



LAIKIPIA COUNTY



HIV & AIDS STRATEGIC PLAN

2016/2017 – 2019/2020



“Your Health Our Concern!”

maisha!

National AIDS Control Council

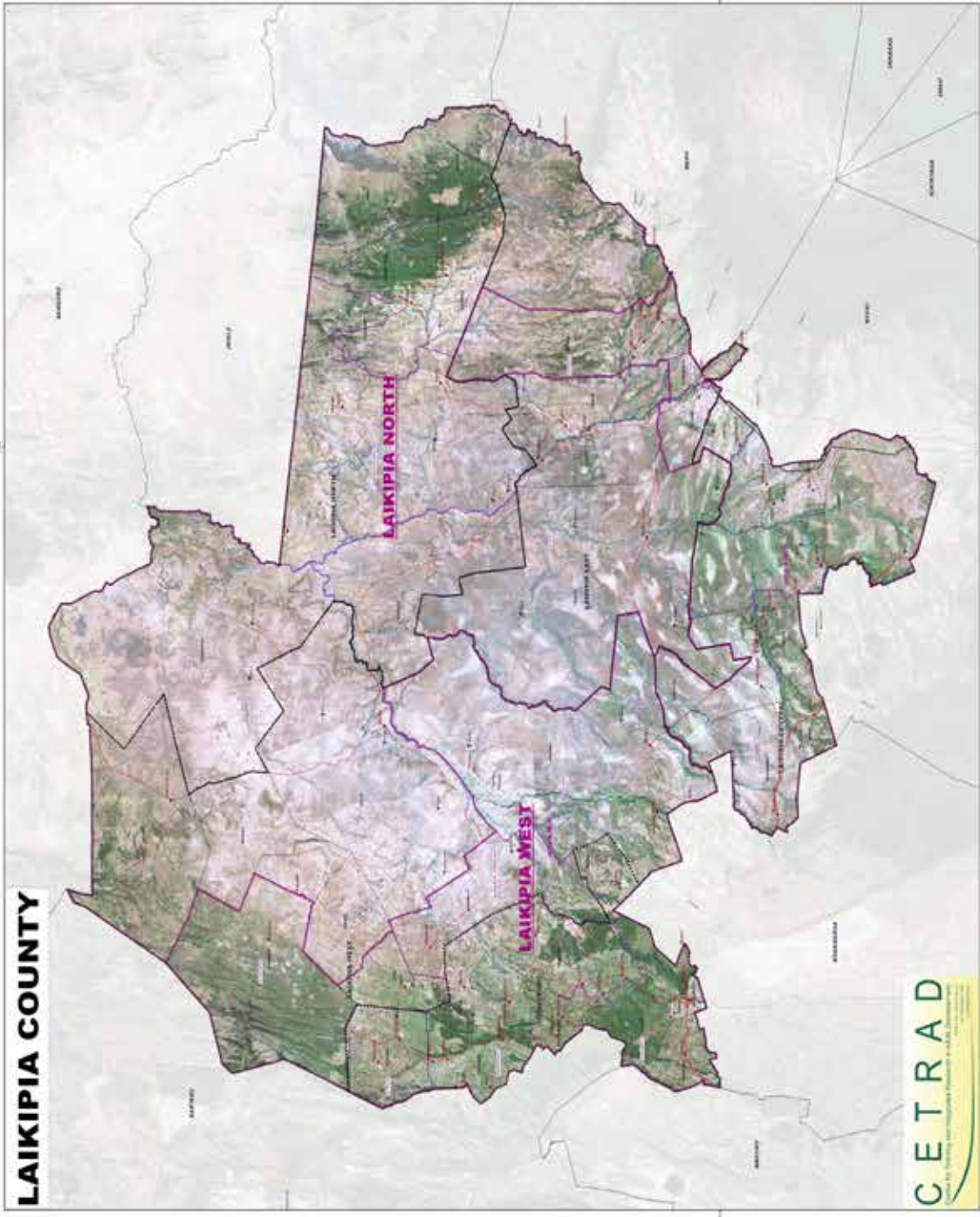


LAIKIPIA COUNTY

HIV & AIDS STRATEGIC PLAN

2016/2017- 2019/2020

LAIKIPIA COUNTY



LEGEND

- Towns**
 - District HQ
 - District Office
 - Other
- Drainage**
 - Fresh water marsh
 - Salt pans
 - Rivers
- Transport**
 - Airports
 - Railway Line
- Boundaries**
 - Constituencies
 - Districts
 - Wards
 - Enclaves
- Scale**
 - 0 10 20 30 40 50 60 70 80 90 100
 - 1:175,000



Table of Contents

List of Figures and Tables	v
Abbreviations and Acronyms	vi
Foreword	viii
Preface	ix
Acknowledgements	x
Executive Summary	xi
Chapter 1: Background Information	1
1.1 Background	1
1.2 Demographics	2
Chapter 2: Situational Analysis	4
2.1 Analysis of the HIV epidemic	4
2.2 Factors contributing to new infections	5
2.4 The drivers of the HIV epidemic in Laikipia County	6
2.5 The current key challenges and programmatic gaps in the HIV response	7
Chapter 3: Rationale And Strategic Plan Development Process	9
3.1 Purpose	9
3.2 Process of developing the LCASP	9
3.3 LCASP guiding principles	10
Chapter 4: Vision, Goal and Objectives	11
4.4 Summary of Key Interventions and Strategic Directions	12
Strategic Direction 1: Reducing new HIV infections	12
Strategic Direction 2: Improving health outcomes and wellness of all people living with HIV	15

Strategic Direction 3: Using human rights approach to facilitate access to services for PLHIV, KPS And other priority groups in all sectors	21
Strategic Direction 4: Strengthening integration of community and health systems	23
Strategic Direction 5: Strengthening research, innovation and information management to meet LCASP goals	25
Strategic Direction 6: Promote utilization of strategic information for research, monitoring and evaluation to enhance programming	27
Strategic Direction 7: Increasing domestic financing for sustainable HIV response	29
Strategic Direction 8: Promoting accountable leadership for delivery of LCASP results by all sectors and actors	30
Chapter 5: Implementation Arrangements	32
5.1 Implementation process	32
5.2 Implementing individuals and committees	32
Chapter 6: Research Monitoring And Evaluation Plan	36
6.1 Data architecture	37
6.2 Performance Monitoring Processes	37
6.3 Mechanism for updating the M&E plan	38
Chapter 7: Risk Mitigation Plan	39
Annexes	42
Annex 1: M&E Plan	42
Annex 2: Results Framework	51
Annex 3: County Budget	56
Annex 4: References	62
Annex 5: Drafting and Technical Review Teams	63

List of Figures and Tables

Figures

- Figure 2.1 Laikipia County HIV prevalence by gender
- Figure 5.1 Laikipia County HIV and AIDS coordinating structure

Tables

- Table 1.1 Laikipia County population and projections (county population estimates)
- Table 2.1 HIV burden in Laikipia County
- Table 2.2 SWOT analysis for Laikipia County
- Table 2.3 Number of orphans and households with orphans in Laikipia County
- Table 4.1 Reducing new HIV infections
- Table 4.2 Improving health outcomes and wellness of all people living with HIV
- Table 4.3 Using a human rights approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors
- Table 4.4 Strengthening integration of community and health systems
- Table 4.5 Strengthening research, innovation and information management to meet the LCASP goal
- Table 4.6 Promote utilization of strategic information for research and monitoring and evaluation to enhance programming
- Table 4.7 Increasing county driven domestic financing for a sustainable HIV response
- Table 4.8 Promoting accountable leadership for delivery of the LCASP results by all sectors and actors
- Table 7.1 Risk mitigation matrix

Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome	CSO	Civil Society Organization
ART	Antiretroviral Treatment/Therapy	CSR	Corporate Social Responsibility
ARV	Anti-Retroviral Drugs	DICE	Drop in Centre
ANC	Antenatal Care	DHIS	District Health Information System
BATUK	British Training Unit in Kenya	DQA	Data Quality Audits
CASCO	County AIDS and STI Control Officer	EBIS	Evidence Based Interventions
CASP	County AIDS Strategic Plan	EMR	Electronic Medical Records
CHMT	County Health Management Team	EMTCT	Elimination of Mother to Child Transmission
CEC	County Executive Committee member	FBO	Faith Based Organization
CIDP	County Integrated Development Plan	FY	Financial Year
CBO	Community Based Organization	GBV	Gender-Based Violence
CCSFP	County Community Strategy Focal Person	GF	Global Fund
CDE	County Director of Education	HAART	Highly Active Antiretroviral Therapy
CDH	County Director Health	HCW	Health Community Workers
CECH	County Executive Committee member, Health	HIV	Human Immunodeficiency Virus
CHAC	County HIV and AIDS Committee	HIV+	HIV Positive
CHMT	County Health Management Team	HMIS	Health Management Information System
CHPO	County Health Promotion Officer	HMT	Health Management Team
CHRIO	County Health Records and Information Officer	HPI	Human Poverty Index
CHTWG	County Health Technical Working Group	HR	Human Resource
CHW	Community Health Worker	HRO	Health Records Officer
CO	County Officer	HSSP	Health Sector Strategic Plan
COAC	County AIDS Coordinator	HTC	HIV Testing and Counselling
COBPAP	Community Based Programme Activity Reporting	ICC	Inter-agency Coordinating Committee
CRHC	County Reproductive Health Coordinator	ICT	Information Communication Technology

IEC	Information, Education and Communication	NHIF	National Hospital Insurance Fund
IGAD	Inter-Governmental Authority on Development	OI	Opportunistic Infection
IRC	Inter-Religious Council	OVC	Orphans and Vulnerable Children
KAIS	Kenya AIDS Indicator Survey	PEP	Post-Exposure Prophylaxis
KASF	Kenya AIDS Strategic Framework	PITC	Provider-initiated Testing and Counselling
KDHS	Kenya Demographic and Health Survey	PLHIV	People Living with HIV
KEMSA	Kenya Medical Supplies Authority	PMTCT	Prevention of Mother-to-Child Transmission of HIV
KPS	Key Populations	PPP	Public-Private Partnership
LCASP	Laikipia County AIDS Strategic Plan	PWD	People with Disabilities
M&E	Monitoring and Evaluation	RH	Reproductive Health
MIPA	Meaningful Involvement of People living with HIV and AIDS	RHC	Regional HIV Coordinator
MNCH	Maternal and Newborn Health	SCACC	Sub-County AIDS Control Coordinator
MOEST	Ministry of Education, Science & Technology	SCHMT	Sub-County Health Management Team
MOH	Ministry of Health	SGBV	Sexual Gender Based Violence
MOT	Mode of Transmission	SOPS	Standard Operating Procedures
MOU	Memorandum of Understanding	SRH	Sexual Reproductive Health
MP	Member of Parliament	STI	Sexually Transmitted Infection
MTCT	Mother to Child Transmission	TB	Tuberculosis
MYWO	Maendeleo ya Wanawake Organization	TBD	To Be Determined
NACC	National AIDS Control Council	TST	Technical Support Team
NASCOP	National AIDS and STIs Control Programme	TWG	Technical Working Group
NCD	Non-Communicable Disease	UN	United Nations
NEPHAK	National Empowerment Network of People living with HIV and AIDS in Kenya	UNAIDS	The Joint United Nations Programme on HIV and AIDS
NGO	Non-Government Organization	WEF	Women Enterprise Fund

Foreword



Laikipia County is one of the counties that is experiencing rapid economic and population growth. The county which was created following the devolved system of governance has a diverse background comprising urban and rural set-ups as well as a rich ethnic and cultural diversity. The County Integrated Development Plan (CIDP) reflects this changing context with health being a priority since improving development is particularly essential to building a skilled workforce and lifting people's health and living standards.

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

The development of the County HIV and AIDS Strategic Plan 2016/17 – 2018/2019, is a demonstration of the County Government's commitment in controlling the epidemic. I am glad this strategic framework is aligned to the recently launched Kenya AIDS Strategic Framework (KASF) 2014/2015 – 2018/2019, the Kenya HIV Prevention Roadmap, and the Laikipia County Health Sector Strategic and Investment Plan. It is my sincere hope that through its implementation it will contribute to the recently endorsed global Sustainable Development Goals.

Owing to this, I am committed to facilitate achievement of the results articulated in this strategic plan through increasing domestic financing that includes enhancing private public partnership and in consultation with the County Assembly will review the relevant county laws to enable mobilise resources required for the response. This plan therefore will serve as a guide to all partners in their HIV and AIDS programming within the county.

We will therefore leverage the achievements made so far, continue to foster a unity of purpose, steer a multi-sectoral approach while engaging the local community towards making Laikipia County free of HIV and AIDS.

Lastly I wish to reaffirm the County Government's commitment to its role in ensuring access to quality healthcare services to its citizens.

DR. DAVID W. NJOROGE
County Executive Committee Member for Health

Preface

The county of Laikipia recognizes the importance of a county strategy in confronting the challenges posed by HIV and AIDS, mounting a technically sound county response and mobilizing all stakeholders towards achieving the desired results.

I am delighted that the County HIV and AIDS Strategic Plan clearly shows that we are using evidence to implement programs that will reap maximum benefits. The resources to confront HIV are limited and the challenge, therefore, is to link them with results in order to realize the objectives of this Strategic Plan. The County HIV and AIDS Strategic Plan is based on five programmatic areas operating as an integrated programme.



First, the Key Populations (KPs) program will focus on specific interventions targeting sex workers and other drivers of the epidemic as well as vulnerable groups. The care and treatment program on the other hand will ensure that there is universal access to ART and care while also ensuring adherence and subsequent viral load suppression.

