# LAMU COUNTY

# HIV STRATEGIC PLAN

## 2016 - 2019

*My County,*
*My Responsibility*

maisha!
National AIDS Control Council

# LAMU COUNTY

# HIV STRATEGIC PLAN

## 2016 - 2019

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# Abbreviations and Acronymns

| | |
|---|---|
| **ACU** | AIDS Control Unit |
| **AIA** | Appropriation in AIDS |
| **AIDS** | Acquired Immune Deficiency Syndrome |
| **ANC** | Antenatal Clinic |
| **ART** | Antiretroviral Treatment/Therapy |
| **ARV** | Anti-Retroviral (drugs) |
| **BBSS** | Biological Behavioural Sentinel Survey |
| **BCC** | Behaviour Change Communication |
| **CASCO** | County AIDS and STI Coordinator |
| **CBO** | Community Based Organisation |
| **CCC** | Comprehensive Care Centre |
| **CCSC** | County Community Strategy Coordinator |
| **CEC** | County Executive Committee |
| **CGL** | County Government of Lamu |
| **CHC** | County HIV Committee |
| **CHEWs** | Community Health Extension Workers |
| **CHMEC** | County HIV Monitoring and Evaluation Committee |
| **CHMT** | County Health Management Team |
| **CHSF** | County Health Stakeholders Forum |
| **CHV** | Community Health Volunteer |
| **CHW** | Community Health Worker |
| **COH** | Chief Officer of Health |
| **CPSB** | County Public Service Board |
| **CSO** | Civil Society Organisation |
| **CU** | Community Unit |
| **DHIS** | District Health Information System |
| **DQA** | Data Quality Assurance |
| **EBI** | Evidence Based Intervention |
| **EID** | Early Infant Diagnosis |
| **eMTCT** | Elimination of Mother to Child Transmission |
| **ETR** | End Term Review |
| **FBO** | Faith Based Organisation |
| **FDC** | Fixed Dose Combination |
| **GIPA** | Greater involvement of People living with HIV |
| **GVN** | Governor |
| **HAART** | Highly Active Anti-Retroviral Therapy |

| | |
|---|---|
| **HBC** | Home Based Care |
| **HCW** | Health Care Worker |
| **HE** | His Excellency |
| **HIV** | Human Immunodeficiency Virus |
| **HTC** | HIV Testing and counseling |
| **HTS** | HIV Testing Services |
| **ICT** | Information and Communication Technology |
| **IEC** | Information Education Communication |
| **KAIS** | Kenya AIDS Indicator Survey |
| **KASF** | Kenya AIDS Strategic Framework |
| **KDHS** | Kenya Demographic and Health Survey |
| **KEMSA** | Kenya Medical Supplies Agency |
| **KNASP** | Kenya National AIDS Strategic Plan |
| **KNBS** | Kenya National Bureau of Statistics |
| **KP** | Key Populations |
| **LAPSSET** | Lamu Port South Sudan-Ethiopia Transport |
| **LCASP** | Lamu County AIDS Strategic Plan |
| **LCC** | Lamu County Community |
| **LMS** | Logistic Management System |
| **M&E** | Monitoring and Evaluation |
| **MAT** | Medication Assisted Treatment |
| **MIPA** | Member County Assembly |
| **MOT** | Modes of Transmission |
| **MSM** | Men who have Sex with Men |
| **MSW** | Medical Social Worker |
| **MTR** | Mid-Term Review |
| **NACC** | National AIDS Control Council |
| **NASCOP** | National AIDS & STI Control Programme |
| **NCDs** | Non-Communicable Diseases |
| **NGO** | Non-Governmental Organisations |
| **NSP** | Needle and Syringe Programme |
| **OVC** | Orphans and Vulnerable Children |
| **PEP** | Post-Exposure Prophylaxis |
| **PITC** | Provider-Initiated Testing and Counselling |
| **PLHIV** | People Living with HIV and AIDS |
| PMTCT | Prevention of Mother to Child Transmission |
| **PPP** | Public Private Partnership |
| **PrEP** | Pre-Exposure Prophylaxis |
| **PWID** | People Who Inject Drugs |
| **RHC** | Regional HIV Coordinator |
| **SCACC** | Sub-County AIDS County Coordinator/ Committee |
| **SGBV** | Sexual Gender Based Violence |
| **SID** | Society for International Development |
| **SW** | Sex Worker |
| **SWs** | Sex Workers |

| | |
|---|---|
| **TB** | Tuberculosis |
| **TB&L** | Tuberculosis and Leprosy |
| **TBD** | To Be Developed |
| **TOT** | Training of Trainers |
| **UNAIDS** | Joint United Nations Programme on HIV and AIDS |
| **UNICEF** | United Nations Children's Fund |
| **VCT** | Voluntary Counselling and Testing |

# Foreword

The Lamu County HIV and AIDS Strategic Plan is the blueprint developed to respond to HIV and AIDS, in the period 2016-2019.

Lamu County, just like other counties in the Country is faced with the challenge of addressing the HIV and AIDS pandemic. HIV is affecting residents of Lamu especially the young people who are considered very active and in their prime. Young people hold the key to the future but are increasingly exposed to reproductive health risks such as sexual transmitted infections and unplanned pregnancies. Our message is that prevention is better than cure and thus we encourage abstinence until marriage.

The strategy, among other interventions is aimed at addressing all the epidemic aspects on; preventions, treatment, care, support and impact mitigation. The plan also lays the basis of coordination of the HIV initiative undertaken by various stakeholders and partners in the County. The County specific multi-sectoral approach to the response means that government, non-government, community based organisations, faith based organizations and many others are all involved in the project.

Behavioral change must be promoted and sustained in order to prevent new infections. The programme needs to focus on ensuring treatment adherence as well as on campaigns around testing and counseling for confirmed HIV and AIDS patients.

The County leadership strongly supports all efforts aimed at strengthening our fight against HIV and AIDS. As the County Government, we aim to ensure an improvement in the HIV and AIDS awareness campaigns as well as health promotion activities.

I would therefore like to take this opportunity to thank all stakeholders, individuals and organizations that contributed to the development of this strategic plan and urge all stakeholders including policymakers, elected leaders, the Lamu Community and Development Partners to support the implementation of the Lamu County HIV and AIDS Strategic Plan 2016-2019.

**H.E. ISSA TIMAMY**

The Governor

County Government of Lamu

# Preface

HIV and AIDS is taking a great toll, resulting in both considerable human suffering as well as economic losses in many parts of the county. Several administrative wards and villages throughout Lamu County have already been severely affected by the epidemic. Even though the overall prevalence of HIV in Lamu County remains low (2.3%), the epidemic is by all means a threat. HIV continues to spread and in specific segments of the population transmission is highly prevalent. The most recent data has resulted in increasing concerns of the possibility of a concentrated epidemic amongst Key Populations and more vulnerable groups in our society. This may suggest that efforts in the past to address the spread of HIV have not been sufficient, in terms of the quality, comprehensiveness and coverage of the programmes.

As we know, HIV and AIDS is not just an issue affecting health, but it also has linkages to many other aspects of society and development. Greater social and economic development brings with it many benefits, but it has also made us more vulnerable. Development has led to increases in population mobility, internal and external labour migration and changes in the lifestyles or sexual behaviour of our populations, all of which are ingredients for an accelerated spread of the epidemic. Low levels of HIV and AIDS knowledge, limited access to comprehensive services, unfavourable social and culture norms, low socio-economic status of women and high levels of poverty serve to complicate the problem. Moreover, limited capacity and funding of the response at the county level and limited involvement of the private sector create barriers that inhibit expansion of the HIV and AIDS programmes.

If the low prevalence of HIV is to be maintained in Lamu County, and the HIV incidence halted over the coming years, fast and comprehensive actions are required to effectively address the above mentioned challenges. As outlined in this LCASP 2016 -2019, the different strategies and approaches have to be implemented in order to

increase the effectiveness and impact of the AIDS programmes county wide. With comprehensive and effective prevention, treatment and care programmes, I believe that the spread of the HIV and AIDS epidemic in Lamu County can be contained and even reversed.

To achieve these goals, strong commitment and unified action is required from the public and private sectors, civil society groups, and development partners in the county. I am sure that this strategic plan will serve as a policy to guide all partners engaged in the county response on HIV and AIDS. I look forward to the cooperation and support of all stakeholders in effectively implementing the Lamu County HIV and AIDS Strategic Plan.

Dr. Mohamed Kombo B

CEC- Health, Sanitation and Environment

# Acknowledgements

The County Government of Lamu is greatly indebted to several organizations, service providers and individuals who collectively contributed to the development of this four year HIV Strategic Plan. Whilst we cannot mention all of them by names, there are certain individuals and organizations that drove and provided leadership to this process.

The County Government wishes to extend special thanks to the National AIDS Control Council (NACC) which provided the technical support and worked with the County Government of Lamu in organizing the technical and community forums for the development of this plan.

Last but not least, we acknowledge the drafting team, under the leadership of the County Director for Health who participated in the consultation and the development process to realize this plan.

In this form, the Lamu County HIV and AIDS Strategic Plan is a living document that will be revised as new data and evidences emerge. The emerging evidence during the implementation of the plan will inform the review of the current Strategic Plan and development of the future plans. The County Government of Lamu will also rely on the commitment and dedication of partners in the County HIV response.

Mohamed Abubakar

Chief Officer of Health

County Government of Lamu

# Executive Summary

The Lamu County Strategic Plan for HIV and AIDS 2016-2019 outlines the process through which the County Government in conjunction with various key stakeholders will coordinate and implement HIV and AIDS interventions in the county. The HIV prevalence in the county is estimated at 2.3% (County HIV Profiles Report 2014) with the number of people living with HIV and AIDS (PLHIV) at about 1,808 (DHIS, 2014). The prevalence varies substantially by sex, age and demographic characteristics. Women are disproportionately affected by HIV; with prevalence among women in Lamu County being higher (3.2%) than that of men (1.4%) (County HIV Profiles Report 2014). This plan takes cognizance of the current HIV burden and the implications of HIV to the economic, social and political aspects of the county, and offers strategic solutions to reduce the epidemic's prevalence.

The HIV epidemiology in Lamu is defined by a number of factors that include; political, socio-economic, religious, education, culture among other social determinants of health. Devolution provides the opportunity for strategic planning and implementation in the ownership of the response. The plan identifies the different demographic profiles and provides an analysis of the factors influencing HIV transmission in the county and identifies the gaps and challenges that allow for the spread of this epidemic.

The vision of the plan is to have a county free from HIV infections that has a sense of caring and support for all those who are infected and affected by HIV and AIDS. This will be achieved through the following; 1) Reducing annual new HIV infections among the adult population by 50%; 2) Reducing HIV transmission rates from mother to child by more than 90%; 3) Reducing HIV related stigma and discrimination by 50%; 4) Reducing AIDS related mortality by 25% and; 5) increasing the County domestic financing of the HIV response by 5%. This plan also gives the prioritized strategic interventions for the HIV prevention, treatment and care for the county. The plan was developed through participatory approach considering the county diversity.

The plan provides a paradigm shift for the county's HIV response by; shifting focus from interventions to targeted populations, adoption of a combination prevention approach, alignment of the HIV prevention efforts to the geographical disparities in the epidemic, and leveraging synergies across sectors for results.

Guided by principles, the plan seeks to re-shape the coordination, implementation, monitoring and evaluation and financing of the County's HIV and AIDS response. A robust coordination, accountability, implementation, monitoring and evaluation infrastructure has been provided in the plan through which the objectives of the plan will be achieved.

This plan embodies the spirit of the stakeholders in the quest to prevent the risk and spread of HIV infection, improve the quality of life of People Living with HIV, and reduce the social and economic impact resulting from HIV and AIDS on the individual, family and society.

# CHAPTER 1

# Background Information on the County

## 1.0 Background of Lamu County

## 1.1 Position of Lamu County in Kenya

Lamu County is located in the Northern Coast of Kenya. It borders Tana River County to the south west, Garissa County to the north, Republic of Somalia to the north east and the Indian Ocean to the south. It lies between latitude1° 40' and 2° 30' south and longitude 40° 15' and 40° 38' south. The county has a land surface area of 6,273.1 km2 which includes the mainland and several islands that form the Lamu Archipelago. The total length of the coastline is 130 km while the land water mass area stands at 308 km2.

