based violence.
- Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector.
- Enhancing access to HIV services.

Expected Output

1. Reduced reported stigma by 50 %
2. Reduced self-reported HIV related stigma and discrimination by 50%
3. Reduced levels of sexual and gender-based violence for PLHIV, KPs, women, men, boys and girls by 50%

Key Intervention 1: Intervention Areas for Using Human Rights Based Approaches to Facilitate Access to Services

Interventions Areas for Using Human Rights Based Approaches to Facilitate Access to Services						
KASF Objective	**KCHASP Results**	**Target Population**	**Key Activity**	**Sub Activity/ Intervention**	**Geographic Areas by County/Sub-County**	**Responsibility**
An enabling legal and policy environment necessary for a robust HIV response at the national and county level to ensure access to services by persons living with HIV	Reduced reported stigma by 50 %	Sensitization of general and targeted populations with anti-stigma awareness messages	The facility in charges to sensitize health care workers on reducing stigmatizing attitudes in healthcare settings.	• Healthcare workers	County	CDH, COH
			Implement programmes aimed at reducing stigma and discrimination against priority populations.	Priority populations	County	CHAC
			Encourage religious leaders to promote acceptance of priority groups as part of their community.	Religious leaders	County	IRC
			Develop community groups and forums and utilize persons living positively to campaign against HIV-related stigma and discrimination.	General Population	County	Implementing partners and KCG
	Reduced self-reported HIV related stigma and discri-mination by 50%	Implement structural interventions that empower PLHIVs	Promote the PLWHIV to enroll in support groups and ensure they register with the Department of Social Services.	PLHIV	County	CDGSD,NEPHAK
		Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Develop policies to protect priority population when accessing HIV-related services.	Sexual and Gender- Based Violence (SGBV) survivors	County	MoH
			Strengthen and establish more DICs to offer HIV services to the Key Populations.	Key Populations	County	County Government Implementing Partners

KASF Objective	KCHASP Results	Target Population	Key Activity	Sub Activity/ Intervention	Geographic Areas by County/Sub-County	Responsibility
An enabling legal and policy environment necessary for a robust HIV response at the national and county level to ensure access to services by persons living with HIV	Reduced self-reported HIV related stigma and discri-mination by 50%	Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	The CEC health to formulate a policy to protect priority populations when accessing HIV and health services.	Key and vulnerable populations	County	CEC Health, CHAC
			Empower communities through various forums and provision of IEC.	General Population	County	County Implementing Partners
			Promote use of peer counselors/educators and mentor mothers to enhance uptake of HIV services.	PLHIV	County	CHAC, CASCO
			Male engagement in HIV, SRH programs and interventions and offer them services.	Male partners of women living with HIV and ANC clients	County	CRHC
			Integrate HIV information and encourage service uptake in religious settings.	Religious institutions	County	IRC
			Sensitize lawmakers on the need to enact non-discriminatory regulations and services	County Assembly members	County	CEC (HEALTH)
			Develop and disseminate population specific and user friendly information including Braille, Kiswahili and Kisii.	General population	County	CHAC
			Work closely with regional religious leaders to integrate their religious teachings with HIV information and service uptake.	General population	County	IRC
			Utilize county publications and local media channels to disseminate HIV information. (County Journal, County News)	General population	County	CHAC
	Reduced levels of sexual and gender-based violence for PLHIV, Key Populations, women, men, boys and girls by 50%		Educate communities on gender and legal issues	Communities	County	Implementing Partners
			Educate communities on legal issues, rights and gender during barazas and social gatherings	General population	County	CSFP CHPO

KASF Objective	KCHASP Results	Target Population	Key Activity	Sub Activity/ Intervention	Geographic Areas by County/Sub-County	Responsibility
An enabling legal and policy environment necessary for a robust HIV response at the national and county level to ensure access to services by persons living with HIV	Reduced levels of sexual and gender-based violence for PLHIV, Key Populations, women, men, boys and girls by 50%	Improve county legal and policy environment for protection and promotion of the rights of priority, Key Populations and PLHIVs	Utilize community units to discourage negative traditional beliefs and practices.	General population	County	CSFP
			Sensitize county assembly members and executives on the need to enact laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support.	County Assembly members and executives	County	CHAC, CEC Health
			The county assembly to review the existing laws and execute the existing policies to ensure they impact the response to HIV positively. These should be consistent with the constitution, national laws and policies.	County Assembly members and executives	County	CHAC, CEC Health
			Sensitize lawmakers and law enforcement agencies on HIV and consequences of their implementation and implementation of laws in the provision of HIV services to priority populations.	County Assembly members, executives	County	CHAC, CEC Health
			Enrol PLHIV, OVCs, Key Populations and other priority groups into the social protection programmes	PLHIV, OVCs, Key Populations and other priority groups	County	Social Services Department, CSOs, CACC
			Facilitate discussions and negotiations among HIV service providers, those who access services and law enforcement agencies to address law enforcement practices that impede HIV prevention, treatment, care and support services.	General population	County	CHAC, CSOs
			Ensure implementation of HIV workplace programs for law makers and enforcers.	General population	County	CHAC, CSOs
			Sensitize individual healthcare workers, health care administrators and healthcare regulators on their own human rights and skill and tools necessary to ensure patient rights are upheld.	Healthcare workers and administrators	County	COH

KASF Objective	KCHASP Results	Target Population	Key Activity	Sub Activity/ Intervention	Geographic Areas by County/Sub-County	Responsibility
An enabling legal and policy environment necessary for a robust HIV response at the national and county level to ensure access to services by persons living with HIV	Reduced levels of sexual and gender-based violence for PLHIV, Key Populations, women, men, boys and girls by 50%	Improve county legal and policy environment for protection and promotion of the rights of priority, Key Populations and PLHIVs	Hold the county government accountable for their constitutional and statutory obligations.	County govt. Administrators	County	CHAC, CSOs
			Advocate for decentralization of HIV tribunal to the county.	HIV Tribunal	County	NACC/CACC
			In collaboration with other stakeholders, non-state actors to implement programs aimed at upholding their rights of priority populations.	General population	County	CHAC
			Sensitization of police, health care workers, Civil Societies and legal groups on SGBV support.	Police, health care workers, Civil Societies and legal groups	County	CSOs and Public entities CRHC
			Strengthen linkages with psychosocial support groups for SGBV survivors.	SGBV survivors		CASCO, CAC
			Link SGBV survivors to gender response units within the county.	SGBV survivors		CACC, CSOs,
	Reduce and monitor stigma and discrimination, social and GBV		The county government to conduct measurement of HIV related stigma through People Living with HIV Stigma Index including in health care settings and communities.	PLHIV	County	CHAC, NEPHAK
			Conduct a county baseline survey to document the magnitude and nature of human rights violation and gender disparities in the context of HIV.	PLHIV	County	CHAC
			Educate communities on gender and legal issues affecting HIV.	Communities	County	CDGSS

Strategic Direction 4:

Strengthening Integration of Community and Health Systems

Health and community systems consist of all organizations, people and actions whose primary intent is to promote restore and maintain health. Failing or inadequate health and community systems are one of the main obstacles to scaling up HIV and AIDS systems.

Health agenda in the Kisii County is driven via a health strategy but this is yet to be rolled out to all villages. The county has 110 CUs (38%) out of the expected 293; the units are linked to 105 facilities across the county. The county has a total of 450 registered Community-Based Organizations (CBOs) and Faith-Based Organizations (FBOs). These groups are active and implementing HIV activities through self and donor funding. There are 214 community link persons/peer educators attached to GOK health facilities and FBO/NGO in the county and 40 mentor mothers in all high volume health facilities. These structures support task shifting activities as well as patient retention strategies.

The key gaps in community systems are low CU coverage, inadequate financing to support community structures, weak community facility linkages, weak leadership and governance, weak planning and monitoring capacity and low capacity of community structures.

Kisii County has a total of 169 Health facilities (GOK 117, FBO 31, private 21). Out of these, 127 facilities are ART sites.

The county health care system is characterized by lack of adequately trained personnel, inequitable distribution of health personnel geographically and across the health sector, low staff morale; weak supply chain for HIV commodities and inadequate financing.

During the strategic plan period 2015/16 -2018/19,the county aims to review existing coordination structures at the county and sub-county levels for appropriateness and clarity of roles and responsibilities, support integrated HIV and aids plans and improve on collaboration, partnerships and networking among implementing partners at all levels.

Key intervention areas

1. Provide a competent motivated and adequately staffed workforce at the county and sub-county levels to deliver integrated HIV services at different tiers.
2. Strengthen health service delivery system at county and sub-county levels to deliver integrated HIV services at different tiers
3. Improve access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services.
4. Strengthen community service delivery system at county and sub-county for the provision of HIV prevention, treatment and care service.

Expected output

- Improved health workforce for HIV response at county and sub-county levels.
- Increased number of health facilities ready to provide KEPH-defined HIV and AIDS services.
- Strengthened HIV commodity management through effective and efficient management of medicine and medical product.
- Strengthened community-level AIDS competency.