HIV Testing and Counselling (HTC) as a gateway to HIV care must focus on increasing access to HTC employing tactics to enhance universal acceptance and overall HTC coverage while aiming at 100% linkage to care. The program will design audience specific approaches to increase HTC.

The ultimate goal of the strategic plan is to reduce new infections and therefore the prevention of Mother-to-Child Transmission of HIV (PMTCT) arm will be very instrumental in ensuring that all HIV positive gestating mothers access ART for purposes of reducing mother to child transmission (MTCT). Coupled with increased access to family planning for HIV positive women of reproductive age, this will go a long way in tackling new HIV infections in Laikipia County.

Youth friendly services will also be brought to focus in this strategic plan as a way of advocacy for primary prevention and tailored provision of quality healthcare among the youth. The strategic plan will also advocate for a multi-sectoral response while ensuring that partners are coordinated under one framework.

With the requisite governance, strategic information and accountability, there is no doubt that the strategic plan will achieve its objectives.

A handwritten signature in black ink, appearing to read 'Timothy Panga', written over a light blue horizontal line.

DR. TIMOTHY PANGA
Chief Officer of Health

Acknowledgements

Strategic planning for HIV is a process that has proved to be an invaluable way for the County AIDS/STI Control Program as far as planning and strategising on relevant, sustainable and cost-effective program interventions are concerned. It gives us the opportunity to review the work we have done, affirm our success, critically review whatever could have been done better and chart our course for the future. By its very nature, strategic planning for HIV and AIDS involves an enormous amount of risk-taking requiring honesty, courage, energy and vision.



The process of developing this Strategic Plan started in April 2015 and was a monumental task. There have been many rigorous and spirited discussions with all stakeholders around the programmatic areas. Everyone around the table – CEC Health, Chief Officer, Director, CHMT, SCHMT, Development and Implementing Partners, People Living with HIV, People with Disabilities, the elderly and all other stakeholders – have brought their best efforts to bear upon these consultations. It is from this engagement that we have put forth a vision, setting us on a trajectory that will assure our prominence in the County and National HIV arena.

Through thoughtful visioning, we have formulated a comprehensive County HIV and AIDS Strategic Plan, which will act as the compass guiding us towards delivering Universal Access to HIV services.

We wish to acknowledge with deep gratitude all the contributors of this successful strategic plan.

The Ministry of Health, Laikipia County, wish to renew its commitment to abiding by the highest standards of governance and effective programming as it coordinates the county response to advance efforts in making our county free of HIV.

A handwritten signature in black ink, appearing to read 'Donald Mogoi'.

DR. DONALD MOGOI

County Director of Health, Preventive and Promotive Health Services

Executive Summary

The development and subsequent launch of the Laikipia County AIDS Strategic Plan (LCASP), covering the period 2016/17 to 2018/19, is the culmination of many weeks of preparation by the County AIDS/STI program, working in collaboration with development partners and implementing partners, to deliver a better framework for a strengthened county HIV response.

This is a five year plan that gives a strategic guide for response towards HIV at the county and sub-county levels, addressing the drivers of the HIV epidemic and achievements towards universal access to comprehensive HIV prevention, treatment and care.

LCASP is aligned with the Constitution of Kenya 2010, which envisions a new environment for governance and management of the county HIV and AIDS response.

The strategic plan, premised on Kenya Vision 2030 description of HIV and AIDS as one of the greatest threats to social economic development in Kenya, marks a change in the approach of managing the national response from doing “business as usual” to evidence and results-based multi-sectoral and decentralised planning. The strategic plan has also mainstreamed gender and human rights in all aspects of the response planning and service delivery.

The plan is aligned to the “Three Ones” principle that guide the county and their partners and investment case approach with emphasis on geographical population and intervention prioritization, feasibility and sustainability for impact. The framework is aligned with international, regional, national and county obligations, commitments and targets related to HIV and AIDS.

The LCASP is driven by Kenya’s long term vision for HIV control by 2030 in line with Kenya’s economic and development vision of creating a globally competitive and prosperous nation with a high quality of life by 2030.

With this plan in place, it is expected that the county will achieve county-wide universal access for quality integrated services at all levels to prevent new HIV infections, reduce HIV-related illnesses and deaths, and mitigate the effects of the epidemic on households and communities.

Vision

Laikipia County
free of
HIV and AIDS

Goal

To prevent new HIV
infections and provide
sustainable quality care to
PLHIV and their families
in the county

Objectives

- 1 Reduce new HIV infections by 50%
- 2 Reduce AIDS related mortality by 40%
- 3 Reduce HIV related stigma and discrimination by 50%
- 4 Increase domestic financing of HIV response by 50% of the current HIV funding



Figure 1.1: Laikipia County Map

CHAPTER

1

Background Information

1.1 Background

Kenya promulgated a new constitution that introduced the devolved system of governance in August 2010. This resulted in the creation of two levels of governments, the County Governments (47 of them) and one National Government. The health sector functions were devolved to the counties with county governments being allocated the service delivery functions and the National Government retaining the policy, regulation and training functions.

Laikipia County is one of the 14 counties within the Rift Valley region and one of the 47 counties in the Republic of Kenya. The county borders Samburu County to the north, Isiolo County to the north east, Meru County to the east, Nyeri County to the south east, Nyandarua and Nakuru counties to the south west and Baringo County to the west. Laikipia County has three sub-counties (the constituencies), namely: Laikipia East, Laikipia North and Laikipia West. The county headquarters are at Nanyuki.

The county covers an area of 9,462 km² and is ranked as the 15th largest county in the country by land size, with a projected population of 521,934 in 2016.

1.2 Demographics

Table 1.1 Laikipia County population and projections (county population estimates)

Description	Population estimates	Target population				
		2013	2014	2015	2016	2017
Total population		459,904	476,001	492,661	521,934	527,750
Total number of households		91,981	95,200	98,532	101,981	105,550
Children under 1 year (12 months)	3.71%	17,062	17,660	18,278	18,917	19,580
Children under 5 years (60 months)	16.90%	77,724	80,444	83,260	86,174	89,190
Under 15 year population	42.30%	194,539	201,348	208,395	215,689	223,238
Women of child bearing age (15 – 49 years)	24%	110,377	114,240	118,239	122,377	126,660
Estimated number of pregnant women	3.84%	17,660	18,278	18,918	19,580	20,266
Estimated number of deliveries	3.84%	17,660	18,278	18,918	19,580	20,266
Estimated live births	3.79%	17,430	18,040	18,672	19,325	20,002
Total number of adolescents (15 -24 years)	18%	82,783	85,680	88,679	91,783	94,995
Adults (25-59)	25%	114,976	119,000	123,165	127,476	131,938
Elderly (60+)	5.80%	26,674	27,608	28,574	29,574	30,610

Source-KDHS

CHAPTER 2

Situational Analysis

2.1 Analysis of the HIV epidemic

The HIV epidemic in Kenya peaked in the late 1990s with an overall prevalence of over 14% in adults. This declined over the next decade, with the national HIV prevalence dropping to 7.4% in 2007 and eventually to 5.6% according to KAIS 2012. Currently, new infections amongst adults are estimated at 88,620 per year while in children they are estimated at 12,940. The PLHIV in Kenya are estimated to be 1.6 million. According to the 2008 Modes of Transmission study (MoT 2008) most new infections (44%) occur in couples who engage in heterosexual activity within a union or regular partnership.

Laikipia County is one of the 14 counties within the Rift Valley region and one of the 47 counties in the Republic of Kenya. With an estimated population of 454,412, Laikipia experiences a mixed and geographically heterogeneous HIV epidemic with characteristics of both a 'generalized' epidemic among the main stream population, and a 'con specific among the Key Populations (KPs).

The HIV prevalence has remained high at 3.7% with an estimated PLHIV of 12,970 and 679 new infections in 2012 according to KAIS 2013.

Table 2.1 HIV burden in Laikipia County

Indicator	Total	Rank*
Total population (2009)	454, 412	11
HIV prevalence (overall)	3.7%	15
Number of adults living with HIV	9, 000	12
Number of children living with HIV	1, 324	14
Total number of people living with HIV	10, 324	12

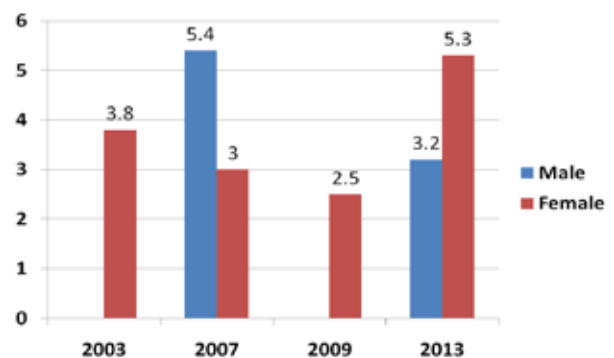


Figure 2.1 Laikipia County HIV prevalence by gender

Table 2.1 above shows that HIV prevalence is higher among women (5.3%) with a sharp decrease in men (3.2%).

2.2 Factors contributing to new infections

2.2.1 Political

There has been a concerted effort through the leadership of the Governor to open up new health facilities in hard to reach areas and also employment of new medical staff to bridge existing gaps in each administrative ward in the county.

However, despite all this effort, there is still a gap that needs political goodwill especially in area of resource mobilization towards enhancing HIV related programs that seek to reduce new infections and offer better services to both the infected and the affected.

2.2.2 Social

Laikipia is made up of a diverse population; nomadic people, sedentary livestock keepers, crop farmers and urban dwellers. However, due to increased human and livestock populations pastoralism is no longer sustainable. The pastoralists have to move from time to time in search of pastures and at times leave behind their women and children. This situation makes it difficult for the government and development agencies to provide basic services including HIV services to the pastoral communities. The situation is worsened by high levels of poverty.

The County Human Poverty Index in Laikipia stands at 57.3 which is high compared to the national HPI of 29.1 (CIDP). The illiteracy level is high and the population is unable to exploit the available natural resources such as land for their benefit.

2.2.3 Economic

The county has witnessed rapid urbanization with increased rural urban migration. There is emergence of many horticultural farms, new tourist attraction sites, commercial ranching and setting up of military bases including the British Training Unit in Kenya (BATUK).

The county has witnessed the emergence of squatters and new settlement schemes such as Solio, Shalom, Gatundia, Kwa Mbuji, Kahurura, Kandutura and Ontilili villages. The squatter problem has increased the need for health services in an already constrained health system.

Majority of the youth lack skills and therefore have limited means to livelihood.

However, high dependence ratio, lack of entrepreneurial skills, and lack of a business culture has hindered the full utilization of the opportunities available.

2.2.4 Cultural

Cultural practices such as female genital mutilation (FGM), early marriages, traditional male circumcision and 'moranism' have also been noted as major challenges to HIV management. This calls for concerted effort to persuade the communities practicing these cultural practices to abandon them. It has been noted that legislations like the Children Act have not stopped some practices like early marriages for girls as expected since communities still embrace the vice. There is need to intensify awareness creation and community sensitization especially targeting men to persuade them to support the initiatives.

2.2.5 Regulatory

Laikipia County has made its commitment to better the health of its population including PLHIV since devolution came into effect by adopting and implementing national policies including KASF.

Through the County Executive led by the Governor and the County Assembly, a County Health Service Bill was enacted in 2014 which seeks to enhance health services equitably across all people living in Laikipia and at the highest possible standards.

2.3 SWOT analysis

Analysis of internal strengths was carried out as well as a review of possible weaknesses that could impede the implementation of the LCASP 2016/17 –

2018/19. Review of external aspects that affect the Plan including Opportunities and Threats were also identified and discussed by the drafting and technical support teams and are summarized in the table below.

Table 2.2 SWOT analysis for Laikipia County

Internal capabilities review	Environmental scan
<p>Strengths</p> <ul style="list-style-type: none"> Well organized and coordinated CHMT, with good leadership from CEC Health and regional HIV coordinator. Harmony, unity of purpose and good working relationship among county health team members. A small county health team leading to more cohesion among members and quick decision making. Financial support from the County Government. Stable political environment in the county. 	<p>Opportunities</p> <ul style="list-style-type: none"> An informed and demanding electorate. Support from National Government towards devolution. Increased enthusiasm by development partners to engage with the County Assembly. Opportunity to interact with other County Assemblies and the National Parliament.
<p>Weaknesses</p> <ul style="list-style-type: none"> Political differences among the three sub-counties which affects the SCACCS delivery expectations. Inadequate training for SCACCS and the County MoH team. 	<p>Threats</p> <ul style="list-style-type: none"> Dynamic political environment Political interference from the National Government and the County Executive. Budgetary constraints resulting in resource cutbacks. Possibility of staff mobility to other employers. Perceived dwindling resources from the National Government and donors. Varied interests among ethnic groups in the county. Increased insecurity in the county.

2.4 The drivers of the HIV epidemic in Laikipia County

The studies done on the key drivers of the HIV epidemic in Laikipia County point out to the following:

i) Poverty – This was found to be one of the most important factors increasing the risk and vulnerability to HIV infection. Under poverty, food was the single most important risk factor. This was followed by poor nutrition, lack of school fees, and inadequate access to health care, clothing and shelter. The emergence of poor settlement schemes within the flower farms contributed to poverty.

ii) Sexual attitude and behaviour – These included low perception of risk and multiple (concurrent) partners, women’s inability to negotiate for safe sex, casual heterosexual transactional sex, masculinity and conquest ideology prevalent in men and adolescents (men are generally considered strong or powerful), pleasure-loving lifestyle leading to risky sexual behaviours, intergenerational sex, and sexual permissiveness in young boys (boys being encouraged to have girlfriends) especially after circumcision to prove their manhood. There is early sexual debut in the

county with 31% of the people having their first sexual experience before the age of 15 years (KAIS 2013).

iii) Cultural practices – Most communities in Laikipia County traditionally circumcise men, but this is normally done under unsafe and unhygienic conditions. Boys are socialized to practice unsafe trial sex after circumcision. Tagging circumcision to the school calendar leads to delay in male circumcision.

iv) Alcohol, drug and substance abuse – The county experiences abuse of alcohol & drugs. This is attributed to a number of factors, notably low knowledge regarding substance abuse among the youth, low level of enforcement of alcoholic laws leading to the sale of illicit alcohol, conflict of interest and poor social support networks.

v) Low uptake of HIV services – Despite the huge importance of HIV testing as a way to increase prevention and treatment, about 56% of people in Laikipia County had never tested for HIV by 2009, while 25% of those that tested HIV positive delayed being enrolled into the care and treatment programme. Despite the fact that consistent and proper use of condoms reduces the risk of HIV and other sexually transmitted infections by more than 90 per cent, there is low uptake of condom use posing a significant risk of HIV infection to the population.