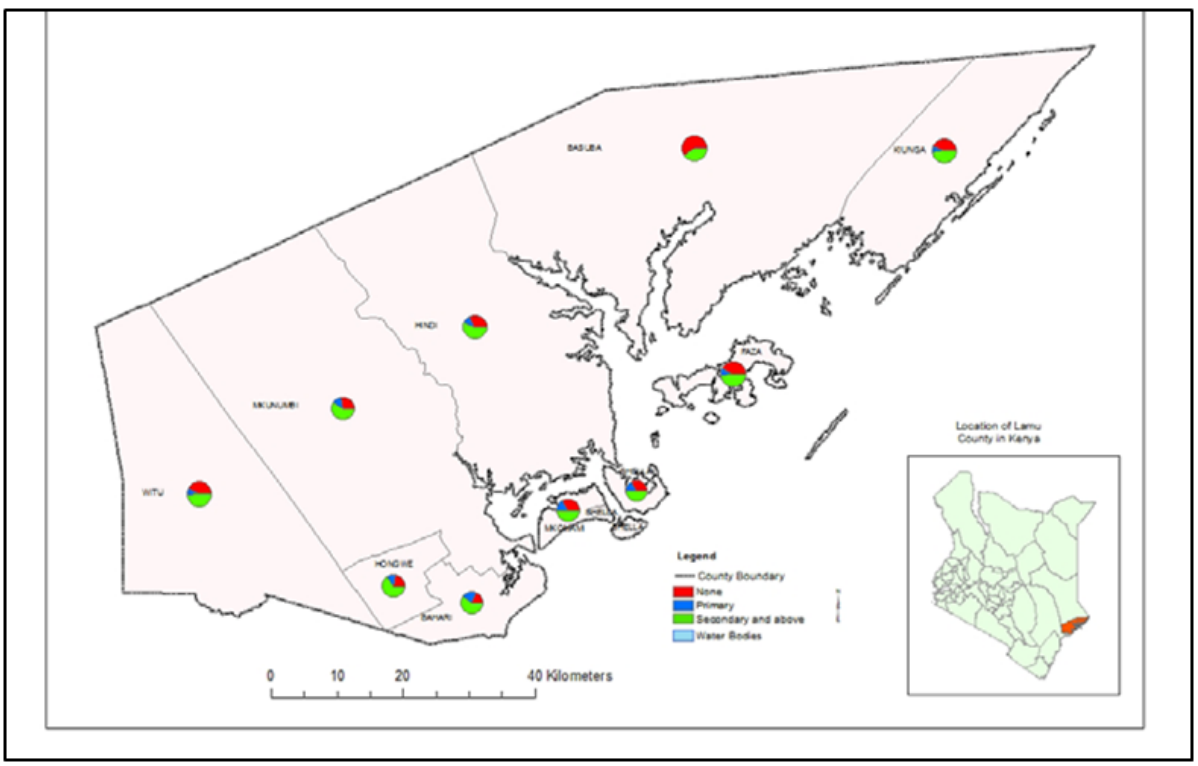


Figure 1.1 Map of Lamu County

## 1.2 Population Size and Composition

The county population as projected in 2015 stands at 124,092, persons composed of 64,827 males and 59,265 females. The population is projected to increase to 137,180 by 2017 (KNBS 2013). The LAPSSET project is expected to attract a huge migrant population estimated to be over one million. This will certainly overstretch the county's social services necessitating commensurate development planning for adequate service provision.

## 1.3 Political and Administrative Units

Lamu County has two political constituencies, namely Lamu West and Lamu East. The county has 10 wards, namely Mkomani, Shela, Hindi, Mkunumbi, Hongwe, Bahari and Witu in Lamu West; and Faza, Basuba and Kiunga in Lamu East. Administratively there are 2 districts, 7 divisions, 23 locations, and 38 sub-locations in the county.

## 1.4 Physical and Topographic Features

The county is generally flat and lies between altitudes zero to fifty metres above sea level. The low altitude exposes some parts of the county to flooding during the rainy seasons. These flood prone areas are around Lake Kenyatta in Mpeketoni, along Tana River delta such as Chalaluma in Witu, and areas on the coastline that experience floods during the high tides.

The main topographic features found in the county include: the coastal plains, island plains, Dodori River plain, the Indian Ocean and the sand dunes. The coastal plain, though not extending to the coastline, creates the best agricultural land in the county. The island plains are found in the coastal, northern and western parts of the county and have good potential for agricultural development. The Dodori River plain which is in the Dodori National Reserve is home to many wildlife species. The Indian Ocean provides a wealthy marine ecosystem that supports livelihoods in the county mainly through fishing and tourism activities.

## 1.5 Climatic Conditions

The county experiences no marked variation in temperatures with annual temperature ranging between 230 Celsius and 320 Celsius. The high temperatures are experienced from December to April while the low temperatures occur from May to July. The annual mean temperature in the county is 270 Celsius. There is a bimodal rainfall pattern with long rains occurring from mid-April to the end of June and the highest rainfall recorded in May. The long rains agricultural output accounts for 80% of the annual crop production. Short rains occur in November and December but they are generally unreliable.

## 1.6 Infrastructure and Access

The county's physical infrastructure has remained underdeveloped. Lamu County has a total road network of 688.6 km with only 6 km in bitumen standard. This renders most of the roads impassable during the rainy season. The main roads in the county are Mokowe – Garsen, and Mokowe – Kiunga.

There are several jetties in the county which are mostly found in Amu Division. The main ones include: Amu, Mokowe, Manda, Matondoni, Lamu customs, Fisheries and Hospital jetty. The major transport sea route in the county is the Lamu – Faza seaway.

The county has one airport at Manda Island and several airstrips.

## 1.7 Education Levels

The formal education levels of Lamu County residents are generally low. A total of 33% of the residents have no formal education. Lamu East sub-County has the highest share of residents with no formal education at 44%. Of the ten administrative wards, Basuba Ward has the highest percentage of residents with no formal education at 59%, while Bahari Ward has the lowest percentage of residents with no formal education.

A total of 54% of Lamu County residents have a primary school level of education only. Lamu West sub-County has the highest number of residents with only primary school level education at 55% while Lamu East sub-County is at 48%. Hongwe Ward has the highest percentage of residents with primary school level of education at 65%.

Only 13% of Lamu county residents have secondary or above level of education. Lamu West sub–County has the highest share at 15% of residents with secondary or above level of education, with Lamu East sub-County having at most 8% of its residents with secondary or above level of education. Bahari Ward has the most learned residents with secondary or above level of education at 20%. (Source KNBS and SID 2013 report).

## 1.8 Economy

The main economic activities in the county include crop and livestock production, fishing, tourism and mining, most notably quarrying.

Among the challenges facing Lamu is population growth owing to migration into Lamu from other parts of the country, fuelled partly by the anticipated opportunities accruing from the Lamu Port South Sudan-Ethiopia Transport (LAPSSET) Corridor. Other challenges include landlessness and poor land management, insufficient social services such as healthcare and education, inadequate supply of piped and fresh water, under-developed infrastructure, and food insecurity.

## 1.9 Non–Government Organizations (NGOs)

There are less than 20 active NGOs operating in the county. They are involved in various activities that include: capacity building, civic education, poverty eradication, HIV and AIDS campaigns, women empowerment, disaster preparedness, and protection of the marine ecosystem.

# CHAPTER 2

# Situational Analysis

## 2.0 County HIV and AIDS Situational Analysis

### 2.1 HIV Prevalence

The HIV prevalence in Lamu County is estimated to be at 2.3% (County HIV Profiles Report 2014) with the number of people living with HIV and AIDS (PLHIV) at about 1,808 (DHIS, 2014). The prevalence varies substantially by sex, age and geographic characteristics. Women are disproportionately affected by HIV; HIV prevalence among women in Lamu County is higher (3.2%) than that of men (1.4%) (County HIV Profiles Report 2014). The Kenya Demographic and Health Survey (KDHS 2014) and antenatal surveillance data indicate some heterogeneity in the epidemic. This heterogeneity is demonstrated by Lamu West sub-County which account 95.6% of the total prevelence of Lamu County (DHIS 2014) which is significantly higher than Lamu East sub-County. Within these broad geographical regions, significant prevalence variation exists between urban and rural and between socio-demographic groupings.

There is perceived high HIV prevalence in areas correlated with high economic activity such as road networks, rural estates and marketing zones. These 'hotspots' are created as a result of increased mobility and economic inequality, with associated high levels of transactional sex and non-cohabitating partners.

There was an increase of ART coverage from 92% in 2013 to 95% in 2014 (County HIV Profiles Report). The number of PLHIV receiving ART has increased from 835 in 2013 to 1038 in 2015. Notably, there are 3 times more females on ART than males (DHIS, 2016).

### 2.2 HIV Incidence

The national average annual new HIV infections was estimated at 88,000 persons amongst people aged 15 – 49 years and 13,000 children in 2014. The annual HIV incidence rate in Lamu County is at around 0.1% (DHIS-2014). Notably, significant gains have been made in reducing paediatric infections through implementation of HAART.

## Table 2.1 HIV burden in Lamu County

| | HIV indicator | Number/% | Data Source |
|---|---|---|---|
| | Total population -2014 | 120,120 | KNBS, 2012 |
| | HIV adult prevalence | New HIV infections annually | KENYA HIV County Profile 2014 |
| Adults | New HIV infections annually | 60 | |
| | HIV related deaths | 69 | |
| | Receiving ART ( CD4 count <350) | 882 | |
| | Need for ART | 908 | |
| Children | ART coverage | 97% | |
| | Living with HIV | 208 | |
| | New HIV infections annually | 10 | |
| | HIV related deaths | 10 | |
| | Receiving ART | 111 | |
| | Need for ART | 165 | |
| | ART coverage | 67% | |
| | Need for PMTCT | 87 | |

## 2.3 Factors Influencing HIV Transmission in Lamu County

HIV transmission in Lamu County, like most other counties in the country, is influenced by an interaction of structural, economic, social, biological and cultural factors. An analysis of the determinants of HIV infection presents background factors (such as age and education), proximate HIV and AIDS factors (HIV and AIDS awareness, stigma and discrimination), and sexual behaviour factors (such as condom use, number of sex partners, marital status) as underlying factors to HIV infection within the county. The factors vary by population.Priority Populations Risk of HIV is not equal for all populations. The priority populations who disproportionately contribute high numbers of new HIV infections in the county include key and vulnerable populations. ;

### Key Populations (KPs):

These are defined groups who, due to specific higher-risk behaviour, are at increased risk of HIV, irrespective of the epidemic type or local context. Legal, cultural and social barriers related to their behaviour increase their vulnerability to HIV. In the county they include: Men who have Sex with Men (MSM), People Who Inject Drugs (PWIDs), and Sex Workers (SWs).

Although MSM in Lamu County like elsewhere in Kenya continue to be an understudied population, they are considered a key population in HIV programming due to perceived higher risk of HIV infection from unprotected anal intercourse, generally higher levels of sexual partnering within relatively

closely connected partnership networks, and the possibility of MSM to serve as both the insertive and receptive partner in acts of anal intercourse.

Sex workers face visible forms of stigma within the communities and county in general. Once identified as sex workers, they risk being denied access to alternative income-generating opportunities and other basic human rights. Sex work is also criminalized under the law relating to rogue and vagabond, resulting in sex workers operating clandestinely in urban areas of Lamu West sub-County, tourist destination accommodations and all sites of potential economic activity which poses a threat to HIV transmission. As with MSM, sex workers frequently do not disclose their sexual risk behaviours while accessing health services because of real or perceived stigma from health providers. This provides a challenge for the health system to deliver targeted interventions for this key population.

### Vulnerable populations:

These are groups of populations whose social contexts increase their vulnerability to HIV risk. They include young girls (in school and out of school), women, people in prisons and other closed settings, fishing communities, truck drivers, street children, people with disabilities, migrant populations especially those in humanitarian crisis, traditional birth attendants, and mobile workers.

These populations are location specific and require targeted interventions as appropriate.

Other vulnerable populations include PLHIV such as children and pregnant women living with HIV. Inequalities increase susceptibility of women, girls and key population groups to HIV. High levels of unemployment, poverty and low earnings often lead to transactional sex among the young girls and women. Condom use has been noted to be low and inconsistent in casual relationships (BBSS, 2006). Unavailability of condoms, particularly in rural areas, entertainment places and commercial accommodation facilities, has been observed and argued to contribute to low and/or inconsistent condom use. The perception that condoms reduce sexual pleasure is also believed to be a contributing factor to low and/or inconsistent condom use.

The Kenya Demographic Health Survey (KDHS) 2014 indicated that the percentage of men and women aged 15 - 49 who reported use of condom in their last 12 months were 88.0% and 70.2% respectively.

On comprehensive knowledge about AIDS, 50.1% and 69.0% women and men respectively reported comprehensive knowledge about AIDS and counselling testing while 16.3% women and 40.8% men never tested among the 15-49 age group (KDHS, 2014).

Women remain vulnerable to HIV infection due to socio-cultural practices. This includes secret marriages and agreeing to dry sex to please the male partner. The overall male dominance around issues of sexuality has also been noted to propel the spread of HIV. Women generally have a lower socio-economic status and are oriented from childhood to be submissive to males. This results in an expectation that women should impress their spouses/partners at all costs, even at the expense of their health.

Culture and traditions has a great influence to the HIV response in the county. These include early marriages which are presumed and propagated under the belief that this helps in reducing teenage and unwanted pregnancies, high divorce rates, and persistent remarrying tendencies which lead to exposure to multiple partners.

Lamu County has a stigma index of 48% (Kenya Stigma Index report 2014). The high rate of HIV stigma and discrimination against PLHIV and affected families aggravates the situation.

## 2.4 Gaps and Challenges

The implementation of HIV and AIDS programs in the county has encountered numerous challenges with several programmatic gaps which could easily be classified into biomedical, behavioral and structural factors noted. These are enumerated in the table below.