Intervention Areas in Integration of Community and Health Systems

Interventions Intervention Areas in Integration of Community and Health Systems					
KASF Objective	**KCHASP Results**	**Key Activity**	**Sub Activity/Intervention**	**Geographic Areas by County/Sub-County**	**Responsibility**
Build a strong and sustainable system for HIV service delivery through specific health community systems approaches, actions and interventions to support the HIV response	Improved health workforce for HIV response at county and sub-county levels	Provide a competent motivated and adequately staffed workforce at County and Sub-County levels to deliver integrated HIV services at different tiers.	• Recruitment, redistribution, capacity building, performance review and motivation of competent and skilled health care workers in all tiers (ALL HR issues) • Implementing domestic health staff retention policy that takes into account the additional burden of HIV. • Design a community system that can integrate and motivate the community health volunteers and care givers in the implementation of HIV programmes. • Task sharing and mentorship for skills transfer. • Train CHVs, equip CUs and motivate them.	The County	Kisii County Government Chief Officer Health Services County Public Service Board Partners
	Increased number of health facilities ready to provide KEPH-defined HIV and AIDS services	Strengthen health service delivery system at County and Sub-County levels to deliver integrated HIV services at different tiers	• Upgrade the infrastructure for all community units in county to meet the basic standards for HIV service provision at level 1. • Integration of HIV referral and linkages services in to mainstream health services • Improve accessibility to comprehensive HIV services to the key populations and vulnerable groups • Mainstreaming of HIV in all sectors	The County	Kisii County Government (Health sector) Implementing partners
			• Develop a HIV commodity management and supply chains monitoring at county. • Capacity building of procurement staff to enhance efficiency of HIV commodities • Distribution of adequate and functional HIV diagnostic equipment (VL, CD4...) that are well maintained (service contracts) and adoption of new technologies e.g. point of care CD4, self-testing • Introduction of facility-based IT systems to manage and monitor HPT supplies and link with national and county MOH Information System • Review and strengthen laboratory systems for effective diagnosis and monitoring of ART, especially for early detection of toxicities and treatment failure • Decentralization of comprehensive	The County	• Kisii County Government (Health sector) • Implementing partners

KASF Objective	KCHASP Results	Key Activity	Sub Activity/Intervention	Geographic Areas by County/Sub-County	Responsibility
Build a strong and sustainable system for HIV service delivery through specific health community systems approaches, actions and interventions to support the HIV response	Increased number of health facilities ready to provide KEPH-defined HIV and AIDS services	Strengthen health service delivery system at County and Sub-County levels to deliver integrated HIV services at different tiers	HIV services including laboratory networks to all health facilities, especially the lower level (Tier 2).	The County	
	Strengthened community-level AIDS competency	Strengthen community service delivery system at county and sub-county for the provision of HIV prevention ,treatment and care services	• Set aside a financial kitty for HIV & AIDS community services • Empowering communities to ensure capability and capacity to take responsibility of their health. • Monitoring Community and facilities to ensure that they adhere to laid down standards on the implementation of HIV activities • Conduct capacity building trainings to strengthen institutional capacity for implementation of community and workplace actions and services at all levels	The County	Kisii County Government (Health sector) Implementing partners

Strategic Direction 5:

Strengthening Research, Innovation and Information Management to meet KCHASP Goals

Research provides critical evidence on the basis of which strategic decisions and interventions are undertaken. A county research strategy is to be formulated to prioritize research projects and ensure that research undertaken is driven by demand.

The research strategy shall ensure a balance between clinical and social science research in line with the multi-sectoral approach adopted by the county response. Overall research will provide in-depth analysis of key issues and information gaps that are identified through monitoring and evaluation.

Kisii County is endowed with tertiary Educational Institutions, particularly in Kisii town, and one of its key mandate is to conduct Research. Moreover Kisii County among other counties in Kenya has participated in National researches such as KDHS and KAIS. In spite of these, there seems to be lacking an institutional body to coordinate the research activities.

Key Intervention Areas

- Resourcing and implementing HIV research agenda informed by county strategic plan.
- Increase evidence-based planning and programming.

Expected output

- Increased evidence-based planning and programming by 20%.
- Increased capacity to conduct HIV research in the county by 50%.

Intervention areas in Strengthening Research, Innovation and Information Management to Meet KCHASP Goals

Intervention areas in Strengthening Research, Innovation and Information Management to Meet KCHASP Goals						
KASF Objective	**KCHASP Results**	**Key Activity**	**Sub Activity/ Intervention**	**Target Population**	**Geographic Areas by County/Sub-County**	**Responsibility**
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Increased evidence-based planning and programming.	Establish and operationalize Kisii county research Technical Working Group (TWG)	Strengthen and expand the mandate and scope of the already existing ethics and research committee in the county	Research TWG	County	County Executive Committee (CEC)
	Increased capacity to conduct HIV research in the county.	Organize scientific retreats for review of existing and concluded research	Conduct operational research in the county on various thematic areas of HIV	Research stakeholders	County	Kisii County Government (KCG), Stakeholders, Universities
			Conduct county dissemination forum of HIV research in the county	HIV stakeholders.	County	KCG, Stakeholders, Universities
			Strengthen county HIV research capacities including epidemiological surveillance, good laboratory, clinical practice and ethics	Research stakeholders	County	KCG, Stakeholders, Universities
		Develop a county HIV research agenda through consultative process by involving all the key stakeholders to complement it.	Identify County HIV and AIDS research priorities	Research TWG	County	CEC
		Promote dissemination and utilization of research findings	Establish an interactive web-based County HIV research hub	Research stakeholders	County	CEC
			Hold bi-annual dissemination of research findings and quarterly review meetings by different actors including publication of abstracts	Research stakeholders	County	CEC
			Encourage research and utilization of its findings	Research stakeholders	County	CEC, CHAC
			Increased utilization of research findings on the identified gaps and related priorities	Research stakeholders	County	CEC, CHAC

KASF Objective	KCHASP Results	Key Activity	Sub Activity/ Intervention	Target Population	Geographic Areas by County/Sub-County	Responsibility
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Increased capacity to conduct HIV research in the county.	Mobilize resources for the HIV research agenda	Develop policies to attract public, private partnerships in HIV research	Research stakeholders	County	CEC, CHAC, County Assembly
			Advocate for resource allocation from the consolidated funds across the relevant sectors in the County and National budget	Research stakeholders	County	CEC, CHAC
			Promote partnership with learning Institutions to prioritize HIV sector research needs	Research stakeholders	County	CEC, CHAC

Strategic Direction 6:

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

Monitoring and Evaluation is very crucial for the achievement of the KCHASP. It provides the background necessary to ensure that objectives are achieved. During the formulation of the strategy, the implementation plan indicators and projections are sometimes based on past experiences. These, however, may change in the course of the implementation and thus a management control system which will be necessary to ensure the plan is effective.

The implementation of the strategic plan shall therefore be closely monitored and evaluated to ensure accomplishment.

The monitoring of HIV & AIDS process will help to determine whether the implementation is on course and establish the need for any amendment / adjustments in the light of any changes.

Monitoring, follow-up and control systems will be established at all levels, including:

- Progress reports
- Review meeting
- Budgets and budgeting control systems and report forms.

Situation analysis

The county has Monitoring and Evaluation (M&E) systems and structures which are borrowed from the then national Ministry of Health.

The county uses the District Health Information System (DHIS2) which hosts the facility-based data. The system has been able to capture most of the HIV facility-based data within the county. However, the system is not designed to capture data for the specific groups of interests, i.e. key population data.

The community based HIV programme is being captured by the COBPAR system hosted by NACC. However ,this data is not easily accessed by the interested parties.

Further, development partners, NGOs and some CBOs have developed their own parallel M&E systems which are not in the spirit of the Three- Ones Principle.

The county Monitoring and Evaluation systems are characterized by the following;:

- Lack of a clear and defined functional monitoring and evaluation framework.
- Insufficient monitoring and evaluation tools on HIV & AIDS at the county and sub-county levels.
- Lack of monitoring and evaluation Technical Working Groups (TWGS)
- Insufficient funds for monitoring and evaluation activities in the county and sub-county.

Key intervention areas

- Strengthen M&E capacity to effectively track the KCHASP performance and HIV epidemic dynamics at all levels.
- Ensure harmonized, timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data as per county and sector priority information needs.
- -Establish multi-sectoral and integrated real time HIV platform to provide updates on HIV epidemic response accountability at county and sub-county levels
- Expected output M&E Information Hubs integrated at county levels and providing comprehensive information package for decision making.

Interventions for Promoting the Utilization of Strategic Information for Research and Monitoring and Evaluation to Enhance Programming

Interventions for Promoting the Utilization of Strategic Information for Research and Monitoring and Evaluation to Enhance Programming						
KASF Objective	**KCHASP Results**	**Key Activity**	**Sub Activity/ Intervention**	**Target Population**	**Geographic Areas by County/Sub-County**	**Responsibility**
To improve data quality, demand, access and use of data for decision making at county and health facility levels	M&E Information Hubs integrated at county level and providing a comprehensive information package for decision making	Strengthen the county HIV M&E system	Conduct M&E capacity assessment and development in the County.	M&E system	County	CDH
	Increased utilization of strategic information to inform HIV response at all county levels	Increase access to a centralized M&E system in Kisii County	Establish functional multi-sectoral HIV M&E coordination structure and partnerships at county and sub- county level.	Implementing Partners	County	CHAC
			Conduct periodic data quality audits, verification and support supervision.	Internal implementers	County	CHAC
			Utilization of the HIV Situation Room for decision making.	County leadership	County	CEC CDH
			Procure and distribute reporting tool to health facilities on timely basis.	Health facilities Implementing Partners		
			Strengthen a county M&E Information Hub	County M&E Unit	County	CDH, CHAC
		Data management and reporting	Strengthen county M&E systems to the new governance structure with involvement of other implementing partners.	Implementation Partners	County	CDH, CHAC

KASF Objective	KCHASP Results	Key Activity	Sub Activity/ Intervention	Target Population	Geographic Areas by County/Sub-County	Responsibility
To improve data quality, demand, access and use of data for decision making at county and health facility levels	Increased utilization of strategic information to inform HIV response at all county levels	Data management and reporting	Health Department to establish a M&E unit to conduct capacity assessment and development at county level in terms of personnel, infrastructure , comprehensive county HIV M&E systems, guidelines, tools and SOPs	Health facilities Implementing Partners	County	CDH, CHAC
			Develop, print and distribute M&E tools for collection of HIV data.	Ministry of Health Implementing Partners	County	CDH, CHAC
			Strengthening on-line reporting, other data transmission technologies and utilization of electronic medical records	Implementation Partners	County	CDH, CHAC
			Improve data quality in terms of timeliness and completeness of M&E reports from various sub-systems	M&E department	County	CDH, CHAC
		Coordination of data flow	All actors to adhere to County HIV reporting obligations	Implementation Partners	County	CDH,CHAC
			Enhance regular M&E supervision	Implementation Partners	County	CDH,CHAC
			Promote routine and non-routine HIV information systems	Implementation Partners	County	CDH, CHAC
			Scale up coverage of on-going HIV programs surveillance and surveys	Implementation Partners	County	CDH, CHAC
			M&E department to Strengthen periodic data quality audits and verify, harmonize and create linkage between data collection tools and databases	M&E department	County	CDH, CHAC
		Establish multi-sectoral and integrated real-time HIV platform to provide updates on HIV epidemic response accountability	Use HIV strategic information to inform policy and programming	Implementation Partners	County	CDH, CHAC
			Harmonize M&E information hubs at County and sub-county levels	Implementation Partners	County	CDH, CHAC
			Establish a multi-sectorial HIV progra-mming web-based data management system	Implementation Partners	County	CDH, CHAC

Strategic Direction 7:

Increasing Domestic Financing for a Sustainable HIV Response in Kisii County

The County Government has funded HIV programmes through different sectors since the onset of devolution. The diverse programmes have been implemented through a multi-sectoral approach in partnership with other stakeholders among them CARE (K), IRDO, IMC and KCCB-KARP. Even with these minimal resources, the county has been able to realize meaningful results on active implementation of HIV interventions by all the actors in the third strategic plan (KNASP III). However, in the fourth era as counties devolve the health services including HIV, the Kisii County Government is putting in place structures and strategies through the development and eventual launching of Kisii County HIV Plan to guide planning, implementation and resource mobilization to tackle the HIV pandemic in line with the KASF 2014/15-2018/19.