There were about 574 HIV-positive pregnant women in Laikipia County in 2011. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. 44% of HIV-positive pregnant women in Laikipia County do not deliver in a health facility. Only 42 per cent of pregnant women attend the recommended four antenatal visits in Laikipia County. This could be attributed to

the high levels of stigma and discrimination which stands at 46% according to the stigma index study of 2013. Approximately 300 adults and 80 children died of HIV related conditions in 2011 in Laikipia County. 81% of children living with HIV in Laikipia County are in need of antiretroviral therapy (ART) are not under treatment.

Table 2.3 Number of orphans and households with orphans in Laikipia County

Indicator	Total
Number of households with an orphan	10, 488
Number of poor households with an orphan	5, 139
Number of poor households with an orphan that benefit from cash transfer program	1, 718

The discussion above will assist the county to generate specific strategies to achieve an overall HIV prevalence target of below zero by 2020. The strategies will focus on three priority areas: (1) Preventing new infections; (2) Improving the quality of life of people infected or affected by HIV; and (3) Mitigating the socio-economic impact of HIV.

The LCASP has borrowed heavily from the Kenya AIDS Strategic Framework (KASF).

2.5 The current key challenges and programmatic gaps in the HIV response

- **Economic inequalities** - Poverty, economic inequalities, socio-cultural vulnerability of adolescents, women, men and children particularly the young people in learning institutions are fueling the transmission of HIV.

- **Inadequate access to health services** – Unnecessary deaths occurring due to inadequate access to the health facilities because of distance and lack of transport, and sub-standard care and discriminatory services in the existing facilities.
- **The health providers, their attitudes and skill sets** – Inadequate staffing in terms of cadre, appropriate provider/patient ratio, levels of training and attitude towards the youth and KPs seeking care in the health facilities.
- **The supply chain management** – The county frequently experiences delayed supply of drugs, other commodities and technologies due to long lead times. In addition, the county lacks a proper distribution mechanism of the same from the central sites within the county to the facilities leading to stock outs.
- **Poor medical infrastructure and weak systems** – There is inadequate infrastructure in terms of healthcare facilities and equipment, poor road network, lack of specialized clinics and hospitals, as well as lack of digitalized distribution networks that deliver medicines and other supplies to dispensing centres and other outlets at the county and sub-county levels.
- **Inadequate funding** – The county budget allocation towards the HIV response has not been adequate therefore it relies on external funding. This creates donor dependency and may compromise service delivery.
- **Legal framework** – The respect for human rights requires a fair and efficient criminal justice system which is capable of deterring crimes such as rape, incest, sexual abuse and gender-based violence.
- **Political will** – Strategic leadership commitment and goodwill from the elected county leadership is required to provide adequate resources (from domestic sources and/or external partners) to ensure the county has healthy people to spur economic development.

CHAPTER 3

Rationale and Strategic Plan Development Process

3.1 Purpose

The LCASP has been developed to provide a strategic framework that will guide and inform the planning, coordination, implementation, monitoring and evaluation of the county multi-sectoral and decentralized HIV and AIDS response, guide resource mobilization, foster stakeholders engagement, promote efficiency and county specific research approaches and ensure human rights based and gender transformative approaches with the aim of achieving zero new infections, zero discrimination and zero AIDS related deaths.

The KASF 2014/15 – 2018/19 was developed to guide the delivery of HIV response in the country and was to be customized to respond to county specific needs. This strategic plan is therefore an extract of the KASF which has been customized to suit Laikipia needs. The county will use the plan to respond to the epidemic through resource mobilization, allocation and accountability.

After the launch of the KASF in December 2014, the National AIDS Control Council (NACC) supported a

Laikipia stakeholders' meeting whose agenda was dissemination of the KASF.

3.2 Process of developing the LCASP

The process of developing the LCASP was participatory involving a wide range of stakeholders from public sector institutions, the private sector, civil society organizations (NGOs, FBOs, CBOs), the youth, PLHIV and community members. It started with development, launch and dissemination of KASF 2014/15 - 2018/19.

A stakeholders' meeting was held at the county level to give proposals on the strategic directions that were consolidated by a drafting committee appointed by the Chief Officer of Health. Consequently, a team comprising the county drafting members, CHMT and the Technical Support Team (TST) reviewed the document and it was validated by the stakeholders. The CEC Health appointed an Executive County Team made of the County directors and Chief Officer, Health to finalize the document before submission of the same to the County Assembly for approval and adoption.

3.3 LCASP guiding principles

The following principles will guide the County HIV and AIDS response:

- i) Respect and fulfillment of basic human rights**
 - Respect and fulfillment of human rights is a pre-requisite for an efficient and effective HIV and AIDS response. Efforts will be made to ensure that duty bearers and other service providers respect and fulfill their obligations to provide quality and comprehensive services to all people. Rights holders (beneficiaries) will be empowered to access and utilize such services.
- ii) Equity** – Access to services is a basic human right. Efforts will be made to ensure equitable distribution, availability and access to services by all people especially those most at risk and other KPs.
- iii) Evidence-based planning and results-based management** - The planning and management of the county response will be informed by empirical qualitative and quantitative evidence, and implementation will focus on measurable outcome, output and impact.
- iv) Integrated service delivery** - The document will guide services integration as a strategy to improve synergy between interventions and optimized use of resources.
- v) Meaningful involvement of people living with HIV (MIPA)** - PLHIV involvement will improve services uptake and address the challenges of stigma and discrimination, among other barriers to services uptake. The involvement of PLHIV will also enhance efforts on positive health, dignity and prevention.
- vi) Multi-sectoral accountability** - This plan provides guidance for interventions and results for which stakeholders are responsible and accountable. This will serve to increase resources and accelerate results.

- vii) County ownership and partnership** – All HIV stakeholders including the County Government, development partners, FBOs, private partners, and communities of PLHIV shall align their efforts towards the results envisioned.
- viii) Efficiency, effectiveness and innovation** – The plan explores domestic funding options through improved efficiency in service delivery and innovative approaches aimed at achieving more at reduced costs without compromising on quality.
- ix) Alignment with other national and international strategic frameworks** – The strategic plan will be aligned to the following national and international frameworks:
 - KASF which outlines the country’s strategies in addressing HIV and AIDS.
 - Vision 2030 which identifies health as a key building block for the transformation of Kenya into a successful middle income country.
 - Health Sector Strategic plan (HSSP) – LCASP outlines that health and community systems development priorities ensure effective health service delivery.
 - UN High Level Meeting Commitments – LCASP aims at enabling Laikipia County to meet its international commitments to achieve universal access to HIV services and to reverse the impact of the epidemic.
 - Regional HIV frameworks that contribute to the objectives of regional objectives including IGAD, East African Community, African Union Global Commitment on HIV, Tuberculosis and Malaria.
 - Global commission on human rights and law.
 - Kenya fast-track plan to end HIV and AIDS among adolescents and young people.

CHAPTER

4

Vision, Goal and Objectives

Vision

A county free of HIV and AIDS

Goal

To prevent new HIV infections and provide sustainable quality care to People Living with HIV and their families in the county.

Objectives

- 1 Reduce new HIV infections by 50%
- 2 Reduce AIDS related mortality by 40%
- 3 Reduce HIV related stigma and discrimination by 50%
- 4 Increase domestic financing of HIV response by 50% of the current HIV funding.

4.4 Summary of key interventions and strategic directions

4.4.1 Strategic Direction 1:

Reducing new HIV infections

Despite current interventions, Laikipia County continues to record high numbers of new HIV infections with 696 adults and 33 infants getting infected in 2013. Information gap, fewer testing and treatment sites, inadequate HIV related commodities,

human resource gaps, and gaps in policy need to be addressed.

This strategic direction focuses on two result areas, namely: reduce annual new HIV infections among adults, youth, and adolescents; and reduced HIV transmission rates from mother to child.

Below are the key intervention areas.

Table 4.1 Reducing new HIV infections

Strategic Direction 1: Reducing new HIV infections								
KASF Objective	CASP Results	Key Activity	Sub Activity/Intervention			Target Population	Geographic Areas by county/Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
Reduce new HIV infections by 75%	Reduced new HIV infections among adults by 50% annually	Reducing new HIV infections cases	Test and link those testing HIV positive to care and early ART initiation.	Targeted, and evidence based sustained interventions e.g. sensitization of communities on HIV.	Increase number of HIV testing sites, Integrated outreaches e.g. use of the Beyond Zero mobile clinic, moonlight HTS.	General population Key population, adolescents and youth Young boys	County	CASCO
			Provide post exposure prophylaxis.					

Reducing new HIV infections

KASF Objective	CASP Results	Key Activity	Sub Activity/Intervention			Target Population	Geographic Areas by county/Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
Reduce new HIV infections by 75%	Reduced new HIV infections among adults by 50% annually	Reducing new HIV infections cases	<p>Offer comprehensive gender based violence care services. Provide key commodities including lubricants, condoms and other appropriate contraceptives to key and vulnerable populations. Scale up STI management in all health facilities. Establish and maintain youth friendly centres in all major facilities and learning institutions.</p>	<p>Targeted, and evidence based sustained interventions e.g. sensitization of communities on HIV.</p>	<p>Innovate culturally acceptable safe and early male circumcision before sexual debut.</p>	<p>GBV survivors and their families Key Populations STI patients Youth</p>	<p>County All health facilities Major health facilities and institutions</p>	<p>Dept. of health, Police, DSDGO, Dept. of Gender RHC Department of Health and Youth</p>
	Reduced HIV transmission rates from mother to child from 6.4% to less than 5%	Reducing new HIV infections cases	<p>Offer HTC to partners and families of HIV positive pregnant women. Integrate ANC, early infant diagnosis with immunization services. Upscale ART uptake to all HIV positive pregnant and lactating mothers and HIV positive infants. Integrate</p>	<p>Conduct regular outreaches to key populations. Sensitize and engage religious leaders on key populations stigma reduction campaigns . Implement cash transfer programs to keep girls in school (OVC).</p>		<p>Partners and families of HIV positive pregnant women All ANC clients and infants HIV positive pregnant and lactating mothers HIV positive infants Sites with MNCH General population KPs Religious leaders OVCs</p>	<p>County</p>	<p>CASCO CRHO CDH CNO CRHO County First Lady CSOs Dept. of Children</p>

Reducing new HIV infections								
KASF Objective	CASP Results	Key Activity	Sub Activity/Intervention			Target Population	Geographic Areas by county/Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
Reduce new HIV infections by 75%	Reduced HIV transmission rates from mother to child from 6.4% to less than 5%	Reducing new HIV infections cases	EMTCT with MNCH services including the Beyond Zero mobile clinic. Conduct targeted stigma reduction campaigns.	Conduct regular outreaches to key populations. Sensitize and engage religious leaders on key populations stigma reduction campaigns . Implement cash transfer programs to keep girls in school (OVC).	Innovate culturally acceptable safe and early male circumcision before sexual debut.	Partners and families of HIV positive pregnant women All ANC clients and infants HIV positive pregnant and lactating mothers HIV positive infants Sites with MNCH General population KPs Religious leaders OVCs	County	CASCO CRHO CDH CNO CRHO County First Lady CSOs Dept. of Children
	Reduce new HIV infections in the workforce	Reducing new HIV infections cases		Strengthen workplace protection policies. Scale up workplace HTC. Condom promotion and distribution.		Workplaces Universities and colleges General and special populations		Relevant HR CCSFP
	Reduce stigma and discrimination in communities	Reducing new HIV infections cases	Conduct and adapt stigma-free HIV prevention campaigns. Undertake HIV prevention activities in all universities and middle level colleges. Scale up the production of relevant IEC materials (frequency of production)					

4.4.2 Strategic Direction 2:

Improving health outcomes and wellness of all people living with HIV

Laikipia County experiences low paediatric enrolment, low one year ART retention rate, low PMTCT uptake, late ART initiation due to fewer ART sites, high levels of HIV related stigma and

discrimination impacting negatively on the county's HIV response.

This strategic direction focuses on three key intervention areas, namely: improve timely linkage to care for persons diagnosed with HIV; increased coverage of care and treatment and reduce loss in the cascade of care; and scale up interventions to improve quality of care and improve health outcomes.