## Table 2.2 Gaps and Challenges

| Biomedical | Behavioural | Structural |
|---|---|---|
| Low condom uptake.<br><br>High defaulter rate. | High level of denial, stigma and discrimination.<br><br>Sex tourism.<br><br>Early sexual debut, early marriages and high divorce rate.<br><br>Poor health seeking behaviour among men. | Absence of decentralized HIV and AIDS policies.<br><br>Absence of functional sectoral AIDS Control Units (ACUs).<br><br>Marked levels of gender imbalances.<br><br>A large population of young unemployed people who are out of school.<br><br>Low active involvement of FBOs in the HIV response.<br><br>Absence of a sound HIV and AIDS education strategy in schools.<br><br>Few HIV implementing partners. |

## 2.5 Priorities for the County HIV Prevention Response (Biomedical, Behavioural and Structural)

The HIV and AIDS Strategic Plan for Lamu County has set the strategic areas of primary investment and prioritization for the realization of the impact by the end of the implementation of the plan in 2019 as follows:

a) **Increase the number of HIV positive persons who know their status** - Provide HIV testing services (HTS) with effective linkages to facility- and community-based services that respect human rights and informed consent. The services will focus on priority populations (Key Populations, vulnerable and mobile groups ), high disease burden and hard to reach areas.

b) **Prevent peri-natal transmission of HIV** - Elimination of mother to child transmission which includes providing testing and counseling to all prospective mothers and placing all HIV positive mothers on life saving ART.

c) **Increase and expand the distribution of condoms to HIV positive individuals, high-risk negatives and the general population** - Condom provision and programming which employs targeted and innovative strategies to increase the availability and access to male condoms and water-based lubricants, through both the private and public sectors.

d) **Provide ART and partner services for HIV positive persons and their partners** - Comprehensive Antiretroviral Therapy (ART) service delivery is the single most important investment in the response. Scaling up and sustaining access to and retention in treatment, care and support interventions, along with investments in infrastructure, procurement and supply chain management require exceptional programme management to ensure the continuous availability of ART for all HIV-positive people in the county.

e) **Treatment of Sexually Transmitted Infections (STIs)** – This is being improved through the integration of STI services with other health services.

f) **Reduce risk behaviours** - Targeted Behaviour Change Communication (BCC) across the strategic directions is designed to increase the demand for services, enhance knowledge, and lead to positive changes in risky behaviours at personal and community levels.

g) **Continue and expand social marketing campaigns to support prevention initiatives for vulnerable populations and high-risk negatives** - The strategic interventions will include comprehensive Sexuality, Gender, and Health Education services, investments in curricula and training for the provision of facility and community based interventions that deliver a comprehensive package of education and services relating to sexuality, gender, and health for the HIV county response.

h) **Mainstreaming of HIV and AIDS interventions in the routine activities of all sectors** – This will ensure that demand is created for HIV and AIDS services, the public is informed about the realities of the disease and its effective treatment, and that stigma and discrimination against PLHIV and key populations are addressed across all segments of society. This includes workplace interventions in both the public and private sectors.

i) **Combination Prevention -**

Evidence informed and human rights based combination prevention recognizes the importance of biomedical, behavioural and structural interventions working together to achieve prevention and care outcomes. A mixed approach addressing both immediate risks and underlying causes of vulnerability of key and vulnerable populations is both possible and necessary. Together, these services and interventions will have the potential to significantly reduce HIV transmission and improve care outcomes. Since rarely does one institution or system provide every element within a defined package, these packages are underpinned by effective referral systems and, where appropriate, community-based case management. Implementation approaches will require innovative population-targeted interventions. While most services will be delivered within facility settings, other interventions recognize that marginalized populations face barriers and may rely on different types of outreach and mobile models to be reached.

# CHAPTER 3

# Rationale, Strategic Plan Development Process and the Guiding Principles

## 3.0 Rationale, Strategic Plan Development Process and the Guiding Principles

### 3.1 Purpose of the HIV Plan

Since 2010 when the Kenyan Constitution was promulgated and the devolved system of governance established, county governments have the responsibility of ensuring its residents have the highest standard of health services (this includes access to quality HIV prevention, treatment and care services). Prior to this, the HIV and AIDS response was purely coordinated, managed, financed and implemented from the national level through approaches as prescribed in the Kenya National AIDS Strategic Plans (KNASPs).

Also, the HIV response is not uniform across the country. Each county needs to address the epidemic in its domestic context in line with the acceptable evidence based approaches that would result into high yields. The counties too, are now able to plan with inputs from their residents on how the HIV response is to be driven.

It is with these and more reasons that the Lamu County HIV and AIDS Strategic Plan was developed. It will guide the translation of these commitments into reality and re-shape the coordination, implementation, monitoring and evaluation and financing of the County's HIV and AIDS response.

### 3.2 Process of Developing the LCASP 2016-2019

The process of developing the LCASP 2016-2019 ran from April 2015 to June 2016 as follows:

#### April 2015:

A planning meeting organized by NACC with five members from the county trained as Trainers of Trainers (TOT). The meeting discussed the emerging issue in the response to HIV and AIDS in the country. The meeting also suggested development of County AIDS Strategic Plans.

#### May 2015:

The TOTs provided feedback, disseminated the KASF and collected views from the County Executives, County Assembly and County Health Management Team (CHMT).

#### June 2015:

The County TOTs with support from NACC organized a workshop for county stakeholders and HIV programme implementers to collect views on the

development of the County AIDS Strategic Plan. It is from this meeting that members of the county drafting team were proposed.

**October 2015:** The Lamu County HIV and AIDS Strategic Plan drafting team members were officially appointed by the County Director for Health services.

**January – March 2016:**

The drafting team collected views from the community and reviewed policy and programme documents.

**April 2016:**

The drafting team had a meeting for four days resulting in a draft LCASP 2016-2019. The first draft was circulated for comments and input from government and civil society stakeholders.

**June 2016:** LCASP 2016-2019 was reviewed and validated through stakeholders participation in meetings and workshops.

**July 2016**: Launch of the LCASP 2016-2019.

## 3.3 Guiding Principles

Lamu County's multi-sectoral response to HIV and AIDS is built and guided by the following principles:

i. County ownership: The spread of HIV is a challenge to the county's development and is a concern to be addressed by the County Government.

ii. Evidence based and targeted interventions by population and geography: The HIV and AIDS response will be based on evidence and interventions prioritised among the KPs and those vulnerable to HIV infection due to risk behaviours and environment.

iii. Prioritization: The HIV and AIDS response will be comprehensive and will focus on promoting healthy practices, disease prevention, as well as treatment, care and support for PLHIV, KPs and other people affected by HIV and AIDS.

iv. Diversity: The response to HIV and AIDS should take into consideration cultural, religious and societal values.

v. Multi-sectoral approach: The National and County governments, civil society and private sector stakeholders will work together in a multi-sectoral partnership to respond to the spread of HIV and AIDS in the county. The two levels of government will provide policy direction, HIV treatment for those in need, and financial resources in support of this effort. Civil society, including NGOs , community groups, PLHIV and those affected by HIV and AIDS, will support and complement the County Government in the prevention of HIV, as well as care and support for those living with HIV and those affected.

vi. Human rights approach: All stakeholders will work together to create a conducive and enabling environment to ensure the effectiveness of interventions under the HIV response which respect human dignity, gender and sexuality.

vii. MIPA and GIPA Principle: Active and meaningful participation of KPs including most at risk communities, PLHIV and those affected will be integral to the development, implementation, monitoring and evaluation of all interventions.

# CHAPTER 4

# County Vision, Goal, Objectives and Strategic Directions

## 4.1 Vision

A County free of new HIV infections that cares and

supports those infected and affected by HIV and AIDS.

## 4.2 Goal

To prevent the risk and spread of HIV, improve the quality of life of People Living with HIV,

and reduce the social-economic impact resulting from AIDS on the individual, family and society.

## 4.3 Broad Objectives

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

## 4.3.1 County-Specific Objectives

- Reduce new HIV infections among adults by 75%.
- Increase PMTCT services among pregnant women from 26% to 80%.
- Increase proportion of eligible clients on ARVs from 32% to 75%.
- Increase proportion of HIV/TB patients completing treatment, from 85% to 90%.
- Reduce infant mortality rate (per 1,000 live births) from 60 to less than 50.
- Reduce maternal mortality ratio (per 100,000 births) from 258 to less than 100.
- Reduce HIV-related stigma by 50%
- Increase domestic financing of the HIV response by 20%

## 4.4 Strategic Directions

The complexity of the HIV response requires varied targeted strategies and interventions combined for high yield impact realization. The eight strategic directions outlined in this chapter, address different but intertwined thematic areas in line with the KASF and customized specifically for Lamu County context.

### 4.4.1Strategic Direction 1: Reducing New HIV Infections

Recognizing that different populations within Lamu County have specific HIV prevention needs, and that resources are limited, this strategic direction focuses on priority populations with specific and targeted interventions needed to reduce HIV infections among those groups and the general population.

**Table 4.1 Reducing new HIV infections**

| STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS | | | | | | |
|---|---|---|---|---|---|---|
| **KASF Objective** | **LCASP Results** | **Key Activity** | **Sub-Activity/ Intervention** | **Target Population** | **Geographic Areas by sub- County/ Ward** | **Responsibility** |
| Reduce new HIV infections by 75% | Reduced new HIV infections among adults by 50% | Behaviour Change Communication / Communicate for social transformation | Conduct HIV and AIDS capacity building for target populations. | Adults, Youths, Young people, Priority Populations, and Religious leaders | Lamu West, Lamu East | CGL - Dept. of Health, Dept. of Education, NACC, NASCOP |
| | | | Undertake HIV and AIDS knowledge dissemination and advocacy leveraging on social activities, e.g. county festivals. | General population | Lamu East, Lamu West | CGL - Dept. of Health, Dept. of Culture and Tourism, NACC, Office of County Commissioner |
| | | | Build capacities of KPs on HIV prevention.. | SWs , PWID,MSM | Lamu East, Lamu West | CGL - Dept of Health, Religious leaders, NACC, NASCOP |
| | | | Conduct life skills-based HIV education in schools, entertainment places, madrassa and tertiary institutions. | Adolescents, Youth and Young people | Lamu East, Lamu West | CGL – Dept. of Health, Dept. of Education, NACC |
| | | Increase universal and targeted HTS | Conduct routine testing for HIV in health facilities. | General population | Lamu East, Lamu West | CGL – Dept. of Health |
| | | | Conduct targeted HTS outreaches:<br>-Door to door<br>-County festivals<br>-School and youth events<br>-KPs hideouts | - Couples<br>- General population<br>- Adolescents and young people<br>- Priority populations | Lamu East, Lamu West | CGL – Dept. of Health, Dept. of Education, NACC, NASCOP |

| KASF Objective | LCASP Results | Key Activity | Sub-Activity/ Intervention | Target Population | Geographic Areas by sub- County/ Ward | Responsibility |
|---|---|---|---|---|---|---|
| Reduce new HIV infections by 75% | Reduced new HIV infections among adults by 50% | Strengthen HIV prevention programmes among KPs | Promote and provide condoms and lubricants access. | SWs ,MSM | Lamu East, Lamu West | CGL - Dept. of Health, NACC, NASCOP |
| | | | Initiate and operationalize the MAT programme. | PWID | Lamu West | CGL - Dept. of Health, NASCOP, NACC |
| | | | Initiate the Needle and Syringe Programme (NSP). | PWID | Lamu East, Lamu West | CGL - Dept. of Health, NASCOP, NACC |
| | | | Provide Post Exposure Prophylaxis (PEP) | SGBV survivors, SWs , All HIV exposed people | Lamu East, Lamu West | CGL – Dept. of Health |
| | | | Provide Pre-Exposure Prophylaxis (PrEP). | SWs, MSM | Lamu East, Lamu West | CGL – Dept. of Health, NACC, NASCOP |
| | 90% reduction of new HIV infection among children | Scale up Prevention of Mother to Child Transmission (PMTCT) to Elimination of Mother to Child Transmission (eMTCT) | Carry out advocacy to encourage early attendance of ANC by all pregnant women. | Women of child-bearing age and partners | Lamu East, Lamu West | CGL – Dept. of Health |
| | | | Provide HTS to pregnant women and partners. | Couples | Lamu East, Lamu West | CGL – Dept. .of Health |
| | | | Initiate and provide adequate HAART to all HIV-positive pregnant women. | HIV-positive pregnant women, Health facilities | Lamu East, Lamu West, | CGL – Dept. of Health |
| | | | Provide paediatric HIV testing /EID and hold frequent health talks. | Health facilities, | Lamu East, Lamu West | CGL – Dept. of Health |
| | Strengthened County Health System | Strengthen CHS | Build capacities of health facilities to provide comprehensive HIV services. | Health facilities, Health facility management/staff | Lamu East, Lamu West | CGL – Dept. of Health, NACC, NASCOP |
| | | | Recruitment of adequate numbers of health workers. | Health workers | Lamu East, Lamu West | Lamu County Public Service Board, CGL -Dept. of Health |
| | | | Conduct comprehensive HIV capacity building for the health workers. | Health workers | Lamu East, Lamu West | CGL – Dept. of Health |
| | | | Mainstream HIV programming in county departments through ACUs. | County Departments, ACUs | Lamu West | Lamu County Secretary, CGL - Dept. of Health, NACC, County departments |

## 4.4.2 Strategic Direction 2:
## Improving Health Outcomes and Wellness of All People Living with HIV

Retention in care and treatment in the short and long term will need clear identification of points of loss of patients within the cascade of care and addressing these at service delivery points and county level.