During the financial year 2013/14 to date, the county has been operating with limited resources in the implementation of core HIV programmes. Partners supported most sub-counties in the implementation of annual costed work plans on HIV for the county. The county has seen an improved quality care of PLHIV and well managed clinical care services in comprehensive care centres as well as community services. This partnership has immensely contributed to the strengthening of the health care systems at county and sub-county levels. Capacity for health workers and community volunteers has been improved and networking for stakeholders enhanced as well as infrastructure upgraded for care and treatment of PLHIV

The table 11(below) shows the financial support available from different partners since 2013/14 to the current 2015/16 financial years.

Table 4.2: Donor contribution to HIV fight in Kisii County

Name of Organisation	Donor contribution to HIV fight in Kisii County			Key activities/ interventions
	FY 2013/14 (in USD)	FY 2014/15 (in USD)	FY 2015/16 (in USD)	
Kisii County Government	10,310	56700	20000	HIV workplace policy development and outreach campaigns.
CARE (K)	4.7m	4.7m	4.8m	HIV & AIDS comprehensive care, prevention and treatment, capacity building and health care system strengthening
IMC	50,000	113,005	287,985	Key population, adolescents and young women targeted programmes
IRDO	92,785	61,855	Ongoing	Key population and adolescents
KCCB-KARP	269,070	248,453	461,000	Provision of high quality of HIV comprehensive care, treatment and prevention services at faith-based affiliated sites.
Daraja Mbili Vision	78,000	54,000	93,000	HIV and AIDS prevention, care and support
Mwanyagetinge Care & Support Initiative	41,657	35,091	58,461	HIV and AIDS prevention, OVC Support, care and support
Total	**5,191,822**	**5,156,099**	**5,432,461**	

However, the above resources were not sufficient for the implementation of the HIV specific annual work plans for respective financial years.

Currently the estimated number of PLHIV is 63,715, out of which 28,214 adults and 3,853 children are in need of ART. Annual adult new infections is at 4,891 and that for children is 1,075 whereas the HIV prevalence stand at 8.0 % according to KAIS 2012. The total number of people who are receiving ART in Kisii county are 14,798.The average resources that county needs to sufficiently provide comprehensive HIV programme in a year is USD 20M across all the sub-counties. This translates to an annual deficit of approximately USD 15M.

Financial Sustainability

As a guiding principle, no credible, evidence-based, costed HIV and AIDS and STI sector plan which should go unfunded. The County wishes to create a predictable and sustainable financial resource for the implementation of all HIV interventions. Resources from development partners shall be harmonized to align with policies, priorities and fund programmes where there are financial gaps as envisaged in the county plan.

This strategic plan therefore, seeks to guide the County Government through different sectors to mobilize resources to help finance the various key HIV priorities in the County.

Key interventions areas

1. Coordination of all resources available for the HIV response in Kisii County to avoid duplications of efforts.
2. Innovative and sustainable domestic HIV financing options in the county.
3. Maximize efficiency of existing HIV delivery options for increased value and results within existing resources.
4. Aligning HIV resources/investment to strategic plan priorities.

Expected outputs

1. Increased domestic financing for HIV response by 75%.
2. Sustainable funding for HIV responses.

Interventions for Innovative and Sustainable Domestic HIV Financing Options for Kisii County

KASF Objective	KCHASP Results	Key Activity	Sub Activity	Geographic Areas by County/Sub-County	Responsibility
Increase domestic financing by 50%	Increased county financing for HIV response by 75% (USD 15m)	Innovative and sustainable domestic HIV financing options in the county.	• Participation in the annual county budget-making cycle to ensure resource allocation. • Strengthen public private partnership engagement at all levels at the county and sub-county through regular PPP forums. • Initiate an annual AIDS lottery programme. • Organize high level engagement with the county stakeholders to advocate for domestic financing. • Build and enhance capacity of civil society organization to achieve self financing and sustainability.	9 Sub Counties (All levels of the county and national governments).	KCG Implementing Partners Development Partners Community County Assembly National Government

KASF Objective	KCHASP Results	Key Activity	Sub Activity	Geographic Areas by County/Sub-County	Responsibility
Increase domestic financing by 50%	Increased county financing for HIV response by 75% (USD 15m)	Coordination of all resources available for the HIV response in the county to avoid duplication of efforts.	• Creation of an Information Hub for the county to track resources from all partners (grand check system). • Carry out cost-benefit analysis on the HIV & AIDS programmes		County Government through the Health Services sector
		Maximize efficiency of existing HIV delivery options for increased value and results within existing resources.	• Align the HIV and AIDS response within the local context. • Promote effective cost-saving models of HIV /AIDS service delivery.		KCG Implementing Partners
		Aligning HIV resources/ investment to strategic plan priorities	• Carry out a needs assessment n key priority interventions. • Consolidate and direct HIV resource allocations of different agencies.		KCG Implementing Partners

Strategic Direction 8

Promoting Accountable Leadership for Delivery of the KCHASP Results by all Sectors and Actors

Kisii County has sufficient political leadership in response to HIV & AIDS, especially the office of the Governor. There has been insufficient political drive from the county assembly to encourage and mobilize the population to take seriously the threat posed by the HIV epidemic. HIV has been mainly seen as a health issue and other sectors have not been fully involved in addressing the epidemic.

There is good evidence that an HIV epidemic can be contained with strong political will, with a pragmatic approach, and the effective mobilization of resources. To succeed in dealing with HIV pandemic, the County Assembly needs to have a political commitment by passing legislation and policies focusing on prevention and management of HIV and AIDS. Leaders at all levels need to be encouraged to keep HIV high on the County agenda and share information about the epidemic with their wards and sub-counties. The capacity of the County structures need to be built to manage HIV programmes and resources need to be distributed equitably within the County.

Many agencies and organizations are making valuable contributions to HIV prevention and control but their work is not well coordinated.

In the context of dwindling resources from donors and partners, there is increased need for the County to own the HIV response. The implementation of KCHASP will require prudent governance practices that will be responsible and accountable in leadership of the multi-sectoral HIV and AIDS response. This will go a long way in ensuring effective and efficient resource allocation and subsequently create transparency and accountability. Setting HIV response as a county priority and a strategic development issue at all levels in the county, and enforcing its implementation, requires a sustained leadership, commitment and coordination from the executive and other governing bodies.

The county embraces effective coordination throughout the implementation cycle of this plan.

Key intervention areas

1. Build and sustain high-level political commitment for strengthened county ownership of the HIV response.
2. Entrench good governance and strengthen multi-sector and multi-partner accountability to deliver KCHASP results.
3. Establish functional HIV co-ordination mechanism at county and sub-county levels.

Expected outputs

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

Interventions for Strengthening County HIV Coordination Mechanism

KASF Objective	KCHASP Results	Key Activity	Sub Activity	Geographic Areas by County/Sub-County	Responsibility
Promote good governance practices	• Good governance practices and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels • Effective and well-functioning stakeholder co-ordination and accountability mechanisms in place and fully operationalized at county and sub-county levels	Build and sustain high-level political commitment for strengthened county ownership of the HIV response.	• High level engagement with the office of the Governor and Members of the County Assembly (MCAs) to obtain Political will and commitment in the implementation of the strategic plan. • High level engagement of MCAs and the County Assembly executive to create awareness on the County HIV responses. • Enact legislation that are HIV county -specific based on the priorities. • Entrenching HIV response in all county sectors/ devolved units. • Gender mainstreaming in advocacy and programme activities including youth, women and accelerated eMTCT strategies. • Institutional coordination and ownership of the Kisii County HIV Strategic Plan.	The entire county	Office of the Governor County Executive Members of the County Assembly
	• An enabling policy, legal and regulatory framework for the multi-sectoral HIV and AIDS response, strengthened and fully aligned to the Constitution of Kenya 2010.	Entrench good governance and strengthen multi-sector and multi-partner accountability to delivery of KCHASP results	• Joint KCHASP annual implementation review meetings with the stakeholders ,implementers and partners involved in the HIV & AIDS response within the county. • Regular update meetings to ensure accountability for performance and results by all implementing partners at the county.	The entire county	County Government-County Health Services NACC NASCOP

KASF Objective	KCHASP Results	Key Activity	Sub Activity	Geographic Areas by County/Sub-County	Responsibility
Promote good governance practices	• An enabling policy, legal and regulatory framework for the multi-sectoral HIV and AIDS response, strengthened and fully aligned to the Constitution of Kenya 2010.	Establish functional HIV coordination mechanism at county and sub-county levels	• Hold regular county and sub-county stakeholders for a to create awareness on key HIV interventions envisaged in the strategic plan. • Tracking and monitoring of the resources during the strategic plan implementation, monitoring and evaluation. • Build capacity of stakeholder networks to promote strong accountable institutions that hold duty bearers accountable for HIV response. • Annual joint HIV /AIDS program review at the county level.	The entire county	County Government-County Health Services NACC NASCOP

CHAPTER 5

Implementation Arrangements

5.1 HIV coordination structure for KCHASP delivery – county level

The multi-sectoral county response will be managed by various structures at different levels. Each level will be mandated with different tasks and roles in the delivery of the strategic plan. The coordination infrastructure of the KCHASP will be an all-inclusive one. This infrastructure will be coordinated at different levels as shown in the organogram below.