Table 4.2 Improving health outcomes and wellness of all people living with HIV

Strategic Direction 2: Improving health outcomes and wellness of all people living with HIV								
KASF Objective	CASP Results	Key Activity	Sub Activity/Intervention			Target Population	Geographic Areas by county/ Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
Reduce AIDS related mortality by 40%	Increased enrolment to care within 3 months of HIV diagnosis to 90% for children, adolescents and adults	Increase coverage to care and treatment and reduce the loss in the cascade of care	Refer, link and follow up of all people living with HIV for continuum of care and support. Increase ART sites from 24 to 61 sites.			PLHIV	County	CDH CASCO
	Increased ART coverage from 60% to 90% for children living with HIV Increased ART coverage to 90% for adolescents		Identify gaps along HIV care and treatment cascades and address them immediately.			Children living with HIV	County	CDH
	Increased ART coverage to 90% for adolescents		Scale up integrated youth friendly services.	Sensitization and mentorship among HIV positive youths.	Increase ART centres in the county from 24 to 61.	Youth and adolescents	County	CASCO

Improving health outcomes and wellness of all people living with HIV

KASF Objective	CASP Results	Key Activity	Sub Activity/Intervention			Target Population	Geographic Areas by county/ Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
Reduce AIDS related mortality by 40%	Increased ART coverage to 90% for adults	Increase coverage to care and treatment and reduce the loss in the cascade of care	Increase PMTCT sites in the county from 24 to 61.	Sensitization and mentorship. Utilize peer support networks of people living with HIV. Promote positive health dignity and prevention intervention (PHDP).	Increase ART centres in the county from 24 to 61.	Adults	County	CDH CRHC
	Increased HAART coverage among HIV infected pregnant women to 90%	Increase coverage to care and treatment and reduce the loss in the cascade of care		Sensitization and mentorship. Utilize peer support networks of people living with HIV. Utilize peer support and networks of mentor mothers.		Pregnant women living with HIV	County	CSOs
	Increased retention on ART at 12 months to 90% in children	Increase coverage to care and treatment and reduce the loss in the cascade of care		Use of CHVS for effective referral, and follow-up of children living with HIV. Continuous sensitization on issues of adherence and support groups formation.		Children living with HIV	County	CSOs

Improving health outcomes and wellness of all people living with HIV

KASF Objective	CASP Results	Key Activity	Sub Activity/Intervention			Target Population	Geographic Areas by county/ Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
Reduce AIDS related mortality by 40%	Increased retention on ART at 12 months to 90% in adolescents	Increase coverage to care and treatment and reduce the loss in the cascade of care	Increase PMTCT sites in the county from 24 to 61.	Use of CHVS for effective referral, and follow-up of adolescents living with HIV. Continuous sensitization on issues of adherence and support groups formation.	Increase ART centres in the county from 24 to 61.	Adolescent living with HIV	County	CDH
	Increased retention on ART at 12 months to 90% in adults	Increase coverage to care and treatment and reduce the loss in the cascade of care	Scale up prevention interventions for TB, OIs and other co-morbidities, water and sanitation related diseases, vaccinations for preventable diseases (cervical cancer, hepatitis, pneumococcal). Cascade integrated HIV trainings for a skilled and competent workforce through innovative Methods and technologies. Use integrated and decentralized HIV delivery models that increase access to care and treatment at community and other non-ART service points.			All people living with HIV who are on ARVS Relevant healthcare workers providing clinical care	County	CDH

Improving health outcomes and wellness of all people living with HIV

KASF Objective	CASP Results	Key Activity	Sub Activity/Intervention			Target Population	Geographic Areas by county/ Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
Reduce AIDS related mortality by 40%	Increased viral suppression to 90% in children, adolescents, and adults	Increase coverage to care and treatment and reduce the loss in the cascade of care	<p>Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies.</p> <p>Use integrated and decentralized HIV delivery models that increase access to care and treatment at community and other non-ART service points.</p>	<p>Enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure interventions with full involvement of Civil Society and communities, especially PLHIV.</p> <p>Provide care givers with HIV education, literacy and empowerment.</p>	Increase ART centres in the county from 24 to 61.	PLHIV	County	CSFP
			Integrate HIV care and treatment into youth friendly services.			Youth	County	CRHC
			Scale up the Ministry of Education programme for HIV education and treatment literacy, adherence and retention.			School-going children	County	CDE
			Standardize methodologies for disclosure by and to adolescents living with HIV.			Adolescents	County	CRHC

Improving health outcomes and wellness of all people living with HIV

KASF Objective	CASP Results	Key Activity	Sub Activity/Intervention			Target Population	Geographic Areas by county/ Sub-County	Responsibility
			Biomedical	Behavioural	Structural			
Reduce AIDS related mortality by 40%	Increased viral suppression to 90% in children, adolescents, and adults	Increase coverage to care and treatment and reduce the loss in the cascade of care	Scale up key population friendly HIV care and treatment services with peer mobilisation and support.	Standardize methodologies for disclosure by and to adolescents living with HIV.	Increase ART centres in the county from 24 to 61.	KPs	County	CASCO
			Reduce HIV stigma and discrimination to increase access to care and treatment.			PLHIV General population	County	CDH
			Strengthen capacity to monitor quality of care and utilize care data for decision making.			HCWs	County	CDH
			Continuous quality improvement initiatives through health worker training and use of electronic records management systems.			HCWs	County	CDH
			Strengthen supply systems and ensure continuous availability of quality HIV commodities at the point of service delivery.			Health facilities	County	CDH
			Implement periodic monitoring for adherence and disclosure.			ART sites	County	CASCO
			Strengthen laboratory networks.			Health facilities with laboratories	County	CDH CMLT

Improving health outcomes and wellness of all people living with HIV

KASF Objective	CASP Results	Key Activity	Sub Activity/Intervention			Target Population	Geographic Areas by county/ Sub-County	Responsibility		
			Biomedical	Behavioural	Structural					
Reduce AIDS related mortality by 40%	Increased viral suppression to 90% in children, adolescents, and adults	Increase coverage to care and treatment and reduce the loss in the cascade of care	Put in place systems to ensure quality and monitor adherence to laboratory protocols.	Standardize methodologies for disclosure by and to adolescents living with HIV.	Increase ART centres in the county from 24 to 61.	Health facilities with laboratories	County	CMLT		
			Reduce turnaround time for results and feedback.			Health facilities with laboratories				
			Use innovative mobile and web-based technology to increase adherence and follow up options (HIT system, EMR).			PMTCT sites ART sites			County	CDH
			Scale up use of people living with HIV peer support strategies.			PLHIV			County	CHAC NEPHAK

4.4.3 Strategic Direction 3:

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

Laikipia County reports high levels of HIV related stigma and discrimination – it has a County HIV Stigma Index of 47%. This violates the health rights

of people living with HIV thus hindering access to HIV related services.

This strategic direction focuses on four key interventions, namely: remove barriers to access of HIV; Sexual Reproductive Health (SRH), improve national and county legal and policy environment; reduce and monitor stigma and discrimination; and improve access to legal and protection from stigma and discrimination in the public and private sectors.

Table 4.3 Using a human rights approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors

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	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic areas by County/ sub- county	Responsibility
Reduce HIV related stigma and discrimination by 50%	Reduced self-reported HIV related stigma and discrimination by 50%	<p>Create and increase awareness on HIV related human rights, and the available legal frame- works.</p> <p>Review county specific laws and policies targeting human rights and law</p>	<p>Train duty bearers and rights holders on HIV related human rights.</p> <p>Sensitization on HIV related human rights targeting learning institutions and other sectors.</p> <p>Promote Positive Health Dignity and Prevention (PHDP) interventions.</p> <p>Policy scan to identify laws and policies that infringe on rights.</p> <p>Advocate and lobby at the County Assembly for change of such laws and policies.</p>	<p>PLHIV KPS General population</p> <p>County Assembly</p>	County	<p>CASCO</p> <p>CHAC</p>

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

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic areas by County/ sub- county	Responsibility	
Reduce HIV related stigma and discrimination by 50%	Reduced levels of sexual and gender-based violence for PLHIV, KPs , women, men, boys and girls by 50%	<p>Create and increase awareness on HIV related human rights, and the available legal frame- works.</p> <p>Review county specific laws and policies targeting human rights and law</p>	<p>Working with the County Government, religious, cultural and other stakeholders in order to integrate sexual and gender based violence interventions within their routine activities.</p> <p>Review county specific laws and policies on SRH for PLHIV, KPs, youth and adolescents.</p> <p>Create awareness in schools/learning institutions on issues of GBV.</p> <p>Create awareness to the general population on GBV issues.</p>	<p>Health stakeholders</p> <p>County Assembly</p> <p>County Health Department</p> <p>General population</p>	County	IRC	
			<p>Promote male engagement in HIV, SRH programs and interventions.</p>	<p>Male partners of women living with HIV and ANC clients</p>		County	CRHC
			<p>Conduct stigma index surveys through PLHIV in the county.</p>	<p>PLHIV, General population</p>		County	<p>CHAC</p> <p>NEPHAk</p>

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

Integrated health and community systems are key in achieving health targets. Laikipia’s community system has not been vibrant due to lack of support hindering effective service delivery at community and health facility levels.

This strategic direction focuses on four key intervention areas, namely: provide a competent, motivated and adequately staffed workforce; strengthen the health service delivery system; improve access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services; and strengthening the community service delivery system.

Table 4.4 Strengthening integration of community and health systems

Strategic Direction 4: Strengthening integration of community and health systems						
KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ sub-County	Responsibility
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	Strengthened community-driven HIV response	Provision of competent, motivated and adequately staffed health workforce	Staff recruitment to improve overall staff: population ratio.	Health care workers	County	COH
	Improved health workforce for the HIV response in the county		Staff redistribution to ensure availability of appropriate competent skilled clinical personnel.	Health care workers	County	COH
	Strengthened HIV commodity management	Create incentives for health staff in terms of training, remunerations and other rewards. Build capacity of staff on commodity inventory management. Improve commodity storage capacity. Work towards acquiring a viral load machine in the county.	Health care workers	County	COH	

Strengthening integration of community and health systems

KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ sub-County	Responsibility
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	Strengthened HIV commodity management	Provision of competent, motivated and adequately staffed health workforce	Develop & implement health staff retention policy that takes into account the additional HIV burden.	Health care workers	County	COH
			Integration of HIV referral and linkage services into mainstream health services.	Health facilities	County	CDH
			<p>Empower communities to ensure improved capacity and capability to take charge of their health.</p> <p>Empower communities on issues of accountability.</p> <p>Engage and incentivize CHVs to strengthen community participation in HIV response.</p> <p>Sensitize communities to enroll in NHIF for social protection.</p>	Communities	County	CDH

4.4.5 Strategic Direction 5:

Strengthening research, innovation and information management to meet the LCASP goal

Evidence-based planning and programming ensures cost effectiveness, innovativeness, efficiency and accuracy in improving accessibility to quality HIV services.

Laikipia County lags behind in terms of data collection and management system, hence hindering prioritization and distribution of resources, towards specific HIV interventions.

This strategic direction deals with research, innovation and use of research findings to inform programming.

Table 4.5 Strengthening research, innovation and information management to meet the LCASP goal

Strategic Direction 5: Strengthening research, innovation and information management to meet the LCASP goal						
KASF Objective	CASP 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	Improved evidence-based planning and programming	Improve evidence-based planning and programming	Operationalize Laikipia County research TWG. Create a county information data bank for use at all levels including the community. Create effective systems to enhance feedback to communities on HIV data.	Research TWG	County	CEC
	Enhance capacity to conduct HIV research		Conduct operational research in the county on various thematic areas of HIV. County publications on operational research.	Research stakeholders	County	CDH

Strengthening research, innovation and information management to meet the LCASP goal

KASF Objective	CASP 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	Enhanced capacity to conduct HIV research	Enhance capacity to conduct HIV research	Conduct county dissemination forum of HIV research in the county.	HIV stakeholders	County	CDH
			Strengthen county HIV research capacities including epidemiological surveillance, good laboratory, clinical practice and ethics.	Research stakeholders	County	CDH

4.4.6 Strategic Direction 6:

Promote utilization of strategic information for research and monitoring and evaluation to enhance programming

A sound information system will promote quality research, informed decision making and support planning and projections. At sub-county levels, Laikipia County has health records and information

officers who aggregate data from the facilities into the DHIS 2. This is done on a monthly basis. In addition NACC has the COBPAR system that collects community HIV data on a quarterly basis.

The structural gap in the utilization of this information to make informed decision impacts negatively on HIV programming in Laikipia County.

This strategic direction will address these gaps by promoting proper utilization of information for research and monitoring and evaluation.

Table 4.6 Promote utilization of strategic information for research and monitoring and evaluation to enhance programming

Strategic Direction 6: Promote utilization of strategic information for research and monitoring and evaluation to enhance programming						
KASF Objective	CASP 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 the County and National levels	M&E Information Hubs integrated at the county levels and providing comprehensive information package for decision making	Integrate M&E information hubs at the county level	Conduct M&E capacity assessment and development in the county. Infrastructure support.	Implementers	County	CDH
	Increased utilization of strategic information to inform HIV response at all levels	Increase utilization of strategic information to inform HIV response at all levels	Establish a functional multi-sectoral HIV M&E coordination structure and partnerships at county and sub-county levels.	Implementers	County	CHAC
			Conduct periodic data quality audits, verification and support supervision.	Implementers	County	CHAC
			Procure and distribute a reporting tool to health facilities on a timely basis.	County Government and partners	County	COH
			Strengthen a County M&E Information Hub	County M&E Dept	County	CDH CHAC

4.4.7 Strategic Direction 7:

Increasing domestic financing for a sustainable HIV response

The cost of HIV and AIDS response in the county is escalating against a backdrop of declining international financial resources for HIV and AIDS. The increase in cost is associated with the scale-up of services, adoption of the new ART treatment guidelines and the expansion of the county response through sector mainstreaming of HIV. The gap between resource needs and available funding continue to expand raising concerns for overall sustainability of the response. The County Government's commitment to address the issue of sustainable financing for HIV is demonstrated by the development of the Laikipia County HIV and AIDS Strategic Plan.