### 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** | **LCASP Results** | **Key Activity** | **Sub-Activity/ Intervention** | **Target Population** | **Geographic Areas by sub- County/Ward** | **Responsibility** |
| Reduce AIDS related mortality by 25% | 90% of all PLHIV diagnosed | Increase linkage to care and treatment of all HIV diagnosed persons | Identification of all HIV positive people through HTS: Paediatric testing<br>Routine testing: VCT, PITC<br>Targeted outreach testing for KPs and vulnerable populations<br>Confirmatory testing. | PLHIV | Lamu East, Lamu West | CGL – Dept. of Health |
| | | | Develop a county referral system (directories, community and health facility referral forms). | Newly HIV diagnosed | Lamu East, Lamu West | CGL – Dept. of Health |
| | | | Enroll all HIV positive to care programmes. | Newly HIV diagnosed | Lamu East, Lamu West | CGL – Dept. of Health |
| | 90% of those started on ART are retained on ART | Increase ART coverage | Increase the number of peripheral ART sites. | PLHIV | Lamu East, Lamu West | CGL – Dept. of Health |
| | | | Expand patient support to care, nutrition and adherence counseling. | Facilities offering ART services | Lamu East, | CGL – Dept. of Health |
| | | | Conduct quantification and timely ordering of commodities. | Health Facilities | Lamu East, Lamu West | CGL – Dept. of Health, Dept. of Education, NACC, NASCOP |
| | | | Conduct trainings for HCW on:<br>-Adherence counseling<br>- Stigma reduction<br>- Basic package of care<br>- APOC. | PLWH | Lamu East, Lamu West | CGL - Dept. of Health, NACC, NASCOP |

| KASF Objective | LCASP Results | Key Activity | Sub-Activity/ Intervention | Target Population | Geographic Areas by sub- County/Ward | Responsibility |
|---|---|---|---|---|---|---|
| Reduce AIDS related mortality by 25% | 90% of all PLHIV diagnosed | Increase ART coverage | Form PLHIV community support groups for every CCC. | PLWH | Lamu East, Lamu West | CGL – Dept. of Health |
| | | | Initiate viral load testing for all ART clients. | PLWH | Lamu East, Lamu West | CGL – Dept. of Health |
| | | | Scale up viral load monitoring. | PLWH | Lamu East, Lamu West | CGL – Dept. of Health |
| | | Retain 90% of client on ART at 12 months | Develop and implement county defaulter tracing mechanism. | HCW, CHV | Lamu East, Lamu West | CGL – Dept. of Health, NACC, NASCOP |
| | | | Improve follow up and monitoring & evaluation. | HCW, CHV | Lamu East, Lamu West | |
| | Achieved viral suppression for 90% of patients on ART | Suppress viral load in all PLHIV | Conduct viral load monitoring. | PLWH | Lamu East, Lamu West | CGL - Dept of Health |
| | | | Procure viral load testing machine. | PLWH | Lamu East, Lamu West, | CGL – Dept. of Health |
| | | | Train laboratory technologist in sample collection, handling and transportation. | HCW | Lamu East, Lamu West | CGL – Dept. of Health |
| | | | Upgrade and equip county laboratory infrastructure. | Facilities with lab | Lamu East, Lamu West | CGL – Dept. of Health |

### 4.4.3 Strategic Direction 3:

## Using a Human Rights Approach to Facilitate Access to Services for PLHIV, Key Populations and Other Priority Groups in All Sectors

Service access depends on how people are being treated at the service point, thus this strategic direction will create an enabling environment to facilitate service access by all priority groups.

**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, KEY POPULATIONS AND OTHER PRIORITY GROUPS IN ALL SECTORS | | | | | | |
|---|---|---|---|---|---|---|
| **KASF Objective** | **LCASP Results** | **Key Activity** | **Sub-Activity/ Intervention** | **Target Population** | **Geographic Areas by sub- County/ Ward** | **Responsi-bility** |
| Reduce social exclusion for PLHIV, KPs, women, boys and girls by 50% | Reduced self-reported stigma and discrimination related to HIV and AIDS by 50% | Remove barriers to access HIV information and services | Identification and mapping of priority populations. | Priority population | Lamu East, Lamu West | SCACCs |
| | | | Formation of support groups of priority populations. | PLHIV, KPs | Lamu East, Lamu West | Health work-ers |
| | | | Use of KPs peer groups to enhance uptake of HIV services. | PLHIV, KPs | Lamu East, Lamu West | Peer Coordi-nators |
| | | | Sensitize health workers to reduce stigmatizing attitude towards KPs and other priority populations. | Health workers | Lamu East, Lamu West | CHMT, NACC |
| | | | Sensitize the County Assembly to enact laws that prohibit discrimination against PLHIV and KPs. | County Assembly of Lamu | Lamu East, Lamu West | CEC Health |

| KASF Objective | LCASP Results | Key Activity | Sub-Activity/ Intervention | Target Population | Geographic Areas by sub- County/ Ward | Responsi-bility |
|---|---|---|---|---|---|---|
| Reduce social exclusion for PLHIV, KPs, women, boys and girls by 50% | Reduced self-reported stigma and discrimination related to HIV and AIDS by 50% | Remove barriers to access HIV information and services | Conduct legal literacy (know your rights) campaigns to improve legal and human rights literacy among KPs, PLHIV and other priority populations. | KPs, PLHIV | Lamu East, Lamu West | NACC |
| | | | Enroll OVC (guardians) and PLHIV into social protection programmes. | PLHIV, OVC Caretakers | Lamu East, Lamu West | Peer Coordinators |
| | | | Develop and disseminate priority population specific and user friendly information. | Priority populations | Lamu West | CHC,CASCO |
| | Reduced levels of sexual and gender-based violence for PLHIV, KPs , women, boys and girls by 50% | Promotion of human rights and improve access to justice | Conduct basic trainings on human rights regarding health services as per the Kenyan Constitution. | Priority populations, Imams and pastors | Lamu East, Lamu West | SGBV Coordinator |
| | | | Sensitize law and policy makers on the need to enact laws, regulation and policy that prohibit HIV stigma and discrimination. | Lamu County Assembly, Lamu court users | Lamu East, Lamu West | CHC, CASCO |

### 4.4.4 Strategic Direction 4:

### Strengthening Integration of Community and Health Systems

For all SDs to be realized in HIV and AIDS response there should be a clear integration system where vertical communication between community and health systems is enhanced. The focus of this SD is therefore to facilitate this integration.

**Table 4.4 Strengthening integration of community and health systems**

| STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS | | | | | | |
|---|---|---|---|---|---|---|
| **KASF Objective** | **LCASP Results** | **Key Activity** | **Sub-Activity/ Intervention** | **Target Population** | **Geographic Areas by sub-County/Ward** | **Responsibility** |
| Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response | Improved HIV response at community and facility levels | Improve service provision at health facilities. | Upgrade HIV services to the 38 public health facilities. | Health facilities | Lamu East, Lamu West | CHMT |
| | | Ensure adequate workforce for HIV response. | Ensure regular supply and efficient management of HIV commodities (LMS). | Health facilities | Lamu East, Lamu West | KEMSA |
| | | | Recruitment of health workers. | Health workers | Lamu East, Lamu West | CPSB/COH |
| | | | Training health workers on HIV response. | | Lamu East, Lamu West | CHMT |
| | | | Facilitate in-service learning on HIV service provision and management. | | Lamu East, Lamu West | CHMT |
| | | Strengthen community level AIDS competency | Develop county referral guidelines and policy for linkage of community to facility and facility to community. | Health team | Lamu East, Lamu West | CHC |
| | | | Formation and strengthening of CUs and support groups. | Community units and support groups | Lamu East, Lamu West | CCSC |
| | | | Conduct trainings on HIV competency. | CHV, HW, CHC | Lamu East, Lamu West | CASCO, NACC |
| | | | Conduct bi-annual support supervision of CUs. | Community units and support groups | Lamu East, Lamu West | CHMT |

### 4.4.5 Strategic Direction 5:

## Strengthening Research, Innovation and Information Management to Inform the LCASP Goal

To achieve the LCASP goal, emphasis would need to be put into strengthening county research and innovation. This section highlights the actions that will be rolled out towards ensuring high quality HIV research and innovative approaches towards elimination of HIV and AIDS in Lamu County.

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

| STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH AND INNOVATION TO INFORM THE KASF GOALS | | | | | | |
|---|---|---|---|---|---|---|
| **KASF Objective** | **LCASP Results** | **Key Activity** | **Sub-Activity/ Intervention** | **Target Population** | **Geographic Areas by sub- County/Ward** | **Responsibility** |
| Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct | Increased evidence based planning programming and policy change | Strengthening county research mechanisms | Formation of a county research committee. | HIV Implementing Partners | Lamu West | CGL - Dept. of Health, Dept. of ICT, NACC, NASCOP, Implementing Partners |
| | | | Capacity building of the county research team. | HIV Implementing Partners | Lamu West | CGL - Dept. of Health, Dept. of ICT, NACC, NASCOP, Implementing Partners |
| | | | Define research agenda for the county on annual basis.. | County research team | Lamu East, Lamu West | CGL - Dept. of Health, NACC, NASCOP, County research committee |
| | | | Conduct basic county research. | General population | Lamu East, Lamu West | CGL-Dept. of Health, NACC, NASCOP, County research committee |
| | | | Hold bi-annual joint HIV stakeholders planning meetings. | HIV Implementing Partners | Lamu East, Lamu West | CGL –Dept. of Health, CASCO |
| | | | Mobilize funds for the county HIV research agenda. | County Government | Lamu East, Lamu West | CGL - Dept. of Health, NACC, NASCOP, County research committee |
| | | Use of data for decision making | Disseminate the county research findings to the county stakeholders. | County Government, HIV stakeholders | Lamu East, Lamu West | CGL-Dept. of Health, NACC, CASCO, County research committee |
| | | | Implement the research findings. | HIV Implementing Partners | Lamu East, Lamu West | Health, NACC, CASCO, County research committee, HIV Implemneting Partners |
| | | | Establish a basic county HIV research hub/repository. | General population | County Headquarters | CGL - Dept. of Health, NACC, CASCO, County research committee |

### 4.4.6 Strategic Direction 6:

## Promote Use of Strategic Information for Research and Monitoring and Evaluation to Enhance Programming

Strategic information is critical in HIV response. The management and dissemination of strategic information to all stakeholders ensures the ease of program execution. It also enhances informed decision making, evidence based programming and effectiveness in service delivery. Monitoring and evaluation tools are employed to ensure efficiency in the HIV and AIDS programming and implementation.

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

| STRATEGIC DIRECTION 6: PROMOTE USE OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION TO ENHANCE PROGRAMMING | | | | | | |
|---|---|---|---|---|---|---|
| **KASF Objective** | **LASP Results** | **Key Activity** | **Sub-Activity/ Intervention** | **Target Population** | **Geographic Areas by sub-County/Ward** | **Responsibility** |
| To improve data quality, demand, access and use of data for decision making at the County and National levels | Increased availability of strategic information to inform HIV response in the county | Track the implementation of the County HIV Strategic Plan and programmes | Formation of a Joint County Health Monitoring and Evaluation Committee. | HIV Implementing Partners | Lamu West | CASCO, County HIV Coordinator |
| | | | Operationalize the committee by:<br>- Developing the terms of reference<br>- Establishing a fully furnished secretariat. | Health M&E Committee | Lamu West | CHC, NACC |
| | | | Establish a unified M&E system and reporting mechanism. | CHC | Lamu East, Lamu West | County Health M&E Committee |
| | | | Conduct annual trainings on reporting. | CHMT | Lamu East, Lamu West | County Health M&E Committee, Implementing Partners |
| | | | Establish and operationalize a county HIV situation room. | GVN | Lamu East, Lamu West | NACC, CHC |
| | | | Hold bi-annually feedback meetings with key stakeholders. | Key stakeholders | Lamu East, Lamu West | County Health M&E Committee |
| | | | Conduct monitoring and evaluation activities such as field visits and DQA. | HIV Implementing Partners | Lamu East, Lamu West | County Health M&E Committee |

### 4.4.7 Strategic Direction 7:

### Increase Domestic Financing for a Sustainable HIV Response

Domestic financing instills the spirit of program ownership by the local communities. Most HIV and AIDS initiatives are largely donor funded. Domestic financing establishes a cushion from donor withdrawal, and ensures project continuity, and hence sustainability. This effort will target the County Government, private partners as well as the National Government.