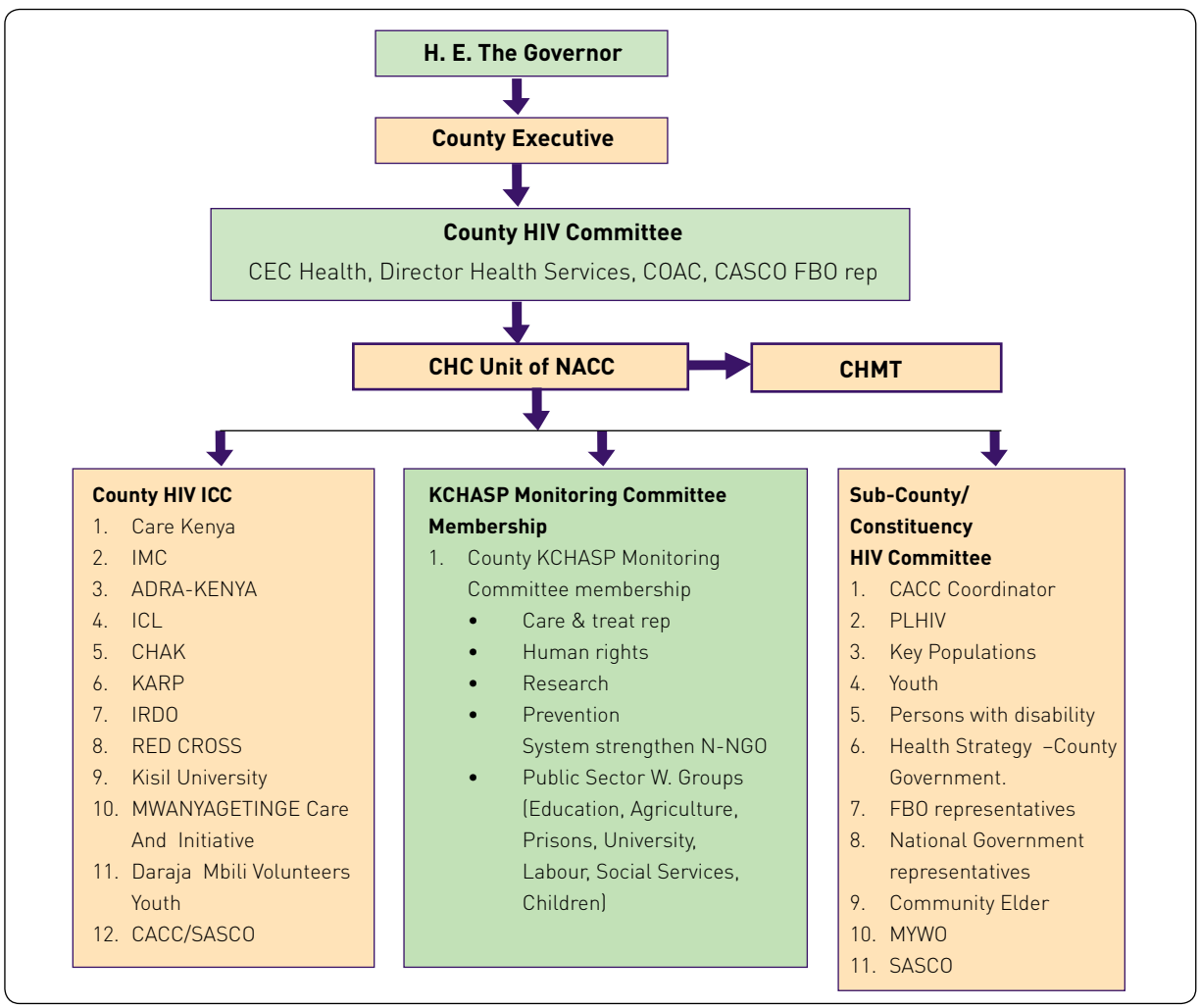


Fig 5.1: HIV coordination structure

5.2 Roles of stakeholders

The various stakeholders in the organogram shall have the following (but not limited to) roles:

Governor

- Responsible for legislation and resource allocation for financing of the KCHASP.

CEC Health Services

- Budgeting and resource allocation to specific annual plans for HIV interventions.
- Provide strategic leadership during KCHASP implementation period.
- Accountable to the Governor on all matters including performance and updating of the situation room.

CHC Unit of NACC

- Shall sit in the CHMT and update the Director of Health on all matters pertaining to coordination of HIV activities in the county.
- Support HIV stakeholders fora at county and sub-county levels.
- Oversee continuous monitoring and evaluation of all aspect of the KCHASP.
- The office bearer shall be the secretary of the County HIV committee.

County HIV Committee

- Accountable to the Governor on its functions and performances.
- The committee shall be chaired by the CEC Health Services and co-chaired by the Director of Health Services and the sub-counties shall be represented in this committee.
- Create and strengthen partnership for an expanded response to HIV & AIDS in Kisii County.
- Formulate HIV agenda for the County

Sub-County/Constituency Committees

- Coordination of HIV at the sub-county or constituency level.
- The coordinator shall be a member of the SHMT.
- Receive and disseminate KCHASP to the community.

The partners, CBOs, FBOs and the private sector forms part of the structure for holistic management of the HIV in communities, not leaving out the PLHIV and other vulnerable population such as PWDs and the youth.

At the lowest level, the sub-county/constituency HIV coordinating committee is constituted and operates within the structures of ensuring devolved structures are functional.

HIV ICC

- Annual review of county achievements of the plan.
- Documenting of the emerging issues during the implementation period.
- Documenting of the best practices and lessons learnt during the implementation of the KCHASP.

CHAPTER 6

Monitoring and Evaluation of the Plan

Monitoring and evaluation of the Kisii HIV & AIDS multi-sectoral plans will focus on tracking the progress towards attaining of desired results. A multi-sectoral HIV & AIDS monitoring and evaluation system will be strengthened to improve programme performance. Outcomes and impacts of the multi-sectoral response will be monitored and evaluated by conducting surveillances, surveys, and studies. Emphasis will be given to monitor the epidemic trends and driving behavioural, socio-cultural and socio-economic factors to match the response to the epidemic. Moreover, appropriate indicators will be selected with clear targets for each thematic area for whole implementation period.

A multi-sectoral response monitoring and evaluation plan will be developed and implemented through joint efforts in a coordinated manner, in line with the principle of "Three Ones". NACC is responsible for the coordination of the multi-sectoral monitoring and evaluation, and will convene quarterly through the County HIV Committee and annual joint review meetings, and conduct semi-annual and annual joint support supervision at the county level. A mid-term review and final evaluation of KCHASP will also be conducted. Ministry of Health data collection tool and reporting formats will be adopted and harmonized to facilitate data summarization and analysis.

A multi-sectoral response database will be established at the county level to enhance data storage and retrieval. Information dissemination will be strengthened through the established web-based data hub, report publications and review meetings. The county data hub will be linked to the national Monitoring and Evaluation (M&E) hub.

Monitoring and Evaluation Sub-systems

The various subsystems that will provide data to the NACC unified system as in the table below.

Table 6.1: Monitoring and Evaluation sub-systems

Levels	Roles and Responsibilities
Health facilities	Health facilities will provide the routine service delivery data through the DHIS. This information will be fed to the County HIV hub.
Community Units	The community health workers will provide the routine service delivery & programming data through the CBHIS. This information will be fed to the County HIV hub
Civil Society Organizations/ Private Sector	The Civil Society organizations/Private Sector will provide the routine service delivery & programming data to their respective sub-counties, who will in turn feed this information to the County HIV hub
Non-Routine Data(Surveys, Surveillances, Studies & Estimates)	The non-routine date sources; surveys, surveillances, estimates and studies, the findings will be fed into the County HIV hub directly after the findings are officially published.

Kisii County HIV and Aids Response Data Flow Chart Diagram

The following diagram depicts how data will flow from service delivery points through to County HIV Data Hub and eventually to the NACC unified M&E system.