The decline in resources has serious implications on the sustainability of strategic HIV and AIDS interventions including prevention of new infections and sustained provision of ART. The growing resource gap means that Laikipia County will continue to face difficulties in financing the county response from donor resources. The consequence is the likelihood of compromising the health outcomes in the prevention of new infections, ART, eMTCT and treatment of TB/HIV co-infections through services interruptions.

Laikipia County is categorized as a medium burden county. The county has prioritized interventions targeting women, children, adolescents and youth.

These will be achieved through domestic financing from both the County and National Governments, PPPs and development partners. During the implementation of LCASP, efforts to introduce and strengthen sustainable financing mechanisms (i.e. enrolling PLHIV in the NHIF scheme, CSR by local and multinational companies and, direct County Government budget allocation) will be accelerated and new strategies developed.

Although the current resource gap for the county remains unknown, the county is working on consolidating the financing information for its response and will continue to do so during the life of this Plan to make informed decisions as they plan and execute HIV programmes. Direct county funding towards HIV programming remains very low. In the FY 2015/16, 0.017% (Ksh. 500,000) of the recurrent health budget was allocated. This has been occasioned by lack of advocacy for domestic HIV financing, lack of political commitment, lack of policies and guidelines for domestic resource mobilization, donor fatigue and change of priorities. In this strategic direction, Laikipia County will focus on three key intervention areas, namely: maximize efficiency of existing delivery options, promote innovative and sustainable domestic HIV financing options, and align resources/ investment to strategic framework priorities.

The total gross resource requirement is estimated at Ksh. 2,202,788,961 for the 3-year period as shown in Annex 3.

Table 4.7 Increasing county driven domestic financing for a sustainable HIV response

Strategic Direction 7: Increasing county driven domestic financing for a sustainable HIV response						
KASF Objective	CASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/sub-County	Responsibility
Increase domestic financing of HIV response to 50%	County-driven domestic financing kitty for the HIV response	Establish county-driven domestic financing kitty for the HIV response	Operationalize a committee (CHAC) to lobby for the county HIV fund kitty. Update the stakeholder data base. Sensitize communities to enroll in NHIF for social protection.	CECH Lawmakers	County	CEC Health
	Increased county-driven domestic financing for HIV response to 50% of HIV funding	Increase county-driven domestic financing for HIV response to 50% of HIV funding	Create strategic Public-Private Partnerships in support of HIV programmes in the county.	CSOs Private partners	County	CEC Health CHAC
			Develop a partnership accountability framework at the county level to ensure alignment of resources to county HIV response priorities.	Stakeholders	County	CHAC

4.4.8 Strategic Direction 8:

Promoting accountable leadership for delivery of LCASP results by all sectors and actors

Enhanced political goodwill and functional governance structures will promote accountability towards achieving the objectives of the County HIV and AIDS Strategic Plan. This will be enhanced by performance contracting as signed by the county leadership.

Lack of a functional CHAC and the associated Technical Working Groups and lack of laws and policy formulation, enactment and implementation pose a challenge to HIV response in Laikipia County.

This strategic direction focuses on three key intervention areas, namely: maximize efficiency of existing delivery options; promote innovative and sustainable domestic HIV financing options; and align HIV resources/ investment to strategic framework priorities.

Table 4.8 Promoting accountable leadership for delivery of the LCASP results by all sectors and actors

Strategic Direction 8: Promoting accountable leadership for delivery of the LCASP results by all sectors and actors						
KASF Objective	LCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/sub-county	Responsibility
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	Good governance practices and accountable leadership for HIV and AIDS response in the county	Operationalise HIV TWG at county level and enhance regular monitoring of HIV related performance indicator with subsequent reviews.	Conduct sensitization forums for the County Assembly and the public, law enforcers and administrative officers.	County Assembly Public CHAC CHTWG	County	CHAC
			Capacity building sessions for CHAC on leadership, governance and accountability.			
	Effective and well-functioning stakeholder coordination mechanisms in the county		Operationalize HIV technical working groups at the county level.			
			Enhance regular monitoring of HIV related performance indicator with subsequent reviews.			
			Conduct advocacy meetings with the county leadership to build and sustain high-level political commitment in HIV response.	County leadership CHAC	County	CHAC CSOs
			Develop and operationalize stakeholders coordination guidelines.			

Promoting accountable leadership for delivery of the LCASP results by all sectors and actors

KASF Objective	LCASP Results	Key Activity	Sub-Activity/ Intervention	Target Population	Geographic Areas by County/sub-county	Responsibility
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	80% of HIV stakeholders in the county participating in quarterly stakeholder coordination forums	Conduct stakeholder forums	Disseminate policy guidelines to strengthen good governance of the county HIV response. Regularly updating HIV stakeholders in the county.	County leadership	County	CHAC CSOs
			Mobilize and allocate adequate resources for HIV and AIDS response.	Public Private Partners	County	CHAC CSOs

CHAPTER

5

Implementation Arrangements

5.1 Implementation process

The devolved system of governance has ushered in a new dispensation of management structure where decisions have been brought closer to the implementing units. A well-defined coordination structure with clear roles at the various levels will go a long way in ensuring efficient service provision

The implementation of the LCASP 2015/16 – 2019/2020 will be spearheaded by the County Government with the support of the National Government through the NACC regional office, private sector, partners and development actors. This will be done through consultations and collaboration amongst various public sector agencies, development partners, international and local NGOs, CBOs and the community members.

Collaboration amongst the agencies will entail designing, financing of projects, technical and human resource cooperation and support among others. The implementation process will endeavour to avoid duplication and wastage of resources. Fulfillment of LCASP objectives both in the medium term and long term shall remain the focus amongst the collaborators.

Every financial year, the County Executive Committee member for Health and the County HIV Committee will facilitate planning and budgeting provisions

between all stakeholders involved in implementing programmes and projects. Participation will be mainstreamed in each of the processes of planning, budgeting, implementation, monitoring and evaluation.

5.2 Implementing individuals and committees

In order to successfully implement LCASP, the following individuals and committees will play crucial roles.

5.2.1 County Executive Committee Member for Health

1. Provision of overall leadership in the implementation of LCASP and in policy formulation.
2. Liaise with the governor for support and mobilization of resources in implementing the LCASP.
3. Link with the County Assembly/ Health Committee on implementation of the LCASP.
4. Mobilization of, and advocacy for resources and partners into the implementation of LCASP.
5. Sharing with vertical and horizontal structures and providing feedback within the county systems.
6. Chairs CHAC/CHMT.

5.2.2 Chief Officer

1. Is the accounting officer in the implementation of LCASP.
2. Oversee implementation of the plan.
3. To aid and advise the County Executive Member for Health on issues related to implementation of LCASP.
4. Mobilize resources for implementation of LCASP.
5. Coordination of stakeholders in the implementation of LCASP.

5.2.3 County Health Director(s)

1. Provides leadership for overall implementation of LCASP.
2. Provides technical coordination of stakeholders in the implementation of LCASP.
3. Provides a linkage with the Chief Officer, County Executive and other actors to facilitate implementation of LCASP.
4. Mobilize resources for implementation of LCASP.
5. Human resource management in implementation of LCASP.
6. Coordination of the development of implementation plans and their execution.
7. Demarcation of areas of responsibility for each referral facility, and their associated primary care facilities in the implementation of LCASP.
8. Monitoring and evaluation of the implementation of LCASP.

5.2.4 County HIV and AIDS Committee (CHAC)

This committee is responsible for HIV response in the county.

Composition

- Chair: Health CEC
- Alternate Chair: County Commissioner

Members

- Representative of the County Assembly (1 from the Health Committee)
- CO – Health, Social Services, Planning and Finance, PLHIV, Private sector
- Health Directors
- SCACCs (2) sub-Counties
- Faith communities (1)

Roles of the Committee

1. Provide leadership and coordination in the implementation of LCASP.
2. Oversee the implementation of the policies in relation to LCASP.
3. Supervision and mentorship of healthcare workers in the implementation of LCASP.
4. Workforce management in the implementation of LCASP.
5. Receive, analyze, interpret reports and disseminate to the relevant stakeholders.
6. Provide a linkage between the sub-County Health team and the County Executive and other actors in the implementation of LCASP.
7. Provide strategic and operational planning, monitoring and evaluation of LCASP.
8. Present the county HIV budgets to the County Assembly.

5.2.5 County HIV Coordinating Unit

- It is the NACC county office and is the repository, point of reference, point for seeking assistance by citizens and stakeholders on any matter related to HIV.
- This is the Secretariat office of the HIV County Committee.
- It is the office in the county responsible for coordinating the HIV multi-sectoral response.
- It is the office where all partners coalesce around for HIV related issues and data.

Roles

1. Secretariat to the County HIV Committee and implement HIV Committee resolutions together with CHAC.
2. Ensure delivery of the county HIV plans and strategies.
3. Lobby to ensure Performance Contract reporting in the county has HIV as a key indicator.
4. Deliver quarterly reports on LCASP progress as per M&E instructions.
5. Advocate for the inclusion of HIV funds in the county budgets (health and other sectors).
6. Ensure quarterly County ICC HIV meetings are held and follow through on County ICC HIV actions.
7. Be a member of the County Health Management Team (CHMT) and ensure HIV agenda is active.
8. Facilitate regular engagement of all state and non-state actors within the county in planning, prioritization, implementation, monitoring, and evaluation of HIV and AIDS programmes.
9. Strengthening linkages and networking among stakeholders support for the LCASP delivery.
10. Monitor county legislation to ensure Bills are HIV compliant.
11. Facilitate the Beyond Zero clinic reporting.
12. Coordinate activities planned by NACC in the counties and deliver on the NACC work plan.
13. Report administratively to the NACC HIV Regional Office.

5.2.6 County Inter Coordinating Committee on HIV (County ICC-HIV)

The County ICC - HIV will mirror the National ICC - HIV. It is the primary forum for deliberating on AIDS issues at the county level. It has broad stakeholder

membership including senior representatives from the County Government, civil society, the private sector and development partners within the county.

NACC County HIV Coordinator is the Secretary while the County CEC (Health) is the Facilitator/Chair.

Role of the County ICC - HIV

1. Coordinate and oversee the development of a collaborative and comprehensive strategy to rollout LCASP and subsequently monitor its implementation.
2. Ensure harmonization, coordination and resource mobilization and allocation, and tracking progress of HIV and AIDS programmes within the county.
3. Ensure coordination of information sharing within, and across partners in the county.
4. Advocate for the implementation of LCASP M&E tools, and activities into members and partners own work plans within the counties.
5. Offer technical support in the implementation of LCASP.
6. Advocate for LCASP as appropriate and as agreed with the County Government.
7. Reviewing programs and projects supporting LCASP implementation meetings.
8. County ICC - HIV will convene meetings quarterly to report on LCASP implementation progress, planned activities and future priority areas.
9. Meetings to discuss specific issues will be called as appropriate. Other communication between meetings will be through email.
10. Decisions will be made by consensus.
11. Secretariat - the NACC County HIV Coordination Unit will be the Secretariat, with the primary role of facilitating communication between ICC - HIV members and partners and/or individuals.

Members

1. Representative from the County Government
2. Key HIV partners within the county
3. NACC Regional AIDS Coordinator
4. Representative of PLHIV
5. Representative of Persons with Disabilities (PWD)

5.2.7 Sub-County Health Management Team (SCHMT)

Roles

1. Provide leadership and coordination in the implementation of LCASP within their sub-county.
2. Oversee implementation of the policies in relation to the plan in their sub-county.
3. Supervision and mentorship of health care workers in the LCASP implementation planned activities.
4. Workforce management in the implementation of this plan in the sub-county.
5. Receive, analyze, interpret reports and disseminate to the relevant stakeholders.
6. Provide a linkage between the community health teams, primary care facilities and the CHMT and other actors in the implementation of this plan.
7. Provide operational planning, monitoring and evaluation of this plan.