**Table 4.7 Increase domestic financing for a sustainable HIV response**

| STRATEGIC DIRECTION 7: INCREASE DOMESTIC FINANCING FOR A SUSTAINABLE HIV RESPONSE | | | | | | |
|---|---|---|---|---|---|---|
| **KASF Objective** | **LASP Results** | **Key Activity** | **Sub-Activity/ Intervention** | **Target Population** | **Geographic Areas by sub-County/Ward** | **Responsibility** |
| Increased domestic financing for HIV response to 50% | Increased county domestic financing of HIV response by 5% | Lobby for specific HIV and AIDS line budget in the County Health Sector budget | Review the current HIV programme allocations and align them to the LCASP priorities through County AIDS Assessment. | County Departments,HIV Implementers and Partners | Lamu West | CHC |
| | | | Conduct HIV Partner mapping for potential funders to mobilize resources. | HIV Implementers and Partners, County Departments | Lamu West | CHC |
| | | | Sensitize the county leadership to set funds for HIV and AIDS response. | County Executive, County Assembly of Lamu | Lamu East, Lamu West | CHC |
| | | | Advocate for the enactment of relevant county laws and policies and for the allocation of at least 1% of the total health budget to HIV and AIDS response. | Health, Sanitation and Environment Department | Lamu East, Lamu West | County Assembly of Lamu, CHC |
| | | | Sensitize the county leadership on the need for a HIV and AIDS trust fund. | County and Community leadership | Lamu East, Lamu West | CHC |
| | | | Establish the County HIV Trust Fund. | County Executive, County Assembly of Lamu | Lamu East, Lamu West | CGL, CHC, County Assembly of Lamu |
| | | | Establish a county HIV funding dashboard. | Health, Sanitation and Environment Department | Lamu East, Lamu West | CHC |

## 4.4.8 Strategic Direction 8:

## Promoting Accountable Leadership for Delivery of the LCASP Results by All Sectors and Actors

In promoting accountable leadership in the HIV response, there is need for good governance practices, enabling policy, legal and regulatory framework for multi-sectoral HIV and AIDS response that is aligned to the Constitution of Kenya 2010.

### 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** | **LASP Results** | **Key Activity** | **Sub-Activity/ Intervention** | **Target Population** | **Geographic Areas by sub-County/Ward** | **Responsi-bility** |
| Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response | County owned HIV response | Mobilize political and policy level support targeting the county leadership | Hold high level meetings with the county leadership on the HIV situation | Governor, County Secretary, National MPs, County Assembly Committees | Lamu West, Lamu East | NACC, County Assembly |
| | | | Sensitize MCAs to support legislation on HIV and AIDS. | County Assembly | Lamu West, Lamu East | NACC, County Assembly |
| | | Establish and strengthen functional and competent HIV co- ordination mechanism at the county level | Constitute the County HIV Committee (CHC). | Heads of County Departments | Lamu East, Lamu West | RHC, CEC-Health |
| | | | Draft the terms of reference for the CHC. | | Lamu East, Lamu West | RHC, CEC-Health |
| | | | Inaugurate and operationalize the CHC. | | Lamu East, Lamu West | CHC |
| | | | Strengthen the SCACCs:<br>Establish 2 functional sub-county offices. | CACCs | Lamu East, Lamu West | NACC, CEC-Health, CO-Health, CD-Health |
| | | | To develop/review HIV specific Bills at the County Assembly. | County Assembly | Lamu East, Lamu West | Lamu County Assembly, Health Services and Environment Committee, CEC-Health |
| | | Develop programmatic and financial reporting mechanism | Submit annual county HIV situation report to the Governor's Office. | Governor, County Assembly, General population | Lamu East, Lamu West | CHC, Governor's Office |

# CHAPTER 5

# Coordination and Implementation Arrangements

## 5.1 Implementation Arrangement

The Lamu County HIV and AIDS Strategy Plan is the county reference document for the implementing partners at all levels in the response to HIV and AIDS. Stakeholders may elaborate their own Action Plans but they should be in conformity with the broad Strategic Directions, based on the principles, strategies , key results and activities laid out in this document, and contribute to the achievement of progress towards the county goals and targets.

It is necessary to ensure that the implementation of the LCASP is structured and managed accordingly to facilitate the participation and involvement of relevant stakeholders from government, civil society, the private sector and development partners, and to ensure output of the intended results from the many interventions.

Strong governance and coordination structures have been established by the County Department of Health and the National AIDS Control Council to ensure harmonisation and alignment of all stakeholders involved in the Lamu HIV and AIDS response.

All HIV and AIDS programs in Lamu County therefore should be implemented with a high level of seriousness and under committed leadership; with effective mechanisms of coordination; in partnership with other actors including community groups and KPs. All programs are to be managed in full compliance with the principles and application of the practices of results-based programming and good governance.

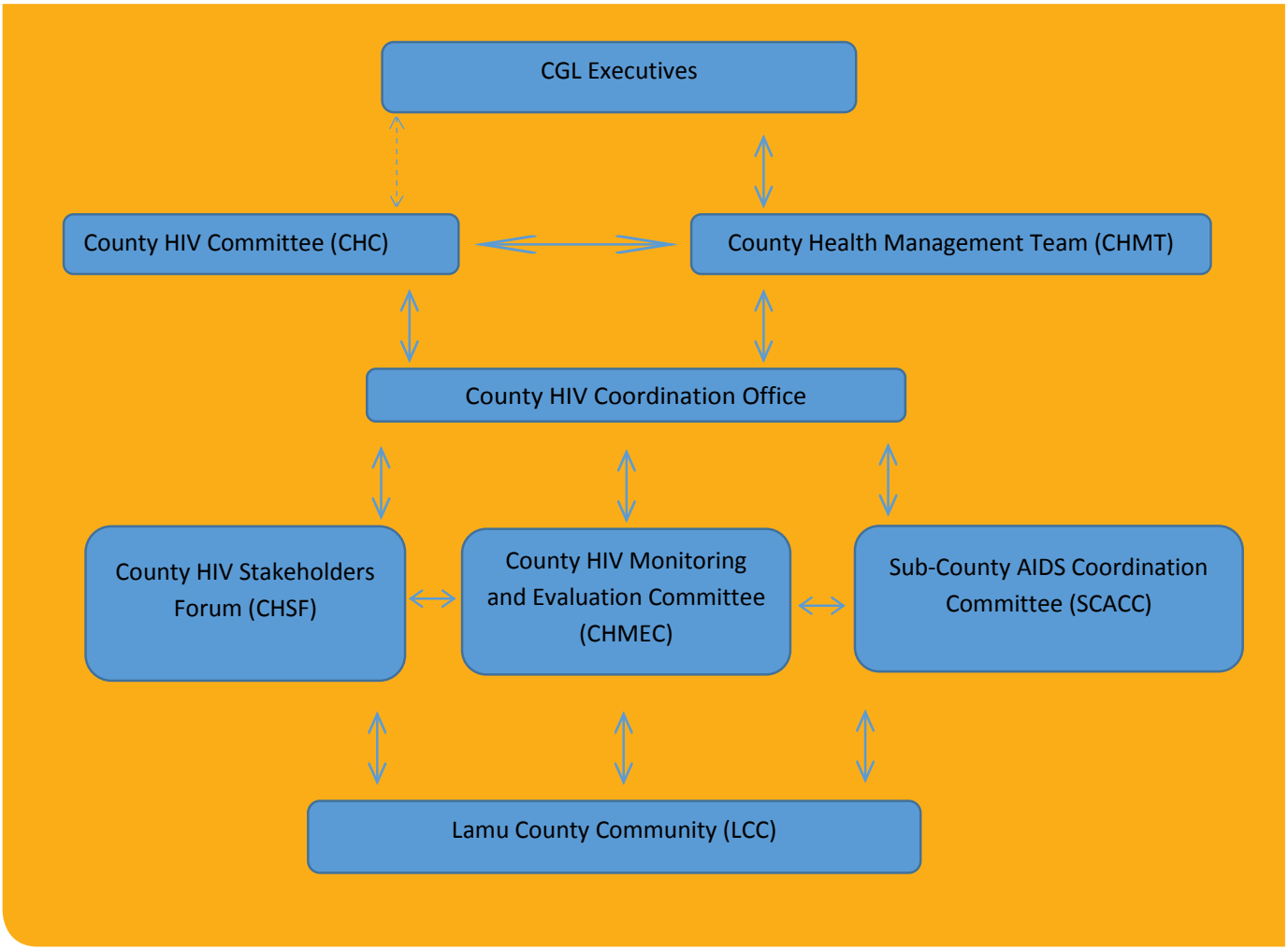


Figure 5.2 County HIV Coordination Structure

# CHAPTER 6

# Research Monitoring and Evaluation of the Plan

The Lamu County M&E plan will be updated regularly and used for purposes of tracking the implementation of the 2016-2019 Lamu County HIV and AIDS Strategic Plan. The M&E plan will ensure effective and efficient research, monitoring and evaluation of the LCASP, based on the agreed county priority areas. These results are articulated in the County M&E Results Framework which is found in Annex 1. The plan will also be used to guide, track and monitor Lamu County's performance towards achieving its national commitments on the HIV response.

## 6.1 Research and Surveillance

Basic surveys and research activities critical to generating information that will facilitate evidence based planning of the county response will be conducted. The county will continue to monitor HIV prevalence and incidence in general and in KPS by conducting basic operational surveys. These will help to determine the county's program coverage and to target interventions where there is critical need.

## 6.2 M&E Coordination

M&E of the multi-sector response requires greater coordination of all sectors: public, private, civil society, and development partners to ensure optimal use of the available resources and continuous learning through sharing of experiences. The NACC is responsible for monitoring the national epidemic and response, analysis of information and disseminating it to policy makers and programme planners. The monitoring and evaluation of health facility based responses is coordinated and managed by the Lamu County Government's Department of Health in collaboration with development partners, private sector institutions and civil society organisations that run health facilities. All data will be reported through the District Health Information System. The monitoring of non-health related interventions is done by both the NACC and CGL through the different partnerships, i.e. with the donor group, the civil society organisations, faith based organisations, key populations organisations, traditional leaders etc. These coordinating structures will oversee capacity development, data quality assurance, resource mobilization for M&E and data archiving.

## 6.3 Strategic Plan Reviews

Over the duration of the 2016-2019, three main reviews will take place. These include:

(i) Joint reviews of progress on implementation of the Strategic Plan. This will continue taking place quarterly with the County HIV Committee (CHC) of the Lamu County. The Joint HIV Implementers forum will meet bi-annually to review progress. These acts are accountability processes.

(ii) Mid-term Review - The mid-term evaluation will focus on achievements, challenges, emerging issues and recommendations for the remaining half of the LCASP and will take place in Quarter Four of the 2017/2018 financial year.

(iii) End of term review - The final evaluation will be conducted in 2019 to provide the evidence base for the next LCASP. Independent evaluators will carry out the mid-term and end term evaluations

# CHAPTER 7

# Risk and Mitigation Plan

A risk is an uncertain event or condition that, if it occurs, has a negative effect on the implementation and overall outcome objectives of the Lamu County HIV and AIDS Strategic Plan. The risk management plan foresees risks, estimates impacts, and defines responses to the identified issues. It also contains a risk assessment matrix.

**Table 7.1 Risks and mitigation plan**

| Risk Category | Risk Name | Risk Status | Probability (1/5) | Impact (1/5) | Level of risk | Response/ Mitigation | Responsibility | When |
|---|---|---|---|---|---|---|---|---|
| Technological | Inadequate skills | Mild | 2/5 | 2/5 | Medium | Training/ capacity building on requisite skills | C.O-Health | Continuous |
| Political | Inadequate, legislation, laws and policy in the county | Severe | 4/5 | 3/5 | High | Formulation and enactment of relevant HIV laws, legislation and policy | GVN, Chair Health Committee, C.E.C-Health | Continuous |
| Programme | Lack of prioritization | Severe | 3/5 | 4/5 | High | Lobby HIV response prioritization in the county | C.E.C – Health, C.O – Health, CHC | Continuous |
| | Insecurity | Mild | 2/5 | 2/5 | High | Factor security in the programme budget | CC, RHC, CHC | Continuous |
| Financial | Inadequate financing | Severe | 4/5 | 4/5 | High | Lobby for specific HIV budget lines | CEC-Health, CHC | Annual |
| Culture | Stigma/ discrimination | Mild | 3/5 | 3/5 | High | Initiate stigma reduction programme | CHC | Bi- Annual |