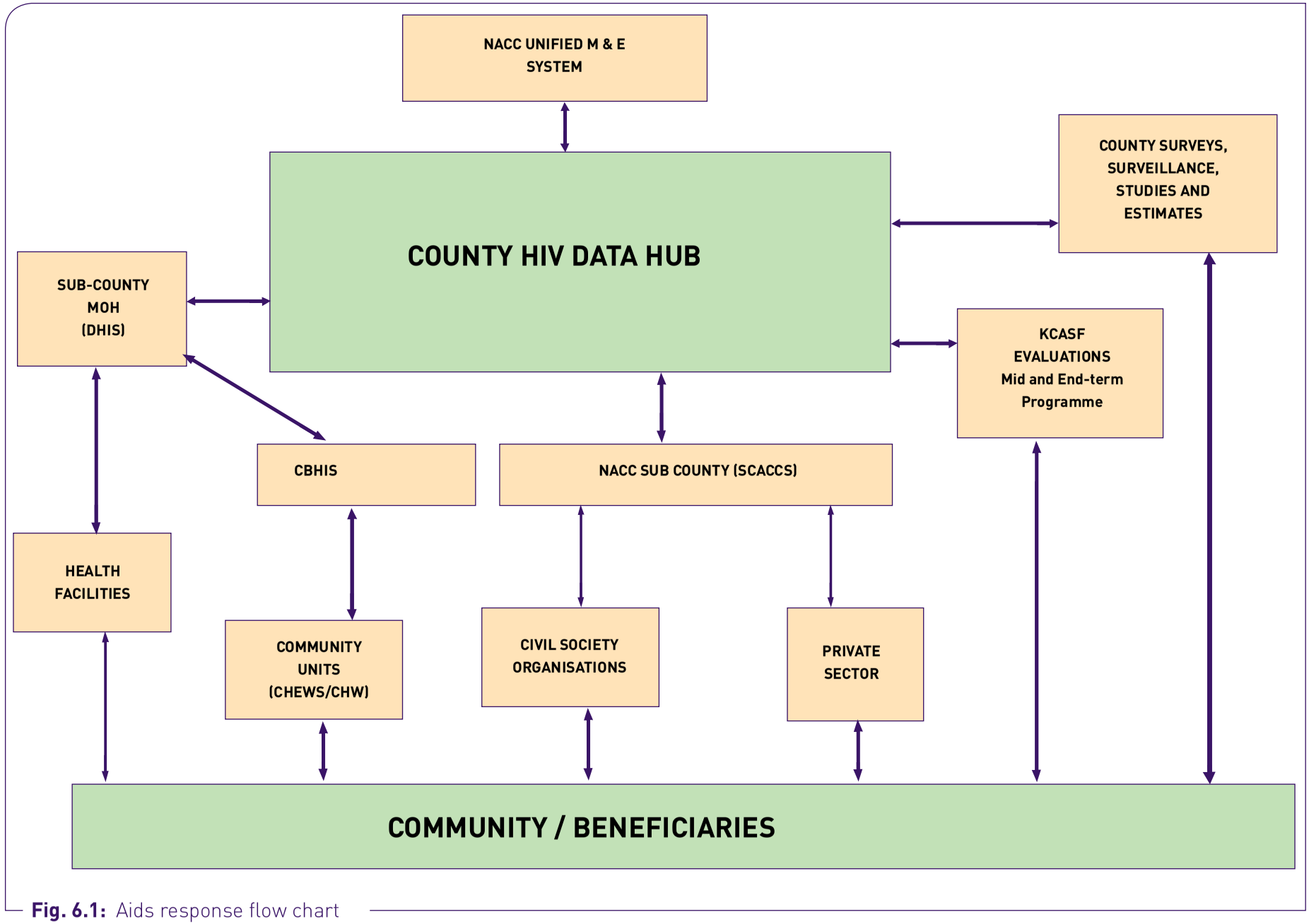


Fig. 6.1: Aids response flow chart

CHAPTER 7

Risk and Mitigation Plan

Table 7.1: HIV Risk and Mitigation Planning Activities

Risk Category	Risk Name	Status	Probability (1-5)	Impact (1-5)	Risk Average score	Response	Responsibility	When
Technological	Personnel lack Capacity and skills to use equipment Inadequate equipment	Active - risk is being actively monitored	3/5	4/5	3.5	Mitigate- budget moneys for training and procurement of equipment	CEC Health	Year 1
Political	Inconsistent and insufficient political good will	Passive risk - being actively monitored	2/5	3/5	2.5	Reduce - by constantly engaging the political class	CEC Health	Continuous
Operational	Inconsistent and inadequate supply of HIV commodities	Active - Being monitored	4/5	5/5	4.5	Reduce - implementing the pull system of commodity and have emergency funds to replenish the supplies	CMLC	
Legislation	Inadequate legislation to support (KP and vulnerable groups	Active	4/5	5/5	4.5	Lobby (legislation) support from the County Assembly	County Assembly and CEC Health	
Environmental	Change in weather patterns-rain	Passive	2/5	3/5	2.5	Mitigate -procuring vehicle that can manage the terrain	County Government	
Social	Stigma	Active	4/5	5/5	4.5	Mitigate	CEC Health	
Economical	• Inflation	Active	3/5	3/5	3	Adopt – no action	CEC Health	
	• Competing priorities for same resources	Active	2/5	3/5	2.5	Prioritize	CEC Health	

Risk Category	Risk Name	Status	Probability (1-5)	Impact (1-5)	Risk Average score	Response	Responsibility	When
Organizational /human factors	• Limited capacity	Active	2/5	4/5	3	Capacity building	County Director of Health	Year 2
	• Human resource capital.	Passive	3/5	3/5	3	Reduce - staff rationalization and trainings	County Director of Health	Year 2
	• Poor leadership	Active	2/5	4/5	3	Reduce - promoting good governance and leadership through accountability	County Director of Health	Year 2
	• Lack of cohesion at community level.	Active	2/5	2.5/5	2.25	Support establishment of CSO,CBOs	County Director of Health	Year 2
	• Lack of Clarity over roles and responsibilities.	Active	2/5	3/5		Design job description and performance contract	Human resource personnel	Year 2
Strategic/ commercial	• Terrorism and insecurity	Active	1/5	3/5	2/5	Transfer - Insurance scheme and/ or hire security services Undertake security and risk assessment. Put appropriate measures in place (maximize opportunity to work remotely)	Security agencies	Year 2

Annexes

Annex 1: Results Framework

The logical framework for the plan is based on a prioritized list of strategic options that would ensure the attainment of the stated targets. It attempts to indicate the time relationship between the various strategic options and objectives and attempts to harmonize activities to harness synergy between different interventions. The logical framework assumes that there will be adequate resources to implement the proposed interventions in a timely manner.

STRATEGIC DIRECTION 1: REDUCING NEW INFECTIONS								
KASF Objective	**KCHASP Results**	**Key Activity**	**Sub activity**	**Indicator**	**Baseline and source**	**Mid Term Target**	**End Term Target**	**Responsi-bility**
BIOMEDICAL INTERVENTIONS								
Reduce new HIV infections by 75%	Reduce new HIV infections by 75%	Offer innovative and evidence-based HIV prevention and care activities.	• Innovative HIV testing and counselling (HTS) models	Percentage of people accessing HTS within the county	KDHIS	25% of new OPD clients and 90% IP tested	50% of new OPD clients and 100% IP tested	CHMT Implementing Partners
			• Linkage of those testing HIV-positive to care and early ART initiation.	Percentage of HIV-positive people linked to care and treatment.	KDHIS	90% Linkage	100% Linkage	
			• Prevention and mana-gement of co-infections and co-morbidities (TB & Cryptococcal)	Percentage of patients treated of OI infections	KDHIS	90% Co-infected cases screened and treated	95% Co-infected cases screened and treated	
			• Offer gender based violence care services including Post Exposure Prophylaxis (PEP) for survivors	Number of GBV cases offered PEP	KDHIS	50% of the victims who report at the health facility	100% of the victims who report at the health facility	

KASF Objective	KCHASP Results	Key Activity	Sub activity	Indicator	Baseline and source	Mid Term Target	End Term Target	Responsi-bility
Reduce new HIV infections by 75%	Reduce new HIV infections by 75%	Roll out package of care for Key Populations and vulnerable groups	• Provision of key commodities including lubricants and condoms	Number of people accessing condoms and lubricants	KDHIS	Number of eligible within the population	Number of eligible within the population	MOH Implementing Partners
			• Screening and management of HPV among FSW/MSM and Hepatitis B and C	Percentage of FSW/MSM screened of Hepatitis B and C	KDHIS			
			• Scale up STI management in all health facilities	Number of health facilities providing STI care package	KDHIS	100% of health facilities offering STI services	100% of health facilities offering STI services	

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

KASF Objective	KCHASP Results	Key Activity	Sub activity	Indicator	Baseline and source	Mid Term Target	End Term Target	Responsi-bility
BIOMEDICAL INTERVENTIONS								
Reduce new HIV infections by 75%	Reduce new HIV infections by 75%	Offer innovative and evidence-based HIV prevention and care activities.	• Innovative HIV testing and counselling (HTS) models	Percentage of people accessing HTS within the county	KDHIS	25% of new OPD clients and 90% IP tested	50% of new OPD clients and 100% IP tested	CHMT Implementing Partners
			• Linkage of those testing HIV-positive to care and early ART initiation.	Percentage of HIV-positive people linked to care and treatment.	KDHIS	90% Linkage	100% Linkage	
			• Prevention and mana-gement of co-infections and co-morbidities (TB & Cryptococcal)	Percentage of patients treated of OI infections	KDHIS	90% Co-infected cases screened and treated	95% Co-infected cases screened and treated	
			• Offer gender based violence care services including Post Exposure Prophylaxis (PEP) for survivors	Number of GBV cases offered PEP	KDHIS	50% of the victims who report at the health facility	100% of the victims who report at the health facility	

KASF Objective	KCHASP Results	Key Activity	Sub activity	Indicator	Baseline & source	Mid Term Target	End Term Target	Responsi-bility
Reduce new HIV infections by 75%	Reduce new HIV infections by 75%	Roll out package of care for Key Populations and vulnerable groups	• Provision of key commodities including lubricants and condoms	Number of people accessing condoms and lubricants	KDHIS	Number of eligible within the population	Number of eligible within the population	MOH Implementing Partners
			• Screening and management of HPV among FSW/MSM and Hepatitis B and C	Percentage of FSW/MSM screened of Hepatitis B and C	KDHIS			
			• Scale up STI management in all health facilities	Number of health facilities providing STI care package	KDHIS	100% of health facilities offering STI services	100% of health facilities offering STI services	
		Implement package of services for Adolescents and Young Women	• Innovative HIV and STI testing • Establish youth friendly clinical services	Number of youth- friendly spaces established at the health services within the county.	KDHIS	10 facilities established	20 facilities established	Implementing Partners
			• Offer age appropriate contraceptives, condoms, and microbicides.	Percentage of women and men of reproductive age accessing FP services within the county.	KDHIS	30% of the total population eligible accessed with FB service	30% of the total population eligible accessed with FB service	
			• Increase access to sexual and reproductive health services.	Number of APOC sessions rolled out within the health service delivery points within the county.	NASCOP	At least one person trained per facility on APOC	50% of health workers trained on APOC	
			• Offer package of services for sero-discordant couples	Number of discordant couples families accessing HTS at the health facilities within the county.	DHIS	100%	100%	Kisii County Government- MoH Implementing Partners
		Implement strategies to identify and retain HIV pregnant and lactating women and their infants Adopt new national and WHO guidelines on eMTCT		• Number of facilities within integrated MCH services as a one-stop shop within the county	DHIS	100%	100%	Kisii county Government- MoH Implementing Partners

KASF Objective	KCHASP Results	Key Activity	Sub activity	Indicator	Baseline & source	Mid Term Target	End Term Target	Responsi-bility
Reduce new HIV infections by 75%	Reduce new HIV infections by 75%	• Deliver all 4 prongs of eMTCT at 100% of health facilities	• Offer package of services for sero-discordant couples	Number of health facilities offering PMTCT services and basic HIV care package	CHIS	80%	90%	Kisii county Government- MoH Implementing Partners
			• Ensure all pregnant and lactating women are initiated on ART and all HIV positive children are offered ART	Number of pregnant and lactating women initiated on ART and all HIV-positive children offered ART	KDHIS	90% of all pregnant and lactating women initiated on ART	100% of all pregnant and lactating women initiated on ART	
			• Offer GBV services including services for post-rape and incest among children	Percentage of GBV cases offered PEP	KDHIS	50% of the victims who report at the health facility	100% of the victims who report at the health facility	