Members

The membership is as follows:

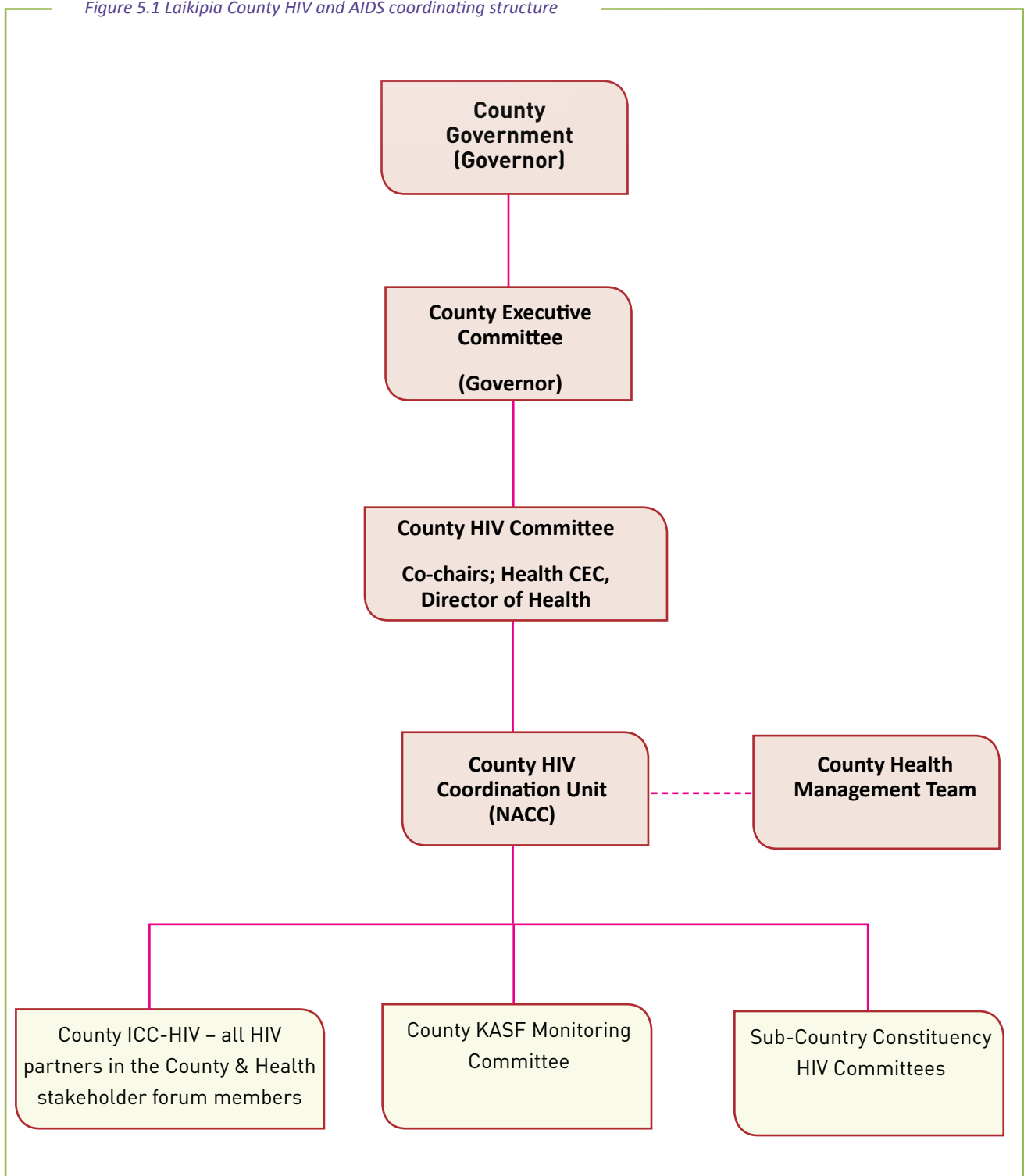
- The national government official at the sub-County level – Deputy sub-County Commissioner
- One person nominated from among the active Civil Society Organizations (CSOs) in the constituency (1)
- Representative of PLHIV (1)
- Representative of PWD (1)
- One person representing interests of women (1)
- Representative of the youth who is a youth at the date of appointment (1)
- SCACC Coordinator – County MoH (1)
- The Chair will be appointed by the area MP in consultation with the SCACC Coordinator and the Deputy sub-County Commissioner

The term of office of the CACC members shall be five years irrespective of a parliamentary term and shall automatically come to an end upon the appointment of a new SCACC, after a general election or a by-election.

Account signatories:

- i. SCACC, also secretary of committee (mandatory)
- ii. The Chair (alternate 1)
- iii. Deputy sub-County Commissioner (alternate 2)

Figure 5.1 Laikipia County HIV and AIDS coordinating structure



CHAPTER 6

Research, Monitoring and Evaluation Plan

Monitoring and Evaluation is an integral part of the LCASP. It will guide planning, implementation, resource allocation and review. The M&E plan will be implemented within the health management structure.

6.1 Data architecture

- The data collection start from primary sources of data generation (community units, primary health facilities and hospitals)
- Community units submit monthly reports to facility-in-charge based at the primary health care facility.
- The primary health care facilities summarize, analyze and send data to the sub-county Health Management Team through the health records officer (HRO).
- The sub-county team consume the data for planning and implementing of health activities guided by the report.
- The data will also be structured to provide information on progress of indicators stated in this LCASP.
- The report is then submitted to the County Health Management Team/CHAC for policy formulation, resource mobilization, and M&E.

- The report from the CHAC is shared with the stakeholders, e.g. County Cabinet, County Assembly, partners and the National Government including the DHIS system.
- At all levels, there shall be a feedback mechanism.

To ensure effective systems, the following inputs will be provided in order to strengthen the M&E system:

- Data collection tools
- Reporting tools
- Data analysis software
- Data bank i.e. M&E information hub
- Physical and software infrastructure
- Skilled human resource

6.2 Performance monitoring processes

- The starting point for monitoring of LCASP performance will be the existence of a M&E plan.
- All LCASP performance reviews and evaluations will be done as outlined in the M&E reporting framework.
- The County HIV Committee shall maintain an implementation tracking Plan of review

and evaluate recommendations, agreed upon follow-up actions, and status of these actions from all levels of care in the sector.

- The implementation of the agreed actions will be spearheaded by the M&E unit at all levels. The CHMT/CHAC and sub-county HMTs/SCACC will provide coordination and oversight of performance review at the sub-county and county levels.
- At the community level, health committees and workers will be responsible for the tracking implementation regularly.
- Quarterly meetings will be held to review the performance based on the indicators and targets outlined in LCASP Strategic

and Implementation Plan at all levels by the respective performance review teams.

- The M&E results are expected to be used to enhance accountability through community, decision makers, partners and other health providers.
- Performance review reports will support advocacy for financial and others resources.

6.3 Mechanism for updating the M&E plan

The County Health Management Team shall develop a mechanism of updating the M&E system and in turn update the M&E plan.

The M&E plan is as shown in Annex 1.

CHAPTER

7

Risk and Mitigation Plan

Table 7.1 Risk mitigation matrix

Risk category	Risk name	Status	Probability (1-5)	Impact (1-5)	Risk average score	Response	Responsibility	When
Technological	Partners lack capacity	Active - risk is being actively monitored	3/5	4/5	3.5	Mitigate - budget moneys for training	CHAC and implementing partners	Year 1
	Low integration of ICT into HIV programming	Active - risk is being actively monitored	3	3	3	Adopt and strengthen use of ICT in HIV programming	County Government, NASCOP, Implementing partners	Year 1 - Year 5
	Lack of some key indicators in the DHIS	Active - risk is being actively monitored	3	3	3	Fast track incorporating the missing indicators	County Government, NASCOP, Implementing partners	Year 1 - Year 5
Financial	Limited financial resources for HIV programming	Active - risk is being actively monitored	3	4	3.5	Lobby with the county assembly for budgetary allocation	CoH, CHAC	Year 1 - Year 5
Political	Weak political accountability	Active - risk is being actively monitored	2	2	2	Demand political accountability	County Government, NACC	Year 1 - Year 5
	Inconsistent and insufficient political goodwill	Passive - risk is being actively monitored	2/5	3/5		Reduce - by constantly engaging the political class	CEC Health, CHAC	Year 1 - Year 5

Risk mitigation matrix

Risk category	Risk name	Status	Probability (1-5)	Impact (1-5)	Risk average score	Response	Responsibility	When
Operational	Inconsistent and inadequate supply of HIV commodities	Active - risk is being actively monitored	2	4	3	Right forecasting, quantification and procurement	County Government, NASCOP, KEMSA, Implementing partners	Year 1 - Year 5
	Inadequate care and treatment centres	Active - risk is being actively monitored	2	3	2.5	Increase the number of care and treatment centres in the county to improve access	CASCO, Implementing partners	Year 1 - Year 5
	Youth and adolescent friendly services	Active - risk is being actively monitored	2	3	2.5	Integrate and strengthen youth /adolescent friendly services	CDH, Implementing partners	Year 1 - Year 5
	Inadequate trained personnel to offer HIV services in the health facilities - all cadres	Active - risk is being actively monitored	2	3	2.5	Recruit new staff, deploy rightfully and offer continuous capacity building	CPSB COH CDH CASCO	Year 1 - Year 5
	Inadequate community mobilization activities towards HIV response	Active - risk is being actively monitored	2	2	2	Strengthen the community health strategy	County Government, Implementing partners	Year 1 - Year 5
	Lack of support for key population programs	Inactive - No monitoring in place	4	4	4	Initiate and sustain programs for KPs	County Government, Implementing partners	Year 1 - Year 5
	Data quality / data utilization challenges	Active - risk is being actively monitored	2	3	2.5	Conduct regular DQAs and quarterly M&E review meeting	CoH, CASCO, CHRIO, Implementing partners	Year 1 - Year 5
	Stigma and discrimination	Active - risk is being actively monitored	4	4	4	Conduct anti-stigma campaigns	County Government, Networks of PLHIV, Community, FBOs	Year 1 - Year 5
	Knowledge gaps amongst HCWs (capacity building)	Active - risk is being actively monitored	2	3	2.5	Continuous capacity building and mentorship	CASCO, Implementing partners	Year 1 - Year 5

Risk mitigation matrix

Risk category	Risk name	Status	Probability (1-5)	Impact (1-5)	Risk average score	Response	Responsibility	When
Legislation	Lack of legislation on HIV related issues and stigma	Active – risk NOT being actively monitored	2	3	2.5	Develop and operationalize the HIV related Bills	Department of Health, Networks of PLHIV and County Assembly Committee on Health	Year 1 - Year 5
	Inadequate legislation to support (KPs and other vulnerable groups)	Active	3	3	3	Lobby (legislation) support from the County Assembly	County Assembly and CEC Health	Year 1 - Year 5
	Lack of political goodwill. Lack of supportive policies – workplace and KPs	Likely	4/5	4/5	4	Lobby and advocate to political class	County Government	Year 1 - Year 5

ANNEXES

Annex 1: M&E Plan

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
SD 1: Reducing new HIV infections									
Link those testing HIV positive to care and early ART initiation	Number of newly tested who are initiated on ART	Continuous	DHS	1089	1500				
Implement strategies for early male circumcision	Number of infants and young boys who are circumcised	Continuous	DHS	0	20,800	25,800	30,800	36,800	43,800
Offer gender based violence care services including PEP for survivors	Number of GBV survivors who are initiated to care including PEP	Continuous	DHS	209	313	473	710	1065	1598
Provide key commodities including lubricants	Number of sites distributing lubricants	Continuous	DHS	1	61	86	108	108	108
Provide condoms	Number of commodities distributed - condoms	Continuous	DHS	300,000	400,000	500,000	600,000	700,000	800,000
Scale up STI management in all health facilities	Number of health facilities providing STI management	Continuous	MFL/DHIS	0	61	86	108		
Establish and maintain youth friendly centres in all major facilities	Number of youth centres established and maintained	Continuous	MFL/DHIS	1	2	5			
Offer HTC to partners and partners of all HIV positive clients	Number of partners of HIV positive clients who undertake HIV test	Continuous	County HIV estimates	559	1,559	3,059	4,000	4,500	5060
Integrate early infant diagnosis with immunization services	Number of facilities with integrated early infant diagnosis and immunization services	Continuous	DHS	9	24				
Initiate ART to all HIV positive pregnant, lactating mothers and infants	Number of pregnant, lactating mothers and infants initiated on ART	Continuous	DHS	790	1,580				
Integrate EMTCT with MNCH services	Number of facilities with integrated EMTCT and MNCH services	Continuous	DHS	24	30				

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Conduct stigma reduction campaigns	Number of stigma reduction campaigns conducted	Quarterly	Program data	0	150	200	250	300	350
Conduct regular outreaches to KPs	Number of outreaches conducted on KPs	Quarterly	Program data	2	24	36	48	60	72
Implement Evidence Based Interventions (EBIs) like sister to sister and healthy choices for a better future	Number of people reached through EBIs	Quarterly	Program data	0	25,000	30,000	35,000	40,000	45,000
Implement cash transfer programs to keep vulnerable girls in school	Number of vulnerable girls enrolled on the cash transfer program	Monthly	Program data	1700	2000	2400	3000	3500	4000
Sensitize and engage religious leaders on key populations stigma reduction campaigns	Number of religious leaders sensitized on stigma reduction among KPs	Annually	Program data	0	50	75	100	125	160
Strengthen workplace protection policies	Number of organizations implementing workplace policies	Once	HR report	21	25	30			
Scale up facility based PITC	Number of facilities offering PMTCT	Monthly	DHIS	24	61	86	108	108	108
SD 2: Improving health outcomes and wellness of all people living with HIV									
Strengthen facility and community linkages with inter- and intra-facility referral protocols and linkage strategies	Number of facilities linked	Monthly	DHIS/MCUL	24	61				
Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services	Number of sites with integrated services	Monthly	DHIS/MFL	24	30	35	40	50	55

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Scale up integrated youth friendly services	Number of facilities offering integrated youth friendly services	Monthly	DHIS/MFL	9	21	35			
Utilize peer support and networks of adolescents living with HIV	Number of adolescent support groups	Monthly	DHIS	4	10	16	22	28	34
Enhance peer mobilization strategies for recruitment, enrolment and retention in care and extend flexible timings for care	Number on KPs enrolled and retained	Monthly	Program data	1300	1500	1700	1900	2100	2300
Integrate alcohol and drug dependence reduction strategies in care services	Number of strategies with integrated alcohol and drug dependence strategies	Continuous	Program data	2	4	6	8	10	12

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Provide screening and diagnostic equipment for TB, NCDs, malnutrition, opportunistic infections together with those for HIV	Number of facilities offering diagnostic services for TB, NCDs, malnutrition, opportunistic infections together with those for HIV	Continuous	DHIS/ Program data	24	30	36	42	48	61
Scale up prevention interventions for TB, OIs and other co-morbidities, water and sanitation related diseases, vaccinations for preventable diseases (cervical cancer, hepatitis, pneumococcal)	Number of facilities with scaled up services	Monthly	DHIS/MFL	24	30	36	42	48	61
Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Number of HCWs trained on innovative methods and technologies	Continuous	Program data	10	20	30	40	50	60
Use integrated and decentralized HIV delivery models that increase access to care and treatment at community and other non-ART service points	Number of community health units using decentralized HIV delivery models	Monthly	DHIS	14	18	25	35	45	50
Enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure interventions	Number of PLHIV sensitized on treatment literacy and patient support	Quarterly	Program reports	7632	8332	9032	9732	10432	11132
Integrate HIV care treatment into youth friendly services	Number of youth friendly centres with integrated HIV care and treatment services	Monthly	DHIS	0	21	35			
Scale up the Ministry of Education programme for HIV education and treatment literacy, adherence and retention	Number of learning institutions implementing program on HIV	Quarterly	Program reports	0	25	50	75	95	115