# ANNEXES

## Annex 1
## Results Framework

| STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS | | | | | | | |
|---|---|---|---|---|---|---|---|
| **KASF Objective** | **LCASP Results** | **Interventions** | **Indicators** | **Base-line and Source** | **Mid-Term Target** | **End-Term Target cumu-lative)** | **Responsi-bility** |
| | | | | | | | |
| Reduce new HIV infections by 75% | Reduced new HIV infections among adults by 50% | Conduct HIV and AIDS capacity building for target population | Percentage of target popula-tion whose HIV capacity has been built (BCC, TOT, men-torship, peer support) | TBD | 75% | 90% | CGL-Department of Health, Department of Education, NACC, NASCOP |
| | | Undertake HIV and AIDS knowledge dissemination and advocacy leveraging on social activities, e.g. county events and festivals | Percentage of people from targeted audience reached through knowledge dissemination and advocacy | TBD | 50% | 75% | |
| | | Build capacity of KPs on HIV prevention | Percentage of KPs reached with HIV prevention programmes | TBD | 25% | 75% | |
| | | Conduct life skills-based HIV education in schools, clubs, madrassa and tertiary institutions | Percentage of adolescents of ages 10 – 24 years reached through life skills-based HIV education in schools, clubs, madrassa & tertiary institutions | TBD | 50% | 90% | |

| KASF Objective | LCASP Results | Interventions | Indicators | Base-line and Source | Mid-Term Target | End-Term Target cumu-lative) | Responsi-bility |
|---|---|---|---|---|---|---|---|
| Reduce new HIV infections by 75% | Reduced new HIV infections among adults by 50% | Conduct routine testing for HIV in health facilities | Percentage of adolescents aged 10-24 years having correct knowledge of how HIV is transmit¬ted | TBD | 50% | 90% | CGL-Depart-ment of Health |
| | | Conduct targeted HTS outreaches:<br>- Door to door<br>- County events and festivals<br>- School and youth events<br>- Key populations hideouts | Percentage increase in the number of people coun¬seled and tested for HIV and who receive their test results | TBD | 50% | 90% | CGL-De-partment of Health, Department of Educa-tion, NACC, NASCOP |
| | | Promote and provide condoms<br>and lubes | Percentage of male and female sex workers reporting the use of a condom during penetration sex with their most recent clients | TBD | 75% | 90% | CGL-De-partment of Health, NACC, NA-SCOP |
| | | | Percentage of men report¬ing use of a condom last time they had anal sex with a male partner | TBD | 75% | 90% | CGL-De-partment of Health, NA-SCOP, NACC |
| | | | Percentage of PWID who reported use of a condom the last time they had sexual intercourse | TBD | 75% | 90% | CGL-De-partment of Health, NA-SCOP, NACC |
| | | | Percentage of women and men aged 15 – 49 years who had sex¬ual intercourse with more than one partner in the last 12 months and reported use of a condom during the last sexual encounters | TBD | 50% | 75% | CGL-De-partment of Health, NA-SCOP, NACC |
| | | Initiate and operationalize the MAT programme | Number of PWID on opioid substitution therapy /MAT | 0 | 10 | 20 | CGL-De-partment of Health, NA-SCOP, NACC |

| KASF Objective | LCASP Results | Interventions | Indicators | Base-line and Source | Mid-Term Target | End-Term Target cumu-lative) | Responsi-bility |
|---|---|---|---|---|---|---|---|
| Reduce new HIV infections by 75% | Reduced new HIV infections among adults by 50% | Initiate the Needle and Syringe Programme | Number of syringes distrib¬uted per person who injects drugs by the NSP | 0 | 3 syringes per person per day | 3 syring-es per person per day | CGL-De-partment of Health, NA-SCOP, NACC |
| | | Provide Post Exposure Prophylaxis (PEP) | Number of sexual and gen¬der-based violence (SGBV) survivors provided with PEP | TBD | 10 | 10 | CGL-Depart-ment of Health |
| | | Provide Pre-Exposure Prophylaxis (PrEP) | Percentage of people at risk provided with PrEP | TBD | 25% | 25% | CGL-De-partment of Health, NACC, NASCOP |
| | Reduced new HIV infection among children by 90% | Advocate and encourage early attendance of ANC by all pregnant women | Percentage of new ANC clients seen at a health facility | TBD | 50% | 75% | CGL-Depart-ment of Health |
| | | | Percentage of clients who finished four ANC visits | TBD | 50% | 75% | CGL-Depart-ment of Health |
| | | Provide HTS to pregnant women and partners | Percentage of pregnant women who know their HIV status | TBD | 50% | 75% | CGL-Depart-ment of Health |
| | | Initiate and provide adequate HAART to all HIV-positive pregnant women | Percentage of HIV positive pregnant women who received anti-retroviral medication to reduce the risk of mother-to-child transmis¬sion | TBD | 90% | 90% | CGL-Depart-ment of Health |
| | | Provide paediatric HIV testing / EID | Percentage of infants born to HIV-infected women who receive a virological test for HIV within 2 months of birth | TBD | 90% | 90% | CGL-Depart-ment of Health |
| | | | Percentage of infants born to HIV-infected women starting on cotrimoxazole prophy¬laxis within 2 months of birth | TBD | 90% | 90% | CGL-Depart-ment of Health |

| KASF Objective | LCASP Results | Interventions | Indicators | Base-line and Source | Mid-Term Target | End-Term Target cumu-lative) | Responsi-bility |
|---|---|---|---|---|---|---|---|
| Reduce new HIV infections by 75% | Reduced new HIV infections among adults by 50% | Provide paediatric HIV testing / EID | Percentage of health facilities providing early infant diagnosis | TBD | 80% | 100% | CGL-Depart-ment of Health |
| | Strengthened County Health System | Ensure health facilities provide comprehensive HIV services | Percentage of health facilities providing comprehensive HIV services | TBD | 100% | 100% | CGL-Depart-ment of Health |
| | | | Percentage of health facili¬ties providing PEP services | TBD | 100% | 100% | CGL-Depart-ment of Health |
| | | | Percentage of new infec¬tions resulting from medical sources disaggregated by survivors, SV and health personnel | TBD | TBD | TBD | CGL-Depart-ment of Health |
| | | Recruitment of adequate health workers | Annual percentage of health workers recruited and assigned HIV work | TBD | 20% | 30% | Lamu County Public Ser-vice Board, CGL-De-partment of Health |
| | | Conduct HIV comprehensive trainings for the health workers | Percentage of health workers trained on HIV and AIDS competencies | TBD | 75% | 100% | CGL-De-partment of Health, NACC |
| | | Ensure other County departments have HIV programmes (ACUs) | Number of Lamu County departments with results-based HIV Plans | TBD | 50% | 100% | Lamu County Secretary, CGL-De-partment of Health, NACC |

| STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF ALL PEOPLE LIVING WITH HIV | | | | | | | |
|---|---|---|---|---|---|---|---|
| **KASF Objective** | **LCASP Results** | **Interventions** | **Indicators** | **Baseline and Source** | **Mid-Term Target** | **End-Term Target cumulative)** | **Responsibility** |
| Reduce mortality by 25% | 90% of all PLHIV diagnosed | Identification of all HIV-positive people through HTS:<br>Paediatric testing<br>Routine testing: VCT, PITC<br>Targeted outreach testing for KPs and vulnerable populations<br>Confirmatory testing | Percentage of HIV positive people diagnosed and linked to care within 3 months<br>Number of outreaches conducted targeting KPs and vulnerable populations | 92%<br>TBD | 95%<br>80 | 100%<br>120 | CHMT, CASCO<br>CASCO, SCACC |
| | | Develop and strengthen/ establish county referral system (directories, community and health facility referral forms) | County Referral Directory developed<br>Percentage of people living with HIV receiving HIV care services | 0<br>80% | 1<br>85% | 1<br>90% | CHMT, CASCO |
| | | Enroll all HIV positive persons to care programmes | Number and percentage of adults and children enrolled in HIV care and eligible for cotrimoxazole prophylaxis currently receiving cotrimoxazole prophylaxis | 1105 | 1237 | 1369 | CASCO |
| | 90% of those diagnosed started and retained on ART | Increase the number of peripheral ART sites | Number of health facilities providing care and treatment | 14 | 18 | 25 | CGL, CO-Health |
| | | Expand patient support to care, nutrition and adherence counseling | Percentage of PLHIV receiving care and adherence nutritional support | 35% | 50% | 65% | SCACC, CASCO |
| | | Conduct quantification and timely ordering of commodities | Percentage of satellite facilities reporting stock outs | TBD | 30% | 10% | County Pharmacist, Facility in charge |

| KASF Objective | LCASP Results | Interventions | Indicators | Baseline and Source | Mid-Term Target | End-Term Target cumulative) | Responsibility |
|---|---|---|---|---|---|---|---|
| Reduce mortality by 25% | 90% of all PLHIV diagnosed | TB screening for all CCC clients and HIV screening for all TB clients | Percentage of the TB/HIV co-infected clients receiving ART | 40% (April, 2016 DHIS) | | 90% | TB&L Coordinator, CASCO |
| | Increased retention on ART at 12 months to 90% in children adolescents, key population and adults | Conduct trainings for HCW on: Adherence counseling<br><br>Stigma reduction | Number of HCW trained | 3 | 30 | 60 | CGL, CASCO, SCACC, MSW |
| | | Formation and support of PLHIV community support groups | Number of functional PLHIV community support groups formed | 11 | 20 | 30 | CASCO, SCACC, MSW |
| | | Enhance defaulter tracing mechanism | Percentage of defaulters traced | 20% | 50% | 80% | CASCO, SCACC, MSW |
| | | Conduct viral load monitoring | Percentage of PLHIV with suppressed viral loads | TBD | 20% | 75% | CASCO |
| | | Procure viral load testing machine | Number of viral load machines available in the county | 0 | 1 | 3 | CGL, CO-Health |
| | | Train laboratory technologist in sample collection, handling and transportation | Number of laboratory technologists trained in sample collection, handling and transportation | 4 | 7 | 10 | CO-Health |
| | | Upgrade and equip county laboratory infrastructure | Percentage of health facilities equipped with laboratory infrastructure | 20% | 50% | 75% | CGL, CO-Health |

| 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** | **LCASP Results** | **Interventions** | **Indicators** | **Baseline and Source** | **Mid-Term Target** | **End-Term Target cumulative)** | **Responsibility** |
| Reduce social exclusion for PLHIV, KPs ,women, boys and girls by 50% | Reduced self-reported stigma and discrimination related to HIV and AIDS by 50% | Identification and mapping of priority populations | An estimate number of KPs in the county:<br>- SWs<br>- MSM<br>- PWID | 7430<br>4351<br>1385<br>1694 | 1858<br>1088<br>346<br>424 | 15572<br>3263<br>1038<br>1270 | CGL, CHC, MSW |
| | | Formation of support groups of the priority populations | Number of support groups of priority populations | 21 | 31 | 36 | SCACC, CHEW |
| | | Use of KPs peer groups to enhance uptake of HIV services | Number of KPs peer group present in the county:<br>- SW<br>- MSM<br>- PWID | 1105 | 1237 | 1369 | CASCO |
| | | Sensitize HWs to reduce stigmatizing attitude towards KPs and priority populations | Percentage of PLHIV who experience sexual and/or gender based violence | 25% | 10% | 0% | MSW |
| | | | Percentage of PWID who experience sexual and/or gender based violence | 18% | 9% | 0% | MSW |
| | | | Percentage of MSM who experience sexual and/or gender based violence | 10% | 4% | 0% | MSW |
| | | | Percentage of SWs who experience sexual and/or gender based violence | 45% | 30% | 5% | MSW/CHV |

| KASF Objective | LCASP Results | Interventions | Indicators | Baseline and Source | Mid-Term Target | End-Term Target cumulative) | Responsibility |
|---|---|---|---|---|---|---|---|
| Reduce social exclusion for PLHIV, KPs ,women, boys and girls by 50% | Reduced self-reported stigma and discrimination related to HIV and AIDS by 50% | Sensitize the County Assembly to enact laws that prohibit discrimination against PLHIV and KPs | Number of laws, regulations and policies reviewed and enacted at county level that impact on HIV response positively | 1 | 3 | 5 | County Assembly, CHC |
| | | Conduct legal literacy (know your rights) campaigns to improve legal and human rights literacy among KPs, PLHIV and other priority populations | Number of campaigns conducted for priority populations | 0 | 6 | 10 | CASCO, SCACCs |
| | | Enroll OVC guardians and PLHIV into social protection programmes | Number of OVC guardians and PLHIV in social protection programmes | 4328 | 5490 | 6985 | MSW/Children's Officer |
| | | Develop and disseminate priority population specific and user friendly information | Number of specific population and user friendly information developed and disseminated | 0 | 20% | 75% | CASCO |
| | | Conduct basic trainings on human rights, health services and the Kenyan Constitution | Number of basic human rights trainings conducted | 0 | 7 | 10 | MSW/CASCO |
| | | Sensitize law and policy makers on the need to enact laws, regulation and policy that prohibit HIV stigma and discrimination | Number of sensitization meetings with law and policy makers conducted | 0 | 2 | 5 | CHC |

| STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS | | | | | | | |
|---|---|---|---|---|---|---|---|
| **KASF Objective** | **LCASP Results** | **Interventions** | **Indicators** | **Baseline and Source** | **Mid-Term Target** | **End-Term Target cu-mulative)** | **Responsi-bility** |
| Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response | Improved HIV response at community and facility levels | Upgrade the existing health facilities | Percentage of health facilities providing KEPH defined HIV and AIDS services | 74% | 84% | 100% | CHMT/CASCO |
| | | | Number of health facilities providing integrated HIV services | 11 | 23 | 38 | CHMT/CASCO |
| | | Ensure regular supply and efficient management of HIV commodities (LMS) | Number of health facilities with efficient supply of commodities | 2 | 30 | 38 | CHMT/CASCO |
| | | Recruitment of health workers | Ratio of health care staff to population in line with staffing norms | Doctor 1:12500<br>Nurse 1:10000<br>Clinical officers 1:7000 | Doctor 1:50000<br>1:5000<br>1:5000 | Doctor 1:25000<br>1:2500<br>1:3000 | CPSB |
| | | Training health workers on HIV response | Number of community health workers reporting on HIV programmes | 400 | 800 | 1000 | CCS Coordi-nator |
| | | Facilitate in-service learning on HIV service provision and management | Number of health workers facilitated for in-service learning | 8 | 42 | 80 | Director of Health |
| | | Develop county referral guidelines and policy for linkage of community to facility and facility to community | Number of referral guidelines developed | 0 | 1 | 1 | CHMT |
| | | Formation and strengthening of community units (CUs) and support groups | Number of CUs implementing AIDS competency guidelines | 0 | 9 | 20 | CCSC, CASCO |