BEHAVIOURAL INTERVENTIONS						
Key activity	**Behavioural interventions**	**Indicator**	**Baseline and source**	**Mid Term Target**	**End Term Target**	**Responsibility**
• Implement strategies to address HIV related stigma • Promote life skill programmes among vulnerable populations	• Stigma reduction campaigns	• Number of stigma reduction campaigns held	35% National HIV & AIDS Stigma & Discrimination Index	10%	10%	Kisii County Government-
	• Risk reduction counseling and skill building	Number of skill building sessions held within the county	Not Available	15,000 sessions	TBD 30,000 sessions	MoH Implementing Partners FBOs ,CBOs
	• Male and female condom demonstration, distribution and skill building	Number of condoms distributed within the county health facilities	KDHIS	50% of the eligible population	80% of the eligible population	
• Behaviour change intervention using specific interpersonal tools and techniques including those in Braille	• Regular outreach and contact with Key Populations through peer based education, treatment and support • Drug and substance screening and addiction support	Percentage of KPs reached with key messages, treatment and supported within the county Percentage of DSA addicts reached and enrolled for support (rehabilitated)	CHIS Implementing partners reports (Impact research for development organizations and International Medical Corps)	75%	100%	Kisii County Government-MoH Implementing Partners MOH Implementing Partners
Implement evidence-based interventions (EBI) for adolescents and young women and provide HIV and RH related education in schools	• Offer peer-to-peer outreach in school or outside school	Number of peer –to –peer outreaches conducted in and outside school within the county	CHIS	4320 sessions held	8640 sessions held	
	• HIV and RH related education in school or in the community	Number of HIV/RH sessions held	MoEST	4320 sessions held	8640 sessions held	
	• Implement life skills programs for youth in school and out of school	Number of schools with life skills programs within the county	MoEST	10 schools with every sub-county has a life skills program	20 schools with every sub-county has a life skills program	

Key activity	Behavioural interventions	Indicator	Baseline and source	Mid Term Target	End Term Target	Responsibility
Implement appropriate evidence-based behavioural interventions.	• Support the formation of PSSGs to enhance adherence	Number of PSSGs formed	MoEST	264	528	Ministry of Social Services MOH
	• Implement the Positive Health Dignity and Prevention (PHDP) services	Percentage of health facilities offering PHDP services within the county	KDHIS/CHIS	50% of health facilities offering PHDP services	90% of health facilities offering PHDP services	
Implement Kenya Mentor Mother Programme	• Offer psycho-social and peer support services for pregnant women within the health facilities	Number or percentage of facilities offering psycho-social services within the county	CHIS	50% offering psycho-social services	90% Offering psycho-social services	Kisii County Government-MOH Implementing Partners
	• Infants and young children feeding strategies	Percentage of HIV exposed infants exclusively breast feeding in the first 6 months	DHIS	80%	90%	

STRUCTURAL INTERVENTIONS						
Key activity	**Behavioural interventions**	**Indicator**	**Baseline and source**	**Mid Term Target**	**End Term Target**	**Responsibility**
Provide an enabling environment for programming	• Implement gender-based violence prevention and response programmes	Number of GBV prevention and response program being conducted	Not Available	90, (2) Sessions per ward	180, (4) Sessions per ward	Kisii County Government-MoH Implementing Partners
	• Implement programmes to keep girls in school and social protection of vulnerable families	Number of programmes initiated and being implemented	MoE	45 1 per ward in the 45 per ward	45	
	• Engage private sector to formalize a system to compliment the service delivery system and reporting	Number of sessions the private public partnerships stakeholder forums conducted within the county	Not Available	18 forums held	39 forums	
	• Protection from cultural issues/ practices that are directly linked to HIV, e.g. FGM	Number of campaigns conducted against traditional practices fueling HIV i.e. FGM within every sub-county	Not Available	180 Sessions	360 Sessions	

	Structural interventions	Indicator	Baseline and source	Mid Term Target	End Term Target	Responsibility
Implement package of services for Adolescents and Young Women	• Innovative HIV and STI testing	Number of campaigns conducted against traditional practices fueling HIV i.e. FGM within every sub-county	Not Available	180 Sessions	360 Sessions	Kisii county Government-MoH Implementing Partners
	• Establish youth friendly clinical services	Number of Youth friendly spaces established at the health services within the county	KDHIS	10 facilities established	20 facilities established	
	• Offer age appropriate contraceptives, and condoms	Percentage of women and men of reproductive age accessing FP services within the county	KDHIS	30% of the total population eligible accessed with FB service	30% of the total population eligible accessed with FB service	
	• Increase access to sexual and reproductive health services.	Number or percentage of APOC sessions rolled out within the health service delivery points within the county	NASCOP	At least one person trained per facility on APOC	50% of health workers trained on APOC	
Offer package of services for sero- discordant couples	• Offer regular scheduled HTS to partners and families of all HIV positive clients	Number or percentage of discordant couples families accessing HTS at the health facilities within the county	DHIS	100%	100%	Kisii County Government-MoH Implementing Partners
	• Provide ART to the infected partner and adherence support	Percentage of HIV-Positive patients accessing HAART treatment in all health care facilities within the county	DHIS	100%	100%	
Implement strategies to identify and retain HIV pregnant and lactating women and their infants Adopt new national and WHO guidelines on eMTCT	• Integrate Early infant diagnosis of HIV with immunization services with MNCH	Number or percentage of facilities within integrated MCH services as one stop shop within the county	CHIS	75%	100%	Kisii County Government-MOH Implementing Partners
	• Deliver all 4 prongs of EMTCT at 100% of health facilities	Number or percentage of health facilities proving PMTCT services and basic HIV care package	CHIS	80%	90%	
	• Ensure all pregnant and lactating women are initiated on ART and all HIV positive children are offered ART	Number or percentage of pregnant and lactating women are initiated on ART and all HIV positive children are offered ART	KDHIS	90% of all pregnant and lactating women initiated on ART	100% of all pregnant and lactating women initiated on ART	

Key activity	Behavioural interventions	Indicator	Baseline and source	Mid Term Target	End Term Target	Responsibility
Adopt new national and WHO guidelines on eMTCT	• Offer GBV services including services for post-rape and incest among children	Percentage of GBV cases offered PEP	KDHIS	50% of the victims who report at the health facility	100% of the victims who report at the health facility	Kisii County Government-MOH Implementing Partners FBOs ,CBOs
• Implement strategies to address HIV related stigma • Promote life skill programs among vulnerable populations	• Stigma reduction campaigns	Number of stigma reduction campaigns held	35% National HIV & AIDS stigma & Discrimination Index	10%	20%	
	• Risk reduction counseling and skill building	Number of skill building sessions held within the county	Not Available	15,000 sessions	TBD 30,000 sessions	
	• Male and female condom demonstration, distribution and skill building	Number of condoms distributed within the county health facilities	KDHIS	50% of the eligible population	80% of the eligible population	
• Behaviour change intervention using specific interpersonal tools and techniques including those in Braille	• Regular outreach and contact with Key Populations through peer based education, treatment and support • Drug and substance screening and addiction support	Percentage of KP reached out with key messages, treatment and supported within the county Percentage of DSA addicts reached and enrolled for support (rehabilitated)	CHIS Implementing Partners reports. (Impact research for development Organization and International Medical Corps)	75%	100%	Kisii County Government MoH Implementing Partners MOH Implementing Partners
Implement evidence-based interventions (EBI) for adolescents and young women and provide HIV and RH related education in schools	• Offer peer-to-peer outreach in school or outside school	Number of peer –to –peer outreaches conducted in and outside school within the county	CHIS	4320 sessions held	8640 sessions held	Kisii County Government-MoH Implementing Partners
	• HIV and RH related education in school or in the community	Number of HIV/RH sessions held	MOE	4320 sessions held	8640 sessions held	
	• Implement life skills programmes for youth in school and out of school	Number of schools with life skills programmes within the county	MoE	10 schools with every sub-county has a life skill program	20 schools with every sub-county has a life skills programme	

Key activity	Structural interventions	Indicator	Baseline and source	Mid Term Target	End Term Target	Responsibility
Implement appropriate evidence-based behavioural interventions	• Support the formation of PSSGs to enhance adherence	Number of PSSGs formed		264	528	Ministry of Social Services MoH
	• Implement Positive Health Dignity and Prevention (PHDP)	Number of health facilities offering PHDP within the county	KDHIS/CHIS	50% of health facilities offering PHDP services	90% of health facilities offering PHDP services	
Implement Kenya Mentor Mother Program	• Offer Psycho-social and peer support services for pregnant women within the health facilities	Number or percentage of facilities offering psycho-social services within the county	CHIS	50% offering psycho-social services	90% Offering psycho-social services	Kisii County Government-MOH Implementing Partners
	• Infant and young children feeding strategies	Percentage of HIV exposed infants exclusively breastfeeding in the first 6 months	DHIS	80%	90%	
Provide an enabling environment for programming	• Implement gender- based violence prevention and response programs	Number of GBV prevention and response program being conducted	Not Available	90, (2) sessions per ward	180, (4) sessions per ward	Kisii County Government-MoH Implementing Partners
	• Implement programs to keep girls in school and social protection of vulnerable families	Number of programmes initiated and being implemented	MOE	45 1 per ward in the 45 per ward	45	
	• Engage private sector to formalize a system to compliment the service delivery system and reporting requirements	Number of sessions the private public partnerships stakeholder forums conducted within the county	Not Available	18 forums held	39 forums	
	• Protection from cultural issues/ practices that are directly linked to HIV, e.g. FGM	Number of campaigns conducted against traditional practices fueling HIV, i.e. FGM within every sub-county	Not Available	180 sessions	360 sessions	

STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF ALL PEOPLE LIVING WITH HIV								
KASF Objective	**KCHASP Results**	**Key Activity**	**Sub activity**	**Indicator**	**Baseline and source**	**Mid Term Target**	**End Term Target**	**Responsi-bility**
Reduce AIDS-related mortality by 25%	Increased linkage to care and treatment up to 90% within 3 months of HIV diagnosis	Intensify identification and retention in the care of children living with HIV	• Intensifying EID at MNCH	Percentage of people accessing HTS within the county	KDHIS	25% of new OPD clients and 90% IP tested	50% of new OPD clients and 100% IP tested	Kisii County Government-MoH Implementing Partners
			• Adherence counseling to the care givers	Adherence rate	Patient Blue Card	100%	100%	
			• Community follow up and defaulter tracing)	Percentage of defaulters traced and brought back to care.	85%, facility defaulter registers	100%	100%	
			• Establish child friendly spaces	Percentage of health facilities with child friendly spaces	11 health facilities (DHIS)	61 health facilities	122 health facilities	
			• Intensified case finding by testing children in MCH, outpatient, special clinic and wards with unknown status	Proportion of children of unknown HIV status tested.	37% (KDHIS)	64%	90%	
			• Improved identification follow-up of HEI such as in maternity wards, immunization clinics etc.	Proportion of HEIs followed up on care up to 18 months	70%	80%	90%	
		Roll out adolescent's care package	• Provide youth friendly services, psycho-social and peer support.	Number of ART site s offering adolescents support group	TBD	TBD	TBD	
			• Sensitization of APOC to healthcare providers	Percentage of health care workers sensitized	5% healthcare workers	100%	100%	
			• Utilize technology including social media for education, recruitment and retention in care	Number of social media platforms created for education, recruitment and retention in care	Nil	61	122	