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Standardize methodologies for disclosure by and to adolescents living with HIV	Disclosure guidelines for adolescents living with HIV in place	Monthly	DHIS	0	1				
Scale up key population friendly HIV care and treatment services with peer mobilization and support	Key population friendly HIV care and treatment services with peer mobilization and support scaled up	Monthly	Program reports	1	2	3	4	4	4
Reduce HIV stigma and discrimination to increase access to care and treatment	Number of PLHIV accessing care and treatment	Monthly	DHIS	7632	8332	9032	9732	10432	11132
Strengthen capacity to monitor quality of care and utilize care data for decision making	Number of new HIV programs informed by HIV data	Quarterly	Program reports	4	6	8	8	8	8
Continuous quality improvement initiatives through health worker training and use of electronic records management systems	Number of HCWs trained on the use of electronic records management systems	Monthly	DHIS	10	20	30	40	50	60
Strengthen supply systems and ensure continuous availability of quality HIV commodities at the point of service delivery	Non stock outs of HIV commodities at the point of delivery	Monthly	DHIS	0	0	0	0		
Implement periodic monitoring for adherence and disclosure	No. of facilities monitored on adherence and disclosure sessions	Monthly	DHIS	0	24	61	86	108	108

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Put in place systems to assure quality and monitor adherence to laboratory protocols	Number of laboratories with functional SOPs put in place to assure quality and monitor adherence to laboratory protocols	Monthly	DHIS	2	24	24	24		
Use innovative mobile and web-based technology to increase adherence and follow up options (HIT system, EMR)	Innovative mobile and web-based technology system developed to increase adherence and follow up options (HIT system, EMR)	Monthly	EMR	8	24	24			
SD 3: Using a human rights based approach to facilitate access to services									
Promote uptake of HIV pre- and post-exposure prophylaxis among survivors of sexual violence and priority populations	Number of sexual violence survivors receiving PEP services	Monthly	DHIS	209	313	473	710	1065	1598
Integrate HIV information and encourage service uptake in religious settings	Number of religious groups involved in the fight against HIV	Monthly	Program reports	10	50	75	100	125	160
Male engagement in HIV, SRH programs and interventions and offer them services	Number of males engaged in HIV, SRH programs and interventions	Annually	DHIS	559	15000	30,000	40,000	40,500	50,600
Educate communities on gender and legal issues	Number of men sensitized on gender and legal issues	Annually	Program reports	559	15000	30,000	40,000	40,500	50,600
Sensitize law makers on the need to enact non-discriminatory regulations and services	Number of non-discriminatory regulations and services developed	Annually	Program reports	1	1	1	1	1	1
Conduct stigma index through PLHIV including in healthcare settings and communities	Number of stigma index studies conducted through PLHIV in healthcare settings and communities	Periodically	Program reports	1	0	1	0	0	1

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
SD 4: Strengthening integration of community and health systems									
Staff recruitment to improve overall staff: population ratio	Number of new health staff recruited and retained	Annually	DHIS, MFL	79	129	179	229		
Staff redistribution to ensure availability of appropriate competent skilled clinical personnel	Number of skilled health staff redistributed	Annually	DHIS, MFL	19	32				
Create incentives for health staff in terms of training, remunerations and other rewards	Incentives for health staff created	Annually	DHIS	1	2				
Develop & implement health staff retention policy that takes into account the additional HIV burden	Health staff retention policy developed and implemented	Annually	Program reports	1					
Integration of HIV referral and linkage services into mainstream health services	Number of health facilities with integrated HIV into mainstream health services	Monthly	DHIS	24	24	24	24		
Empower communities and workplaces to ensure improved capacity and capability to take charge of their health	Number of community units and workplaces involved in healthcare programs	Quarterly	DHIS	21	25	30			
SD 5: Strengthening research, innovation and information management to inform the AIDS Strategic Plan goals									
Create and operationalize Laikipia county research TWG	Laikipia county TWG strengthened	Once	Program report	1	1				
Conduct operational research in the county on various thematic areas of HIV	Operational research on various thematic HIV areas conducted	Annually	Program report	0	1	1	1	1	1
Conduct county dissemination forum of HIV research in the county	County dissemination forums of HIV research in the conducted	Annually	Program reports	0	1	1	1	1	1
Strengthen county HIV research capacities including epidemiological surveillance, good laboratory, clinical practice and ethics	Number of trainings on operational research	Yearly	Program reports	0	1	1	1	1	1
	Number of HIV dissemination forums conducted	Annually	Program reports	0	1	1	1	1	1

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
SD 6: Promoting utilization of strategic information for research and monitoring and evaluation to enhance programming									
Conduct M&E capacity assessment and development in the county	Number of county staff trained on M&E	Yearly	Program reports	4	10				
	M&E capacity assessment conducted	Once	Assessment report	1					
Establish functional multi-sectoral HIV M&E coordination structure and partnerships at the county and sub-county levels	M&E coordination structures established	Once	Program reports	0	3				
	Number of data quality audits supervision conducted	Quarterly	Program reports	1	4	4	4	4	4
Procure and distribute reporting tools to health facilities on a timely basis	Number of reporting tools procured and distributed	Annually	Program reports	3000	3500	4000	4000	4000	4000
	M&E information hub established	Once	Program report	0	1				
SD 7: Increasing domestic financing for a sustainable HIV response									
Establish and maintain a committee to lobby for county HIV fund kitty	County HIV fund kitty committee established	Once	Program reports	0	1				
	Number of stakeholder forums held	Quarterly	Program reports	2	4	4	4	4	4
Prepare a Bill to establish a County HIV Response Fund	County Bill prepared	Once	Program reports	0	2				
	Number of MOUs for PPPs established	Yearly	Program reports	3	10	10	10	10	10

Activities	Indicator	Frequency	Sources of data	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Develop a partnership accountability framework at county level to ensure alignment of resources to the county HIV response priorities	County accountability partnership framework established	Once	Program reports	0	1				
Conduct midterm and end term review of the LCASP	Midterm and End term evaluations done	Midterm and End term	Review reports		1				
SD 8: Promoting accountable leadership for delivery of the LCASP results by all sectors and actors									
Conduct sensitization forum for the County Assembly and the public to incorporate HIV activities during public participation forum during the county budget process	Number of sensitization meetings held targeting County Assembly members	Annually	Program reports	0	1	1	1	1	1
Conduct advocacy meeting with the county leadership to build and sustain high-level political commitment in HIV response	Number of targeted advocacy meetings held	Quarterly	MOH HMIS	2	4	4	4	4	4
Develop policy briefs to strengthen good governance of county HIV response	Number of policy briefs developed towards good governance of the HIV response	Annually	MoH HMIS	1	1	1	1	1	1
Mobilize and allocate adequate resources for HIV and AIDS response	Proportion of county HIV response resources mobilized	Annually	County budgets and Estimates	0.017%	0.05%	0.5%	1%	1.5%	1.5%

Annex 2: Results Framework

Strategic Direction 1: Reducing new HIV infections						
KASF Objective/ Strategic Direction	CASP Results	Baseline & Source	Mid Term Target	End Term Target	Responsibility	
Reduce new HIV infections by 75%	Reduced new HIV infections among adults by 50%	3.7% KAIS 2012	25%	50% reduction	CHAC	
	Reduced HIV transmission rates from mother to child from 6.4% to less than 5%	6.4% DHIS	5%	MTCT < 5%	CHAC	
Strategic Direction 2: Improving health outcomes and wellness of all people living with HIV						
KASF Objective/ Strategic Direction	CASP Results	Baseline & Source	Mid Term Target	End Term Target	Responsibility	
Reduce AIDS related mortality by 25%	Increased enrolment to care within 3 months of HIV diagnosis to 90% for children, adolescents and adults	75%	80%	90%	CHAC	
	Increased ART coverage to 90% for children	19% KAIS 2012	60%	90%	CHAC	
	Increased ART coverage to 90% for adolescents	61% DHIS	80%	90%	CHAC	
	Increased ART coverage to 90% for adults	79%	85%	90%	CHAC	
	Increased HAART coverage among HIV infected pregnant women to 90%	72%	80%	90%	CHAC	
Increased retention on ART at 12 months to 90% in children	79% DHIS	80%	90%	CHAC		

Improving health outcomes and wellness of all people living with HIV						
KASF Objective/ Strategic Direction	CASP Results	Baseline & Source	Mid Term Target	End Term Target	Responsibility	
Reduce AIDS related mortality by 25%	Increased retention on ART at 12 months to 90% in adolescents	65% DHIS	80%	90%	CHAC	
	Increased retention on ART at 12 months to 90% in adults	75% DHIS	80%	90%	CHAC	
	Increased viral suppression to 90% in children	65% DHIS	TBD	90%	CHAC	
	Increased viral suppression to 90% in adolescents	75%	TBD	90%	CHAC	
	Increased viral suppression to 90% in adults	45%	60%	90%	CHAC	
Strategic Direction 3: Using a human rights approach to facilitate access to services for PLHIV, Key Populations and other priority groups in all sectors						
KASF Objective/ Strategic Direction	CASP Results	Baseline & Source	Mid Term Target	End Term Target	Responsibility	
Reduce HIV related stigma and discrimination by 50%	Reduced self-reported HIV related stigma and discrimination by 50%	TBD	TBD	50% reduction	CHAC	
	Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 50%	TBD	TBD	50% reduction	CHAC	

Strategic Direction 4: Strengthening integration of health and community systems						
KASF Objective/ Strategic Direction	CASP Results	Baseline & Source	Mid Term Target	End Term Target	Responsibility	
Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response	Strengthened community-driven HIV response	14	50	91	CHAC	
	Improved health workforce for the HIV response in the county	29%	50%	80%	CHAC	
	Strengthened HIV commodity management	0	0	0	CHAC	
Strategic Direction 5: Strengthening research, innovation and information management to inform the LCASP goal						
KASF Objective/ Strategic Direction	CASP Results	Baseline & Source	Mid Term Target	End Term Target	Responsibility	
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Increased evidence-based planning and programming by 100%	30%	70%	100%	CHAC	
	Increased capacity to conduct HIV research in the county by 50%	0	30%	50%	CHAC	

Strategic Direction 6: Promoting utilisation of strategic information for research and monitoring and evaluation (M&E) to enhance programming						
KASF Objective/ Strategic Direction	CASP Results	Baseline & Source	Mid Term Target	End Term Target	Responsibility	
To improve data quality, demand, access and use of data for decision making at the County and National levels	M&E Information Hub integrated at the county level and providing comprehensive information package for decision making	1	1	1	County government	
	Increased utilization of strategic information to inform HIV response at all levels	30%	50%	100	CHAC	
Strategic Direction 7: Increasing domestic financing for a sustainable HIV response						
KASF Objective /Strategic Direction	CASP Results	Baseline & Source	Mid Term Target	End Term Target	Responsibility	
Increase domestic financing of the HIV response to 50%	Establish county-driven domestic financing kitty for HIV response	0		1	County Government	
	Increased county-driven domestic financing for HIV response to 50%	1%	25%	50%	CHAC	

Strategic Direction 8: Promoting accountable leadership for delivery of the Laikipia County AIDS Strategic Plan results by all sectors and actors

KASF Objective/ Strategic Direction	CASP Results	Indicators	Baseline & Source	Mid Term Target	End Term Target	Responsibility
Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response	Good governance practices and accountable leadership for HIV and AIDS response in the county	Initiatives geared towards good governance and accountability	1	4	8	CHAC
	Effective and well-functioning stakeholder coordination mechanisms in the county	Functional county stakeholder coordination mechanism in place	1		1	CHAC
	80% of HIV stakeholders in the county participating in quarterly stakeholder coordination forums	Proportion of stakeholders participating in yearly coordination forums	10%	40%	80%	CHAC

Annex 3: County Budget (Ksh)

SD 1: REDUCING NEW HIV INFECTIONS						
Activities	Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
Link those testing HIV positive to care and early ART initiation	Number of newly tested who are initiated on ART	86,674,500				
Implement strategies for early male circumcision	Number of infants and young boys who are circumcised	82,908,800	102,838,800	122,768,800	146,684,800	174,586,800
Offer gender based violence care services including PEP for survivors	Number of GBV survivors who are initiated to care including PEP	1,386,277	2,094,917	3,144,590	4,716,885	7,077,542
Provide key commodities including lubricants and condoms	Number of lubricants distributed	250,000	250,000	250,000	250,000	250,000
	Number of condoms distributed	24,720,000	30,900,000	37,080,000	43,260,000	49,440,000
Scale up STI management in all health facilities	Number of clients receiving STI care and management	22,870,120	32,243,120	40,491,360		
Establish and maintain youth friendly centers in all major facilities	Number of youth centers established and maintained	6,000,000	15,000,000			
Offer HTC to partners and partners of all HIV positive clients	Number of partners of HIV positive clients who undertake HIV test	896,020	1,758,130	2,298,960	2,586,330	2,908,184
Integrate early infant diagnosis with immunization services	Number of facilities with integrated early infant diagnosis and immunization services	6,199,776				
Initiate to ART to all HIV+ pregnant, lactating mothers and infants	Number of pregnant, lactating mothers and infants initiated on ART	3,092,060				
Integrate EMTCT with MNCH services	Number of facilities with integrated EMTCT and MNCH services	7,749,720				
Conduct stigma reduction campaigns	Number of stigma reduction campaigns conducted	22,500,000	30,000,000	37,500,000	45,000,000	52,500,000
Conduct regular outreaches to KPS	Number of outreaches conducted on KPs	2,400,000	3,600,000	4,800,000	6,000,000	7,200,000
Implement EBIs like sister to sister and healthy choices for a better future	Number of people reached through EBIs (Evidence Based Interventions)	19,157,500	22,989,000	26,820,500	30,652,000	34,483,500
Implement cash transfer programs to keep girls in school	Number of girls enrolled on cash transfer	4,000,000	4,800,000	6,000,000	7,000,000	8,000,000
Sensitize and engage religious leaders on KPs stigma reduction campaigns	Number of religious leaders sensitized on stigma reduction among KPs	38,315	57,473	76,630	95,788	122,608
Strengthen workplace protection policies	Number of employees covered under the workplace policies	18,540,000	22,248,000			
Scale up facility based PITC	Number of people reached through PITC in the facilities	7,011,828	9,885,528	12,414,384	12,414,384	12,414,384
Subtotal		316,394,916	278,664,967	293,645,224	647,643,205	348,983,018
Program management costs 7.4%		23,413,224	20,621,208	21,729,747	47,925,597	25,824,743
Grand total		339,808,139	299,286,175	315,374,971	695,568,802	374,807,762