| KASF Objective | LCASP Results | Interventions | Indicators | Baseline and Source | Mid-Term Target | End-Term Target cumulative) | Responsibility |
|---|---|---|---|---|---|---|---|
| Build a strong and suitable system for HIV service delivery through specific health and community systems approaches, actions and interventions to support HIV response | Improved HIV response at community and facility levels | Conduct trainings on HIV competency | Number of CUs given training on HIV module | 0 | 9 | 20 | CCSC, CASCO |
| | | | Number and percentage of CBOs that submit timely, complete and accurate reports | 60 | 90 | 138 | SCACC |
| | | Conduct bi-annual support supervision of CUs | Number of bi-annual HIV support supervisions conducted | TBD | 6 | 8 | CASCO |

| STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT TO INFORM THE LCASP GOAL | | | | | | | |
|---|---|---|---|---|---|---|---|
| **KASF Objective** | **LCASP Results** | **Interventions** | **Indicators** | **Baseline and Source** | **Mid-Term Target** | **End-Term Target cumulative)** | **Responsibility** |
| Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research | Increased evidence base planning programming and policy change | Formation of a county research committee | County research committee established and operational | 0 | 1 | 1 | CGL-Dept.of Health, Dept. of ICT, NACC, NASCOP, Implementing Partners |
| | | Capacity building of the county research team | Percentage of county research team members whose capacity on HIV research has been built | 0 | 75% | 100% | CGL-Dept.of Health, Dept. of ICT, NACC, NASCOP, Implementing Partners |
| | | Define research agenda for the County on annual basis | Percentage of planned research implemented in line with research agenda | 0 | 25% | 50% | CGL-Dept. of Health, NACC, NASCOP, County research committee |

| KASF Objective | LCASP Results | Interventions | Indicators | Baseline and Source | Mid-Term Target | End-Term Target cumulative) | Responsibility |
|---|---|---|---|---|---|---|---|
| Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research | Increased evidence base planning programming and policy change | Conduct basic county research | Number of prioritized biomedical and behavioural researches conducted | 0 | 2 | 4 | CGL-Dept. of Health, NACC, NASCOP, County research committee |
| | | Hold bi-annual joint HIV stakeholders planning meetings | Number of joint HIV stakeholders planning meetings held | TBD | 3 | 4 | CGL-Department of Health, CASCO |
| | | Mobilize funds for the county HIV research agenda | Proportion of HIV funds utilized on research | TBD | 2.5% | 5% | CGL-Dept. of Health, NACC, NASCOP, County research committee |
| | | Disseminate the county and national research findings to the county stakeholders | Percentage of research reports disseminated to the public | TBD | 75% | 100% | CGL-Department of Health, NACC, CASCO, County research committee |
| | | Implement the research findings | Percentage of planned research implemented in line with the research agenda | 0 | 10% | 25% | CGL-Dept. of Health, NACC, CASCO, County research committee, HIV partners |
| | | Establish a basic county HIV research hub/ repository | County research hub in place | 0 | 1 | 1 | CGL-Dept. of Health, NACC, CASCO, County research committee |

| STRATEGIC DIRECTION 6: PROMOTE USE OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION TO ENHANCE PROGRAMMING | | | | | | | |
|---|---|---|---|---|---|---|---|
| **KASF Objective** | **LCASP Results** | **Interventions** | **Indicators** | **Baseline and Source** | **Mid-Term Target** | **End-Term Target cumulative)** | **Responsibility** |
| To improve data quality, demand, access and use of data for decision making at the County and National levels | Increased availability of strategic information to inform HIV response in the county | Formation of a Joint County Health Monitoring and Evaluation Committee | County Health Monitoring and Evaluation Committee established | 0 | 1 | 1 | CASCO and County HIV Coordinator |
| | | Operationalize the committee:<br>-Develop TORs<br>-Establish a fully furnished secretariat | Terms of Reference in place<br><br>Number of meetings held | 0<br><br>0 | 1<br><br>4 | 1<br><br>12 | CHC, NACC |
| | | Establish a unified M&E system and reporting mechanism | A unified M&E system in place | 0 | 1 | 1 | County Health Monitoring and Evaluation Committee |
| | | | Percentage of county departments submitting timely, complete and accurate reports based on targets set in their HIV plans | TBD | 50% | 100% | |
| | | | Percentage of private sector entities submitting timely, complete and accurate reports based on targets set in their HIV plans | TBD | 20% | 100% | |
| | | | Percentage of implementing and development partners submitting timely, complete and accurate reports based on targets set in their HIV plans | TBD | 20% | 80% | |

| KASF Objective | LCASP Results | Interventions | Indicators | Baseline and Source | Mid-Term Target | End-Term Target cumulative) | Responsibility |
|---|---|---|---|---|---|---|---|
| To improve data quality, demand, access and use of data for decision making at the County and National levels | Increased availability of strategic information to inform HIV response in the county | Conduct annual trainings on reporting | Percentage of HIV implementing organizations trained on reporting | TBD | 75% | 100% | County Health Monitoring and Evaluation Committee |
| | | Establish and operationalize a County HIV Situation Room | County HIV Situation Room established and operational | 0 | 10% | 25% | CGL-Dept. of Health, NACC, CASCO, County research committee, HIV partners |
| | | Establish and operationalize a County HIV Situation Room | Number of quarterly HIV reports generated annually | 0 | 4 | 12 | NACC, CHC |
| | | Hold bi-annual feedback meetings with key stakeholders | Number of stakeholder meetings held annually | 0 | 4 | 12 | County Health Monitoring and Evaluation Committee |
| | | Conduct monitoring and evaluation activities such as field visits and DQA | Percentage of planned M&E reports generated | TBD | 80% | 100% | County Health Monitoring and Evaluation Committee |

| STRATEGIC DIRECTION 7: INCREASE DOMESTIC FINANCING FOR A SUSTAINABLE HIV RESPONSE | | | | | | | |
|---|---|---|---|---|---|---|---|
| **KASF Objective** | **LCASP Results** | **Interventions** | **Indicators** | **Baseline and Source** | **Mid-Term Target** | **End-Term Target cumulative)** | **Responsibility** |
| Increased domestic financing for HIV response to 50% | Increased county domestic financing of HIV response by 5% | Establish the current HIV programme allocations and align them to the LCASP priorities | Percentage of County Government funding for health earmarked for the HIV response as per the LCASP | TBD | 2% | 5% | CGL, CHC |
| | | Conduct HIV Partner mapping for potential funders to mobilize resources | Percentage of domestic funding coming from the private sector including the households | TBD | 2.5% | 5% | CGL, CHC |
| | | Sensitize county leadership to allocate funds for HIV and AIDS response | Number of county leaders sensitized on allocation of funds for HIV and AIDS response | 0 | 40 | 40 | CHC |

| KASF Objective | LCASP Results | Interventions | Indicators | Baseline and Source | Mid-Term Target | End-Term Target cumulative) | Responsibility |
|---|---|---|---|---|---|---|---|
| Increased domestic financing for HIV response to 50% | Increased county domestic financing of HIV response by 5% | Advocate for the enactment of relevant county laws and policies and for the allocation of at least 1% of the total health budget to HIV and AIDS response | Proportion of the total health budget allocated to HIV and AIDS response | 0 | 1% | 1% | County Assembly of Lamu, CHC |
| | | Sensitize the county leadership on the need for a trust fund | Number of county leaders sensitized on the need for a trust fund | 0 | 40 | 40 | CHC |
| | | Establish a County HIV Trust Fund | County HIV Trust Fund in place | 0 | 1 | 1 | CGL, CHC, County Assembly of Lamu |
| | | Establish a functional county HIV funding dashboard | County HIV funding dashboard established | 0 | 1 | 1 | CHC |

| STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF LCASP RESULTS BY ALL SECTORS AND ACTORS | | | | | | | |
|---|---|---|---|---|---|---|---|
| **KASF Objective** | **LCASP Results** | **Interventions** | **Indicators** | **Baseline and Source** | **Mid-Term Target** | **End-Term Target cumulative)** | **Responsibility** |
| Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response | County owned HIV response | Hold high level meetings for the county leadership on the HIV situation | Number of high level meetings held to mobilize support for HIV activities | 2 | 4 | 6 | CHC |
| | | Sensitize MCAs to support legislation on HIV andAIDS | | 0 | 2 | 4 | CHC, County Assembly |
| | | Constitute the County HIV Committee (CHC) | Number of HIV and AIDS Coordination Units established and operationalized | 0 | 1 | 1 | NACC |
| | | Draft the terms of reference for the CHC | | 0 | 1 | 1 | NACC |

| KASF Objective | LCASP Results | Interventions | Indicators | Baseline and Source | Mid-Term Target | End-Term Target cumulative) | Responsibility |
|---|---|---|---|---|---|---|---|
| Promote good governance practices by identifying, developing and nurturing effective and committed leaders for the HIV and AIDS response | County owned HIV response | Inaugurate and operationalize the CHC | | 0 | 1 | 1 | NACC |
| | | Strengthen the SCACCs | | 2 | 2 | 2 | NACC |
| | | Develop/Review /Enact HIV specific Bills at the County Assembly | Number of planned policies, legal and guidelines developed, enacted or reviewed | 0 | 1 | 1 | CGL, CAL |
| | | Submit annual county HIV situation report to the Governor's office | Annual county HIV and AIDS response progress report | 0 | 1 | 3 | CGL, CAL, County M&E Committee |
| | | Annual feedback to the county on HIV and AIDS situation through State of the County address | | 1 | 2 | 4 | CHC,Governor's Office |

## Annex 2

## Resource Needs and Mobilization

### Resource needs related to human, commodities, infrastructure and finances have been made.

Human resource: The human resource required for the response to HIV and AIDS include field staff (peer educators, outreach workers, program supervisors, and program managers); personnel at service sites (counselors, specialists, general practitioners, laboratory technicians, nurses, administrative staff, nutritionists, midwives, and case managers); and management personnel at the county and sub-county levels (program managers, monitoring and evaluation staff, finance administrators, and secretaries). Staff needs have been calculated. Human resource mobilization needs to be conducted and will include recruitment, information and skills building, and provision of technical assistance.

Commodities and Infrastructure: Commodities and infrastructure include service sites, supplies and materials for prevention, surveillance, care, support, treatment, and information, education, communication (IEC), as well as other supplies and materials to support the AIDS response.

Financial resources: Successful implementation of the national response depends a lot on the availability of adequate financial resources. The main source of funds to implement the HIV and AIDS Strategic Plan will be from the County Budget, envisaged to be allocated at least 1% of the Health Sector budget annually. In addition, the county will source for additional funds from internal sources, development partners and the private sector through Public-Private Partnerships (PPPs). Also contributions of importance are not limited to financial resource. The monetary value of in-kind contributions will also be quantified and counted as financial contribution in form of Appropriation in Aid (A-I-A).

The total funding needed to carry out the LCASP implementation for the four years period is estimated to be Ksh. 1183.74 million. The funds will be used in the eight main strategic directions focusing on the activities/interventions as indicated in the costing table below. The budget figures are in Million KEs

| SD 1: REDUCING NEW HIV INFECTIONS | | | | | | | |
|---|---|---|---|---|---|---|---|
| **LCASP Result** | **Key Activity** | **Interventions** | **2016** | **2017** | **2018** | **2019** | **Total** |
| Reduced new HIV infections among adults by 50% | Communicate for social transformation/ Behaviour Change Communication Communicate for social transformation/ Behaviour Change Communication | Conduct trainings on HIV and AIDS knowledge | 3.9 | 6.5 | 6.5 | 6.5 | 23.4 |
| | | Carry HIV and AIDS knowledge advocacy leveraging on the county festivals | 2.2 | 2.2 | 2.2 | 2.2 | 8.8 |
| | | Sensitize Key Populations on HIV prevention through trainings | 2.6 | 2.6 | 2.6 | 2.6 | 10.4 |
| | | Conduct life skills-based HIV education in schools and tertiary institutions | 4 | 4 | 4 | 4 | 16 |
| | Increase universal and targeted HIV testing services (HTS) | Conduct routine testing for HIV in health facilities | 4.5 | 4.5 | 4.5 | 4.5 | 18 |
| | | Conduct targeted HTS outreaches;<br>- Door to door<br>- County festivals<br>- School and youth events<br>- Key Populations hideouts | 2.3 | 2.3 | 2.3 | 2.3 | 9.2 |
| | Strengthen HIV prevention programmes among KPs and priority populations | Promote and provide condoms and lubes | 12 | 12 | 12 | 12 | 48 |
| | | Initiate and operationalize the MAT programme | 5 | 10 | 10 | 10 | 35 |

| LCASP Result | Key Activity | Interventions | 2016 | 2017 | 2018 | 2019 | Total |
|---|---|---|---|---|---|---|---|
| Reduced new HIV infections among adults by 50% | Strengthen HIV prevention programmes among KPs and priority populations | Initiate the Needle and Syringe Programme (NSP) | - | - | - | 2 | 2 |
| | | Provide Post Exposure Prophylaxis (PEP) | 1.2 | 1.2 | 1.2 | 1.2 | 4.8 |
| | | Provide Pre-Exposure Prophylaxis (PrEP) | | | | | |
| Reduced new HIV infections among children by 90% | Scale up prevention of Mother to Child Transmission (PMTCT) to Elimination of Mother to Child Transmission (eMTCT) | Advocate and encourage early attendance of ANC by all pregnant women | 1.2 | 1.2 | 1.2 | 1.2 | 4.8 |
| | | Provide HTS to pregnant women and their partners | - | - | - | - | 0.0 |
| | | Initiate and provide adequate HAART to all HIV-positive pregnant women | 8.5 | 8.5 | 8.5 | 8.5 | 34 |
| | | Provide paediatric HIV testing /EID | 14 | 14 | 14 | 14 | 56 |
| | | Ensure health facilities provide comprehensive HIV services | - | - | - | - | - |
| | | Recruitment of adequate health workers | | 5.4 | 5.5 | 5.5 | 16.4 |
| | | Conduct HIV comprehensive trainings for the health workers | 1.0 | 2.7 | 2.7 | 2.7 | 9.1 |
| | | Ensure other county departments have HIV programmes (ACUs) | 0.35 | 0.35 | 0.4 | 0.4 | 1.5 |
| | | **Total** | **62.75** | **77.45** | **77.6** | **79.6** | **296.4** |