Key activity	Structural interventions	Indicator	Baseline and source	Mid Term Target	End Term Target	Responsibility
Intensify identification and retention in the care of children living with HIV	Mainstream KPs programming in health facilities	Number of health facilities mainstream KPs programming	1	4	9	Kisii County Government-MoH Implementing Partners
Intensify identification and retention in care for adults living with HIV	• Proportion HIV+ linked to care within the facility with CCC No indicated	Percentage of PLHIV linked for follow up and treatment	80%	90%	100%	
• Implement PMTCT guidelines on testing	Proportion of site implementing PMTCT guidelines	Percentage of sites with ART integrated in MCH	90%	100%	100%	Kisii county Government-MOH Implementing Partners
Key Intervention 2: Increase coverage to care and treatment and reduce the loss in the cascade of care						
Decentralize HIV services for children to all health facilities including private and faith based facilities	• Proportion of facilities providing HIV services for children	• Percentage Coverage of HIV services for children	98%	100%	100%	Kisii County Government-MoH Implementing Partners FBOs ,CBOs
Roll out package of services for adolescents and youth.	• Proportion of facilities providing adolescent package of services	• Percentage Coverage of adolescent package of services for children	50%	80%	100%	Kisii County Government-MoH Implementing Partners
Decentralization of ART services and ensure commodity security	• Proportion of facilities offering ART services	• Percentage Coverage of ART sites	99%	100%	100%	Kisii County Government-MoH Implementing Partners
Decentralization of PMTCT services to all health facilities	• Proportion of facilities offering PMTCT services	• Percentage Coverage of PMTCT sites	100%	100%	100%	
Key Intervention 3: Improve quality of care and treatment outcomes						
To improve quality of care and monitoring treatment outcomes	• Proportion of facilities observing standards of care	• Percentage of facilities observing standards of care	98%	100%	100%	Kisii County Government-MoH Implementing Partners
To improve laboratory capacity and infrastructure	• Proportion of facilities with improved laboratory capacity	Percentage of facilities with improved laboratory capacity	80%	90%	100%	County Government Implementing partners

STRATEGIC DIRECTION 3: USING A HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KPs AND OTHER PRIORITY GROUPS IN ALL SECTORS								
KASF Objective	**KCHASP Results**	**Key Activity**	**Sub activity**	**Indicator**	**Baseline and source**	**Mid Term Target**	**End Term Target**	**Responsi-bility**
An enabling legal and policy environment necessary for a robust HIV response at the national and county level to ensure access to services by persons living with HIV	Reduced reported stigma by 50 %	Sensitization of general and targeted population with anti-stigma awareness messages	The facility in charges to sensitize health care workers on reducing stigmatizing attitudes in healthcare settings.	Number of healthcare workers sensitized	TBD	164	324	CDH, COH
			Implement programs aimed at reducing stigma and discrimination against priority populations.	Number of programmes implemented	TBD			CHAC
	Reduced self-reported HIV related stigma and discrimination by 50%	Implement structural interventions that empower PLHIVs	Promote the PLHIV to enroll in support groups and ensure they register with the Department of Social Services.	Number of PLHIVs enrolled in support groups	TBD			CDGSD, NEPHAK
		Remove barriers to access of HIV, SRH and rights to information and services in private and public entities	Develop policies to protect priority groups when accessing HIV-related services	Number of policies developed to protect priority population	TBD			MoH
			Strengthen and establish more DICs to offer HIV services to the KPs	Number of DICEs established	2	5	10	County Government Implementing Partners
		Empower communities through various forums and provision of IEC	General population	TBD				County Government Implementing Partners
		Integrate HIV information and encourage service uptake in religious settings	Religious institutions	TBD				IRC
			Sensitize law makers on the need to enact nondiscriminatory regulations and services	Number of County Assembly sensitization held sessions	TBD	3 sessions	6 sessions	CEC (Health)

KASF Objective	KCHASP Results	Key Activity	Sub activity	Indicator	Baseline and source	Mid Term Target	End Term Target	Responsi-bility
An enabling legal and policy environment necessary for a robust HIV response at the national and county level to ensure access to services by persons living with HIV	Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 50%	Integrate HIV information and encourage service uptake in religious settings	Educate communities on gender and legal issues	Number of SGBV Report	TBD	3 sessions	6 sessions	CEC (Health)
		Improve county legal and policy environment for protection and promotion of the rights of priority groups, Key Populations and PLHIVs	Sensitize county assembly members and executives on the need to enact laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support.	Number of legal policies enacted	TBD	3 sessions	6 sessions	CEC
			The county assembly to review the existing laws and execute the existing policies to ensure they impact the response to HIV positively. These should be consistent with the constitution, national laws and policies.	Number of existing laws reviewed	TBD	1	2	CDH, COH
			Sensitize lawmakers and law enforcement agencies on HIV and consequences of their implementation and implementation of laws in the provision of HIV services to priority populations.	Number of sessions held	TBD	6 sessions	12 sessions	CHAC
			Enrol PLHIV, OVCs, Key Populations and other priority groups into the social protection programmes	Number of social groups enrolled in social protection programmes	TBD	5	10	CASCO

KASF Objective	KCHASP Results	Key Activity	Sub activity	Indicator	Baseline and source	Mid Term Target	End Term Target	Responsi-bility
An enabling legal and policy environment necessary for a robust HIV response at the national and county level to ensure access to services by persons living with HIV	Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 50%	Improve county legal and policy environment for protection and promotion of the rights of priority groups, Key Populations and PLHIVs	Sensitize individual healthcare workers, healthcare administrators and healthcare regulators on their own human rights and skill and tools necessary to ensure patient rights are upheld	Number of health workers sensitized	TBD	162	324	MoH
			Advocate for decentralization of HIV tribunal to the county	Number of HIV Tribunals decentralized	None	1	1	CEC Health, CHAC
			In collaboration with other stakeholders, non-state actors to implement programmes aimed at upholding their rights of priority populations	Number of programmes aimed at upholding rights of priority groups	TBD			County Governments Implementing Partners
			Sensitization of police, healthcare workers, Civil Societies and legal groups on SGBV support	Number of sensitization meetings held	TBD	6	12	CHAC CASCO
			Link SGBV survivors to gender response units within the county	Percentage of SGBV linked to gender units	TBD	50%	100%	County Governments Implementing Partners
	Reduce and monitor stigma and discrimination, social and GBV		The County Government to conduct measurement of HIV-related stigma through PLHIV Stigma Index including in healthcare settings and communities.	Number of stigma index surveys conducted	TBD	1	3	
			Conduct a county baseline survey to document the magnitude and nature of human rights violation and gender disparities in the context of HIV	Number of baseline surveys conducted	None	1	1	

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS								
KASF Objective	**KCHASP Results**	**Key Activity**	**Sub activity**	**Indicator**	**Baseline and source**	**Mid Term Target**	**End Term Target**	**Responsi-bility**
Build a strong and sustainable system for HIV service delivery at both national and county levels through specific health and community systems approaches, actions and interventions to support the HIV response	Improved health workforce for HIV response at county and sub-county levels	Provide a competent, motivated and adequately staffed workforce at county and sub-county levels to deliver integrated HIV services at different tiers.	Recruitment, redistribution, capacity building, performance review and motivation of competent and skilled healthcare workers in all tiers (All HR issues)	Percentage of competent new health workers hired. Percentage of health workers capacity built	TBD	20%	40%	County Government
			Developing domestic health staff retention policy that takes into account the additional burden of HIV	The health domestic staff retention policy developed	No policy available	1 policy document developed	2 reviews done on the policy document	County Public Service Board
			Design a community system that can integrate and motivate the community health volunteers and care givers in the implementation of HIV programmes.	Percentage CHVs engaged by the county human resource in the provision of integrated services.	TBD	20%	40%	County Government
			Task sharing and mentorship for skills transfer.	Number of mentoring sessions conducted		20%	50%	County Government
			Train CHVs, equip CUs,and motivate them.	Percentage of CHVs trained, equipped and enrolled in community units		40%	75%	County Government
	Increased number of health facilities ready to provide KEPH-defined HIV and AIDS services	Strengthen the health service delivery system at county and sub-county levels to deliver integrated HIV services at different tiers	Upgrade the infrastructure for all community units in county to meet the basic standards for HIV service provision at Level 1.	Number of community units whose infrastructure has been upgraded to meet basic standards for HIV management	TBD	600	1900	County Government (Health sector)

KASF Objective	KCHASP Results	Key Activity	Sub activity	Indicator	Baseline and source	Mid Term Target	End Term Target	Responsi-bility
Build a strong and sustainable system for HIV service delivery at both national and county levels through specific health and community systems approaches, actions and interventions to support the HIV response	Increased number of health facilities ready to provide KEPH-defined HIV and AIDS services	Strengthen the health service delivery system at county and sub-county levels to deliver integrated HIV services at different tiers	Improve accessibility to comprehensive HIV services to the KPs and vulnerable groups	Percentage of KPs and vulnerable groups accessing comprehensive HIV services	75%	100%		County Government
			Mainstreaming of HIV in all sectors.	Percentage of county sectors and units mainstreaming HIV.	10%	50%	75%	County Government
	Strengthened HIV commodity management through effective and efficient management of medicine and medical products..	Improve access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services.	Develop a HIV commodity management and supply chains monitoring at county level.	County HIV commodity management and supply chain monitoring system developed.	Non exists	100%	100%	County Government (Health Sector)
			Capacity building of procurement staff to enhance efficiency of HIV commodities.	Percentage of procurement staff capacity built to enhance efficiency of HIV commodities.	TBD	75%	100%	Implementing Partners
			Distribution of adequate and functional HIV diagnostic equipment (VL, CD4)	Percentage facilities equipped with functional HIV diagnostic equipment at sub-county and county referral points.	TBD	70%	100%	County Government
			Introduction of facility-based IT systems to manage and monitor HPT supplies and link with national and county MoH information system.	Percentage of facilities installed with facility based IT systems to manage and monitor HPT supplies	TBD	30%	50%	County Government
	Strengthened community-level AIDS competency	Strengthen community service delivery system at county and sub-county levels for the provision of HIV prevention treatment and care services.	Set aside a financial kitty for HIV & AIDS community services.	Number of sustainable community units	None	50%	100%	County Government (Health Sector)