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

Activities	Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
Strengthen facility and community linkages with inter- and intra- facility referral protocols and linkage strategies	Number of facility linked					
Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services	Number of sites with integrated services	0	0	0	0	0
Scale up integrated youth friendly services	Number of youth accessing integrated youth friendly services at centers	48,278,160	80,463,600			
Utilize peer support and networks of adolescents living with HIV	Number of adolescent support groups	1,071,200	1,713,920	2,356,640	2,999,360	3,642,080
Enhance peer mobilization strategies for recruitment, enrolment and retention in care and extend flexible timings for care	Number on KPs enrolled and retained	8,497,500	9,630,500	10,763,500	11,896,500	13,029,500
Integrate alcohol and drug dependence reduction strategies in care services	Number of persons reached with integrated alcohol and drug dependence strategies	3,955,200	5,932,800	7,910,400	9,888,000	11,865,600
Provide screening and diagnostic equipment for TB, NCDs, malnutrition, opportunistic infections together with those for HIV.	Number of facilities offering diagnostic for TB, NCDs, malnutrition, opportunistic infections together with those for HIV.	30,000,000	36,000,000	42,000,000	48,000,000	61,000,000
Scale up prevention interventions for TB, OIs and other co-morbidities, water and sanitation related diseases, vaccinations for preventable diseases (cervical cancer, hepatitis, pneumococcal)	Number of reached through scaled up services at the facilities	80,340,000	96,408,000	112,476,000	128,544,000	163,358,000
Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Number of HCW trained on innovative methods and technologies	1,000,000	1500000	2000000	2500000	3000000
Use integrated and decentralized HIV delivery models that increase access to care and treatment at community and other non-ART service points	Number of community health units using decentralized HIV delivery models	0	0	0	0	0
Enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure interventions	Number of PLWHIV sensitized on treatment literacy and patient support	1,287,294	1,395,444	1,503,594	1,611,744	1,719,894
Integrate HIV care treatment into youth friendly services	Number of youth friendly centers with integrated HIV care and treatment services					
Scale up the Ministry of Education programme for HIV education and treatment literacy, adherence and retention	Number of learning institutions implementing program on HIV	618,000	1,236,000	1,854,000	2,348,400	2,842,800
Standardize methodologies for disclosure by and to adolescents living with HIV	Disclosure guidelines for adolescents living with HIV in place	500,000				

Activities	Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
Reduce HIV stigma and discrimination to increase access to care and treatment	Number of PLHIV accessing care and treatment	44,626,192	48,375,392	52,124,592	55,873,792	59,622,992
Strengthen capacity to monitor quality of care and utilize care data for decision making	Number of new HIV programs informed by HIV data	0	0	0	0	0
Continuous quality improvement initiatives through health worker training and use of electronic records management systems	Number of HCWs trained on the use of electronic records management systems	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000
Strengthen supply systems and ensure continuous availability of quality HIV commodities at the point of service delivery	Non stock outs of HIV commodities at the point of delivery					
Implement periodic monitoring for adherence and disclosure	No. of monitoring sessions on adherence and disclosure held per facility	120,000	240,000	240,000	240,000	240,000
Put in place systems to assure quality and monitor adherence to laboratory protocols	Number of Labs with functional SOPs put in place to assure quality and monitor adherence to laboratory protocols	0	0	0		
Use innovative mobile and web-based technology to increase adherence and follow up options (HIT system, EMR)	Innovative mobile and web-based technology system developed to increase adherence and follow up options (HIT system, EMR)	2,400,000	2,400,000			
Subtotal		224,093,546	287,395,656	236,028,726	267,201,796	324,120,866
Program management costs 7.4%		16,582,922	21,267,279	17,466,126	19,772,933	23,984,944
Grand total		240,676,468	308,662,935	253,494,852	286,974,729	348,105,810

SD 3: USING A HUMAN RIGHTS BASED APPROACH TO FACILITATE ACCESS TO SERVICES

Activities	Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
Promote uptake of HIV pre and post-exposure prophylaxis among survivors of sexual violence and priority population	Number of Sexual Violence survivors receiving Pre/PEP services	1,386,277	2,094,917	3,144,590	4,716,885	7,077,542
Integrate HIV information and encourage service uptake in religious settings	Number of religious leaders involved in the fight against HIV	200,000	300,000	400,000	500,000	640,000
Male engagement in HIV, SRH programs and interventions and offer them services	Number of males engaged in HIV, SRH programs and interventions	2,317,500	4,635,000	6,180,000	6,257,250	7,817,700
Educate communities on gender and legal issues	Number of people sensitized on gender and legal issues	2,317,500	4,635,000	6,180,000	6,257,250	7,817,700
Sensitize law makers on the need to enact non-discriminatory regulations and services	Number of non-discriminatory regulations and services developed	600,000	600,000	600,000	600,000	600,000
Conduct stigma index through PLHIV including in healthcare settings and communities	Number of stigma index studies conducted through PLWHIV in healthcare settings and communities	0	500,000	0	0	500,000
Subtotal		6,821,277	12,764,917	16,504,590	18,331,385	24,452,942
Program management costs 7.4%		504,774	944,604	1,221,340	1,356,522	1,809,518
Grand total		7,326,051	13,709,521	17,725,930	19,687,907	26,262,460

SD 4: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS						
Activities	Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
Staff recruitment to improve overall staff: population ratio	Number of new health staff recruited and retained	85,140,000	118,140,000	151,140,000		
Staff redistribution to ensure availability of appropriate competent skilled clinical personnel	Number of skilled health staff redistributed	0				
Create incentives for health staff in terms of training, remunerations and other rewards	Incentives for health staff created	1,000,000	1,000,000			
Develop & implement health staff retention policy that takes into account the additional HIV burden	Health staff retention policy developed and implemented					
Integration of HIV referral and linkage services into mainstream health services	Number of health facilities with integrated HIV into mainstream health services	0	0			
Empower communities and workplaces to ensure improved capacity and capability to take charge of their health	Number of communities units and workplaces involved in healthcare programs	500,000	600,000			
Subtotal		86,640,000	119,740,000	151,140,000	0	0
Program management costs 7.4%		6,411,360	8,860,760	11,184,360	0	0
Grand total		93,051,360	128,600,760	162,324,360	0	0

SD 5: STRENGTHENING RESEARCH AND INNOVATION TO INFORM THE AIDS STRATEGIC PLAN GOALS						
Activities	Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
Create and operationalize Laikipia county research TWG	Laikipia county TWG strengthened	100,000				
Conduct operational research in the county on various thematic areas of HIV	Operational research on various thematic HIV areas conducted	200,000	200,000	200,000	200,000	200,000
Conduct county dissemination forum of HIV research in the county	County dissemination forums of HIV research in the conducted	100,000	100,000	100,000	100,000	100,000
Strengthen county HIV research capacities including epidemiological surveillance, good laboratory, clinical practice and ethics	Number of trainings on operational research	400,000	400,000	400,000	400,000	400,000
	Number of HIV dissemination fora held	100,000	100,000	100,000	100,000	100,000
Subtotal		900,000	800,000	800,000	800,000	800,000
Program management costs 7.4%		66,600	59,200	59,200	59,200	59,200
Grand total		966,600	859,200	859,200	859,200	859,200

SD 6: PROMOTING UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION TO ENHANCE PROGRAMMING

Activities	Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
Conduct M&E capacity assessment and development in the county	Number of county staff trained on M&E	1,000,000	0	0	0	0
M&E capacity assessment conducted	Once	500,000	0	0	0	0
Establish functional multi-sectoral HIV M&E co-ordination structure and partnerships at county and sub county level	M&E coordination structures established	100,000	0	0	0	0
Conduct periodic data quality audits, verification and support supervision	Number of data quality audits supervision conducted	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Procure and distribute reporting tools to health facilities on timely basis	Number of reporting tools procured and distributed	1,750,000	2,000,000	2,000,000	2,000,000	2,000,000
Create a county M&E Information Hubs	M&E information hub established	5,000,000	0	0	0	0
Subtotal		9,350,000	3,000,000	3,000,000	3,000,000	3,000,000
Program management costs 7.4%		691,900	222,000	222,000	222,000	222,000
Grand total		10,041,900	3,222,000	3,222,000	3,222,000	3,222,000

SD 7: INCREASING DOMESTIC FINANCING FOR A SUSTAINABLE HIV RESPONSE

Activities	Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
Establish and maintain a committee to lobby for county HIV fund kitty	County HIV fund kitty committee established	100,000	0	0	0	
Strengthen stakeholders forum for efficient coordination of HIV program	Number of stakeholder forum held	360,000	360,000	360,000	360,000	360,000
Prepare bill to establish a County HIV Response Fund	County bill prepared	1,000,000	0	0	0	0
Create strategic Public-Private Partnership in support of HIV programs in the county	Number of MOUs for public private partnership established	200,000	200,000	200,000	200,000	200,000
Develop a partnership accountability framework at county level to ensure alignment of resources to county HIV response priorities	County accountability partnership framework established	100,000	0	0	0	0
Conduct midterm and end term review of the LCASP	Midterm and end term evaluations done	0	0	1,000,000	0	1,000,000
Subtotal		1,760,000	560,000	1,560,000	560,000	1,560,000
Program management costs 7.4%		130,240	41,440	115,440	41,440	115,440
Grand total		1,890,240	601,440	1,675,440	601,440	1,675,440

SD 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF THE NCASP RESULTS BY ALL SECTORS AND ACTORS

Activities	Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
Conduct sensitization forum for county assembly and the public to incorporate HIV activities during public participation forum during the county budget process	Number of sensitization meetings held targeting County Assembly members	150,000	150,000	150,000	150,000	150,000
Conduct advocacy meeting with the county leadership to build and sustain high-level political commitment in HIV response	Number of targeted advocacy meetings held	0	0	0	0	0
Develop policy briefs to strengthen good governance of county HIV response	Number of policy briefs developed towards good governance of HIV response	0	0	0	0	0
Mobilize and allocate adequate resources for HIV and AIDS response	Proportion of county HIV response resources mobilized	0	0	0	0	0
Subtotal		150,004	150,004	150,004	150,004	150,004
Program management costs 7.4%		11,100	11,100	11,100	11,100	11,100
Grand total		161,104	161,104	161,104	161,104	161,104
LCASP GRAND TOTAL		693,921,864	755,103,134	754,837,856	1,007,075,178	755,093,776

Annex 4: References

1. **Kenya AIDS Strategic Framework** - Outlines the country's strategies in addressing HIV and AIDS.
2. **Kenya Vision 2030** - Identifies health as a key building block for the transformation of Kenya into a successful middle income country.
3. **Health Sector Strategic Plan (HSSP)** - LCASP outlines that health and community systems development priorities ensure effective health service delivery.
4. **UN High Level Meeting Commitments** - LCASP aims at enabling Laikipia County to meet its international commitments to achieve universal access to HIV services and to reverse the impact of the epidemic.
5. **Regional HIV Frameworks** that contribute to the objectives of regional objectives including IGAD, East African Community, African Union Global Commitment on HIV, Tuberculosis and Malaria.
6. **Global Commission on Human Rights and Law.**
7. **Kenya Fast-Track Plan to end HIV and AIDS among adolescents and young people.**

Annex 5: Drafting and Technical Review Teams

LCASP 2015/16 – 2019/20 was developed by a county HIV technical working team, the NACC secretariat, implementing partners and consultants.

County drafting Team

1. Dr. Donald Mogoi - CDH, Directorate Preventive and Promotive Health Services
2. Dr. Patrick Waihenya - CDH, Directorate Medical /Clinical Services
3. Ms. Mary Wambui - NACC, County HIV&AIDS Coordinator
4. Mr. George Mochama - MOH, County HIV/STI Coordinator
5. Ms. Monica Ngunjiri - NACC, Sub-County HIV&AIDS Coordinator (Laikipia West)
6. Mr. Samuel Ngatunyi - NACC, Laikipia East- Youth Representative
7. Mr. John Waigwa - MoH, Laikipia East HIV/STI Coordinator
8. Ms. Dorothy Kwamboka - WEF, Laikipia East
9. Mr. Simon Kamau - Aphia Plus, Technical Advisor - Clinical
10. Mr. Steven Ng'ang'a - CHS

Technical Review Team

1. Ms. Gladys Sang - Regional HIV Coordinator
2. Ms. Lucy Ghati - Independent consultant
3. Mr. Philip Nyakwana - Independent consultant
4. Ms. Njeri Gachiri - Administration, PC



COUNTY GOVERNMENT OF LAIKIPIA

Department of Health

P.O. Box 1271-10400, NANYUKI

Website: www.laikipiacounty.go.ke

Email: health@laikipiacounty.go.ke