| SD 2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF ALL PEOPLE LIVING WITH HIV | | | | | | | |
|---|---|---|---|---|---|---|---|
| **LCASP Result** | **Key Activity** | **Interventions** | **2016** | **2017** | **2018** | **2019** | **Total** |
| 90% of all PLHIV diagnosed | Increase linkage to care of HIV diagnosis for all age cohorts and key populations | Identification of all HIV positive people through HTS: (The cost is for confirmatory tests only as the other services listed below have been costed under SD 1)<br>Confirmatory testing | 4.5 | 4.5 | 4.5 | 4.5 | 18 |
| | | Develop and strengthen/ establish county referral system (directories, community and health facility referral forms) | - | 1.0 | 1.0 | 1.0 | 3.0 |
| | | Enroll all HIV-positive persons to care programmes | | 85 | 85 | 85 | 255 |
| 90% of those diagnosed started and retained on ART | Increase ART coverage for all age cohorts and KPs | Increase the number of peripheral ART sites | 1.1 | 2.2 | 2.2 | 2.2 | 7.9 |
| | | Conduct public education campaigns and motivate early ART uptake | – | 2.9 | 2.9 | 3 | 7.8 |
| | | Expand patient support to care, nutrition and adherence counseling | – | 79 | 80 | 80 | 239 |
| | | Conduct quantification and timely ordering of commodities | – | - | - | - | - |
| | | TB screening for all CCC clients and HIV screening for all TB clients | 0.6 | 0.6 | 0.6 | 0.6 | 2.4 |
| | Increased retention on ART at 12 months to 90% in children adolescents, KPs and adults | Conduct trainings on; Adherence counseling Stigma reduction | | 3.2 | | 3.2 | 6.4 |
| | | Formation of PLHIV community support groups | 9 | 9 | 9 | 9 | 36 |
| | | Enhance defaulter tracing mechanism | 2.3 | 2.3 | 2.3 | 2.3 | 9.2 |
| Achieved viral suppression for 90% of patients on ART | Suppress viral load in all PLHIV | Conduct viral load monitoring | - | - | - | - | - |
| | | Procure viral load testing machine | 15 | 15 | 15 | | 45 |
| | | Train laboratory technologist in sample collection, handling and transportation | | 0.7 | 0.7 | | 1.4 |
| | | Upgrade and equip county laboratory infrastructure | 10 | 10 | 10 | 10 | 40 |
| | | **Total** | **42.5** | **215.4** | **213.2** | **200.8** | **671.1** |

| SD 3: USING A HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KPS AND OTHER PRIORITY GROUPS IN ALL SECTORS | | | | | | | |
|---|---|---|---|---|---|---|---|
| **LCASP Result** | **Key Activity** | **Interventions** | **2016** | **2017** | **2018** | **2019** | **Total** |
| Reduced self-reported stigma and discrimination related to HIV and AIDS by 50% | Remove barriers to access HIV information and services | Identification and mapping of priority populations | 2.0 | 0.0 | 2.0 | 0 | 4.0 |
| | | Formation of support groups of priority population | - | 1.5 | - | 1.5 | 3.0 |
| | | Promote meaningful use of KPs peer groups to enhance uptake of HIV services | - | - | - | - | 0.0 |
| 90% of those diagnosed started and retained on ART | Increase ART coverage for all age cohorts and KPs | Sensitize HWs to reduce stigmatizing attitude towards KPs and priority populations | - | 2.6 | 2.6 | 0 | 5.2 |
| | | Sensitize the County Assembly to enact laws that prohibit discrimination against PLHIV and KPs | 2.5 | - | 3.0 | - | 5.5 |
| | | Conduct legal literacy (know your rights) campaigns to improve legal and human rights literacy among KPs, PLHIV and other priority populations | 2.7 | - | 2.7 | - | 5.4 |
| | | Enroll OVC guardians and PLHIV into social protection programmes | 0.5 | 0.5 | 0.5 | 0.5 | 2.0 |
| | | Develop and disseminate priority population specific and user friendly information | 1.5 | 1.5 | 1.5 | 1.5 | 6.0 |
| Reduced levels of sexual and gender-based violence for PLHIV, KPs , women, boys and girls by 50% | Promotion of human rights and improved access to justice | Conduct basic trainings on human rights, health services and the Kenya Constitution | 2.7 | - | 2.7 | - | 5.4 |
| | | Sensitize law and policy makers on the need to enact laws, regulation and policy that prohibit HIV stigma and discrimination | 2.5 | - | 2.5 | - | 5.0 |
| | | **Total** | **14.4** | **6.1** | **17.5** | **3.5** | **41.5** |

| SD 4: STRENGTHENING INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS | | | | | | | |
|---|---|---|---|---|---|---|---|
| **LCASP Result** | **Key Activity** | **Interventions** | **2016** | **2017** | **2018** | **2019** | **Total** |
| Improved HIV response at community and facility levels | Improve service provision at health facilities | Upgrade the existing health facilities | - | - | - | - | - |
| | | Ensure regular supply and efficient management of HIV commodities (LMS) | - | - | - | - | 0.0 |
| | Increase adequate workforce for HIV response | Recruitment of health workers (10) | - | 54 | - | - | 54.0 |
| | | Training health workers on HIV response | - | 2.7 | - | 2.7 | 5.40 |
| | | Facilitate in-service learning on HIV service provision and management | - | 2.7 | - | - | 2.7 |
| | Strengthen community level AIDS competency | Develop county referral guidelines and policy for linkage of community to facility and facility to community (consultancy) | 2.0 | - | - | - | 2.0 |
| | | Formation and strengthening of community units (CUs) and support groups | 1.9 | - | - | - | 1.9 |
| | | Conduct trainings on HIV competency | - | 2.7 | 2.7 | - | 5.4 |
| | | Conduct bi-annual support supervision of community units | 2.3 | 2.3 | 2.3 | 2.3 | 9.2 |
| | | **Total** | **6.2** | **64.4** | **5.0** | **5.0** | **80.6** |

| SD 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT TO INFORM THE LCASP GOAL | | | | | | | |
|---|---|---|---|---|---|---|---|
| **LCASP Result** | **Key Activity** | **Interventions** | **2016** | **2017** | **2018** | **2019** | **Total** |
| Increased evidence base planning programming and policy change | Strengthening county research mechanisms | Formation of a county research committee | 0.21 | - | 0.3 | - | 0.51 |
| | | Training of the county research team | - | 1.4 | 1.4 | - | 2.4 |
| | | Define research agenda for the county on annual basis | - | - | - | - | 0.0 |
| | | Conduct basic county research | - | 3 | 3 | - | 6.0 |
| | | Hold bi-annual joint HIV stakeholders planning meetings | 0.5 | 1.5 | 1.5 | 1.5 | 5.0 |
| | | Mobilize funds for the county HIV research agenda | 1.2 | - | 1.5 | - | 2.7 |
| | Use of data for decision making | Disseminate the county and national research findings to the county stakeholders | 1.5 | 1.5 | 1.5 | 1.8 | 6.3 |
| | | Implement the research findings | - | - | - | - | 0.0 |
| | | Establish a basic county HIV research hub/repository | - | 0.5 | 0.5 | - | 1.0 |
| | | **Total** | **3.41** | **7.9** | **9.7** | **3.3** | **24.31** |

| SD 6: PROMOTING UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION (M&E) TO ENHANCE PROGRAMMING | | | | | | | |
|---|---|---|---|---|---|---|---|
| **LCASP Result** | **Key Activity** | **Interventions** | **2016** | **2017** | **2018** | **2019** | **Total** |
| Increased availability of strategic information to inform HIV response in | Track the implementation of the County HIV Strategic Plan and programmes | Formation of a Joint County Health Monitoring and Evaluation Committee | - | 0.21 | - | - | 0.21 |
| | | Operationalize the committee:<br>- Develop terms of reference<br>- Establish a fully furnished secretariat | - | 2.0 | - | - | 2.0 |
| | | Meeting to harmonize reporting tools and reports of implementing partners to conform to the county and national standards | 1.5 | 1.5 | - | - | 3.0 |
| | | Conduct annual trainings on reporting | - | 1.5 | - | 1.5 | 3.0 |
| | Setting up of a county HIV trust fund | Quarterly reporting using the identified HIV indicators and formats to the CHC | - | - | - | - | 0.0 |
| | | Establish and operationalize a County HIV Situation Room | 1.0 | 1.0 | 1.0 | 1.0 | 4.0 |
| | | Hold bi-annual feedback meetings | 1.5 | 1.5 | 1.5 | 1.5 | 6.0 |
| | | Conduct bi-annual joint HIV/Health monitoring and evaluation activities | 2.3 | 2.3 | 2.3 | 2.3 | 9.2 |
| | | **Total** | **6.3** | **10.01** | **4.8** | **6.3** | **27.41** |

| SD 7: INCREASING DOMESTIC FINANCING FOR A SUSTAINABLE HIV RESPONSE | | | | | | | |
|---|---|---|---|---|---|---|---|
| **LCASP Result** | **Key Activity** | **Interventions** | **2016** | **2017** | **2018** | **2019** | **Total** |
| Increased county domestic financing of HIV response by 5% | Lobby for specific HIV and AIDS line budget in the County Health Sector budget | Establish the current HIV programme allocations and align them to the LCASP priorities (consultancy for CASA) | 2.0 | 1.5 | - | - | 3.5 |
| | | Conduct HIV Partner mapping for potential funders (consultancy) | 2.0 | - | - | - | 2.0 |
| | | Sensitize county leadership to set funds for HIV and AIDS response | 2.5 | 2.5 | 2.5 | - | 7.5 |
| | | Advocate for the enactment of county laws and policies to allocate at least 1% of the total health budget to HIV and AIDS response Resource mobilize from partners and stakeholders | 2.5 | 2.5 | 2.5 | | 7.5 |
| | Setting up of a county HIV trust fund | Sensitise the county leadership on the need for a trust fund | - | - | - | - | 0.0 |
| | | Establish a county HIV funding dashboard to enumerate the status HIV priority allocations and existing gaps | 2.0 | - | - | - | 2.0 |
| | | **Total** | **11.0** | **6.5** | **5.0** | **00** | **22.5** |

| SD 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF THE KASF RESULTS BY ALL SECTORS AND ACTORS | | | | | | | |
|---|---|---|---|---|---|---|---|
| **LCASP Result** | **Key Activity** | **Interventions** | **2016** | **2017** | **2018** | **2019** | **Total** |
| County owned HIV response | Mobilize political and policy level support targeting the county leadership | Hold high level meetings for the county leadership on HIV situation | 2.5 | - | 2.5 | - | 5.0 |
| | Establish and strengthen functional and competent HIV co- ordination mechanism at the county level | Sensitize MCAs to support legislation on HIV and AIDS | - | - | - | - | 0.00 |
| | | Constitute the County HIV Committee (CHC) | 0.21 | 0.42 | 0.42 | 0.42 | 1.47 |
| | | Draft the terms of reference for CHC | - | - | - | - | 0.0 |
| | | Inaugurate and operationalize the CHC | 0.21 | - | - | - | 0.21 |
| | | Strengthen the SCACCs infrastructural support:<br>- Office space<br>- Boat<br>- Secretariat<br>- Computer | 3.1 | 3.1 | 3.1 | 3.1 | 12.4 |
| | | Monitor progress on development and enactment of HIV specific Bills at the County Assembly | - | - | - | - | 0.0 |
| | Develop programmatic and financial reporting mechanism | Submit annual County HIV situation report to the Governpr's Office | - | - | - | - | - |
| | | Annual feedback to the county on HIV and AIDS situation through State of the County address | 0.21 | 0.21 | 0.21 | 0.21 | 0.84 |
| | | | | | | | |
| | | **Total** | **6.23** | **3.73** | **6.23** | **3.73** | **19.92** |

# Annex 3

## References


1. Kenya AIDS Strategic Framework 2014/15 – 2018/19
2. Kenya Demographic Health Survey 2014
3. Kenya County HIV Profiles 2014
4. Kenya HIV Prevention Revolution Road Map, Count Down to 2030
5. Monitoring and Evaluation Framework 2014/15 -2018/19
6. Lamu County Integrated Development Plan (LCIDP)
7. Kenya's Fast-Track Plan To End HIV and AIDS Among Adolescents and Young People, 2015
8. Key Populations Policy brief
9. Exploring Kenya's Inequality, Pooling Apart or Pooling Together, KNBS & SID 2013

# Annex 4

## List of Drafting and Technical Review Teams

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National AIDS Control Council

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