KASF Objective	KCHASP Results	Key Activity	Sub activity	Indicator	Baseline and source	Mid Term Target	End Term Target	Responsi-bility
Build a strong and sustainable system for HIV service delivery at both national and county levels through specific health and community systems approaches, actions and interventions to support the HIV response	Strengthened community-level AIDS competency	Strengthen community service delivery system at county and sub-county levels for the provision of HIV prevention treatment and care services.	Empowering communities to ensure capability and capacity to take responsibility of their health.	Number of meetings and action days conducted	TBD	One session held per ward in a quarter (a total of 84 sessions held)	One session held per ward in a quarter (a total of 168 sessions held	Implementing Partners
			Monitoring community and facilities to ensure that they adhere to laid-down standards on the implementation of HIV activities.	Number of monitoring and follow-up visits conducted	TBD	One visit per quarter per facility	One	County Government

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND MANAGEMENT OF INFORMATION TO INFORM KCHASP GOALS

KASF Objective	KCHASP Results	Key Activity	Indicators	Baseline and source	Mid Term Target	End Term Target	Responsi-bility
Identification and implementation of high impact research priorities, innovative programming and strengthening capability and capacity to conduct research	Increased evidence-based planning and programming by 20%	Planning and programming of research activities	Evidence-based planning and programming	80%	50%	100%	CEC Health
	Increased capacity to conduct HIV research in the county by 50%	Training on operation research	Percentage of county staff trained on operation research	TBD	20%	50%	CEC Health

STRATEGIC DIRECTION 6: PROMOTING UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION (M&E) TO ENHANCE PROGRAMMING

KASF Objective	KCHASP Results	Key Activity	Indicators	Baseline and source	Mid Term Target	End Term Target	Responsi-bility
To improve quality, demand, access and use of data for decision making at county and health facility levels	M&E information hubs integrated at county level and providing a comprehensive information package for decision making	M&E information hub integration	M&E information hub integrated	1	1	1	CEC Health
	Increased utilization of strategic information to inform HIV response at all levels	Utilisation of strategic information	Utilization of strategic information in HIV response at all levels	TBD	50%	100%	COH

STRATEGIC DIRECTION 7: INCREASING DOMESTIC FINANCING FOR A SUSTAINABLE HIV RESPONSE								
KASF Objective	**KCHASP Results**	**Intervention**	**Key activity**	**Indicator**	**Baseline**	**Mid Term Target (2017)**	**End Term Target 2019**	**Responsi-bility**
Increase domestic financing by 50	Increased county financing for HIV response by 75% (USD 15m)	Innovative and sustainable domestic HIV financing options in the county	Participation in the annual county budgetary making cycle to ensure resource lobby.	Number of public participations attended	None	2	4	KCG
			Strengthen public private partnership engagement at all levels at the county and sub-counties through regular PPP forums	Number of PPP forums organised	TBD	8	16	Implementing Partners
			Initiate an annual AIDS lottery programme.	Number of lottery programmes initiated	None	2	4	Development Partners
			Organize high level engagement with the county stakeholders to advocate for domestic financing.	Number of high level meetings held with the stakeholders	TBD	4	8	Community
			Build and enhance capacity of civil society organizations to achieve self financing and sustainability.	Percentage of CSOs trained on self sustainability concepts	TBD	50%	100%	County Assembly
		Coordination of all resources available for HIV response in the county to avoid duplication of efforts.	Creation of an information hub for the county to track resources from all partners	Number of functional information hub developed	None	1	1	County Government through the health services sector
			Carry out a cost-benefit analysis on the HIV & AIDS programs.	Report on cost benefit analysis	TBD	100%	100%	
		Maximize efficiency of existing HIV delivery options for increased value and results within the existing resources	Align the HIV and AIDS response within the local context	County HIV strategic plan developed and disseminated	None	100%	100%	KCG
		Aligning HIV resources/ investment to strategic plan priorities	Carry out a needs assessment on key priority interventions	Assessment report	TBD	100%	100%	KCG

STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF KASF RESULTS BY ALL SECTORS AND ACTORS								
KASF Objective	**KCHASP Results**	**Intervention**	**Key activity**	**Indicator**	**Baseline**	**Mid Term Target (2017)**	**End Term Target 2019**	**Responsi-bility**
Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response	Good governance practices and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels	Build and sustain high-level political commitment for strengthened county ownership of the HIV response	High level engagement with the office of the governor and members of the county assembly to obtain p Political will and commitment in the implemen-ntation of the strategic plan	Number of the high level engagement done	TBD	2 high level engagement held (2 sessions per year)	4 high level engagement meetings Held	Office of the Governor
			High level engagement of MCAs and the county assembly executives to create awareness on the county HIV responses	Number of high level engagement with MCAs held	TBD	4 sessions held	8 sessions held	County Executive for Health
			Enact legislation that are HIV county-specific based on the priorities	Number of legislation enacted on HIV & AIDS	TBD	4 KCHASP coordination structures constituted	4 KCHASP Coordination structures constituted	NACC
	Effective and well-functioning stakeholder co-ordination and accountability mechanisms in place and fully operationalized zed at the county and sub-county levels	Entrench good governance and strengthen multi-sector and multi-partner accountability for the to delivery of KCHASP results	Joint KCHASP annual implementation review meetings with the stakeholders, ,implementers and partners involved in the HIV & AIDS response within the county	Number of annual KCHASP implementation review meetings held	None	2	4	
			Regular update meetings to Ensure accountability for performance and results by all implementing partners at the county	Number of performance and accountability meetings held	None	8	16	County Government

KASF Objective	KCHASP Results	Intervention	Key activity	Indicator	Baseline	Mid Term Target (2017)	End Term Target 2019	Responsi-bility
Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response		Coordination of all resources available for HIV response in the county to avoid duplication of efforts.	Creation of an information hub for the county to track resources from all partners	Number of functional information hub developed	None	1	1	County Government through the health services sector
	An enabling policy, legal and regulatory framework for the multi-sectoral HIV and AIDS response strengthened and fully aligned to the Constitution of Kenya 2010.	Establish functional HIV co-ordination mechanism at the county and sub-county levels	Hold regular county and sub-county stakeholders Fora to create awareness on key HIV interventions envisaged in the strategic plan	Number of stakeholders fora conducted	None	8	16	NACC
			Tracking and monitoring of the resources during the strategic plan implementation, monitoring and evaluation	Number of M&E reports compiled and submitted	None	2	4	NASCOP
			Annual joint HIV /AIDS program review at the county level	Annual HIV & AIDS programme review report	None	2	4	County government

Annex 2 Resource Needs

The resource needs to fully implement the Kisii County HIV & AIDS Plan is estimated at USD 215.9 Million for the five-year period. The cost will rise from USD 38.08 Million in 2014/15 to USD 45.94 Million in the final year of the strategic plan due to scaling up of the key HIV interventions. In estimating the resource needs, a macro-costing (down up) approach was used. The resource needs was based on the current Kisii County HIV burden.

Resources required for implementing KCHASP (in USD Millions)

Strategic Directions	Specific KCHASP Intervention Areas	% of Resource dedicated for the strategy	2014/15	2015/16	2016/17	2017/18	2018/19	Total
SD1	HIV prevention	25.99%	9.90	11.27	12.72	14.23	15.42	63.53
SD2	Treatment and care	53.37%	20.32	22.22	23.21	23.64	23.34	112.73
SD3	Social inclusion, human rights and gender	4.00%	1.52	1.98	2.46	2.99	3.55	12.50
SD4	Health systems	6.35%	2.42	2.19	1.79	1.61	0.84	8.85
	Community systems	3.65%	1.39	1.25	1.03	0.92	0.48	5.08
SD7 & SD8	Leadership, governance and resource allocation	3.94%	1.50	1.52	1.48	1.40	1.26	7.17
SD6	Monitoring and evaluation	1.84%	0.70	0.71	0.69	0.65	0.59	3.34
SD5	Research	0.49%	0.19	0.21	0.23	0.25	0.26	1.14
	Supply chain management	0.37%	0.14	0.16	0.17	0.19	0.20	0.86
	Grand Total	**100.00%**	**38.08**	**41.51**	**43.80**	**45.87**	**45.94**	**215.19**

Annex 3 Resource Materials

1. NACC, **Kenya AIDS Strategic Framework** 2014/2015-2018/2019
2. **Kenya AIDS Strategic Framework Monitoring, Evaluation and Research Framework**
3. NACC, **NASCOP Kenya HIV County Profile**, 2014
4. NACC, **NASCOP Kenya HIV Estimates** 2014
5. MoH, NACC, **NASCOP Kenya Prevention Revolution Road Map**, 2014
6. MoH, **Kenya Health Policy** 2012-2030
7. **County Integrated Development Plan** 2013/14 - 2017/2018
8. **County Health Strategic and Investment Plan** 2013/14 to 2017/2018
9. **The Strategic Plan for the Engagement of the Office of the First Lady in HIV Control and Promotion of Maternal, Newborn and Childhealth in Kenya** 2013/17
10. **KASF Research Agenda,** 2014/15 – 2018/19
11. NACC, **Fast Track Plan to End HIV and AIDS Among Adolescents and Young People**, 2015
12. **Kenya Demographic Health Survey**, 2014
13. **Kenya AIDS Indicator Survey**, 2012
14. NACC **Kenya Stigma and Discrimination Index Report**, 2014
15. **Kisii County KASF Dissemination Report**, June 2015
16. **The Constitution of Kenya**, 2010

Annex 4 List of Drafting and Technical Review Team

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