



NAKURU COUNTY HIV & AIDS STRATEGIC PLAN

2015/2016 - 2018/2019

*"Towards a County Free of New HIV infections, Stigma and
Discrimination and AIDS-related Deaths"*





County Government
of Nakuru

NAKURU COUNTY HIV & AIDS STRATEGIC PLAN

2015/2016 - 2018/2019

Towards a County Free of New HIV infections, Stigma and Discrimination and AIDS-related Deaths.



Any part of this document may be freely reviewed, quoted, reproduced or translated in full or in part, provided the source is acknowledged. It may not be sold or used for commercial purposes or for profit.

Table of Contents

ACRONYMS AND ABBREVIATIONS	vi
FOREWORD	viii
PREFACE	ix
ACKNOWLEDGEMENT	x
CHAPTER ONE: BACKGROUND INFORMATION	1
Introduction	1
1.1 Location.....	2
1.2 Demographic, Political and administrative set up.....	2
1.3 Economic Activities and Religion	2
CHAPTER TWO: SITUATION ANALYSIS	3
2.1 Drivers of HIV Epidemic in the county.....	4
CHAPTER THREE: RATIONALE, STRATEGIC PLAN DEVELOPMENT PROCESS AND THE GUIDING PRINCIPLES	9
3.2 Development process.....	10
3.3 NCHSP Guiding Principles	11
CHAPTER FOUR: VISION, GOAL AND OBJECTIVES OF THE NCASP	13
4.1 Vision:	14
4.3 Objectives:.....	14
4.4 Strategic Directions	15
CHAPTER FIVE: IMPLEMENTATION ARRANGEMENTS	30
5.1 Nakuru County HIV Coordination Mechanism	31
5.2 County CASP Monitoring and Evaluation Unit.....	32
CHAPTER SIX: RESEARCH MONITORING AND EVALUATION PLAN	33
CHAPTER SEVEN: RISK, ASSUMPTIONS AND MITIGATION PLAN	36
ANNEXES	38
Annex 1: Results Framework.....	39
Annex 2: Cost plan	40
Annex 3: implementation plan	41
Annex 4: List of Drafting and Technical Review Team	44

Acronyms and abbreviations

ACSM	Advocacy, Communication and Social Mobilization
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
ANC	Antenatal Clinic
ART	Antiretroviral Treatment
AYP	Adolescents and Young People
BCC	Behaviour change and communication
SCACCS	Sub-County AIDS Coordinating Committees
CASCO	County AIDS & STI Coordinator
CBOs	Community Based Organizations
CCC	Comprehensive Care Centre
CCI	Charitable Children Institutions
CDC	Centre for Disease Control and prevention
CDH	County Department of Health
CEC	County Executive Committee
CHMT	County Health Management Team
CHTS	Community HIV Testing Services
CHVs	Community Health Volunteers
COBPAP	Community Based Program Activity Reports
COH	County Officer of Health
CSO	Civil Society Organizations
CU s	Community Units
CYGBVC	County Youth Gender Based Violence Coordinator
DHIS	District Health Information System
DICE s	Drop-in-Centres
EMTCT	Elimination of Mother to Child Transmission
FBO	Faith Based Organizations
FBP	Food By Prescription
FGM	Female Genital Mutilation
FSW	Female Sex Workers
HCBC	Home and Community Based Care
HIV	Human Immuno-deficiency Virus
HPV	Human Papilloma Virus
HRBA	Human Rights Based Approach
HRIO s	Health Records and Information Officers
HTS	HIV and AIDS Testing Services
IDU	Intravenous Drug Users
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KPs	Key Populations

NCHSP	Nakuru County HIV and AIDS Strategic Plan.
NCIDP	Nakuru County Integrated Development Plan
NHSSIP	Nakuru Health Sector Strategic and Investment Plan
KNBS	Kenya National Bureau of Statistics
M & E	Monitoring and Evaluation
MARPs	Most At Risk Population
MCA	Member of the County Assembly
MOA	Ministry of Agriculture
MOH	Ministry of Health
MSM	Men having Sex with Men
NACC	National AIDS Control Council
NASCOP	National AIDS & STI Control Program
NEPHAK	Network of People Living with HIV and AIDS in Kenya
NCPWD	National Council for Persons with Disabilities
NGOs	Non-governmental Organizations
NPHLS	Network of People Living with HIV and AIDS
NPS	National Police Service
OVC	Orphans and Vulnerable Children
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for Aids Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre Exposure Prophylaxis
PwD	People with Disability
PWIDs	People Who Inject Drugs
PwP	Preventions with Positives
RRI	Rapid Result Initiative
SDP	Service Delivery Point
SGBV	Sexual and Gender Based Violence.
STI	Sexually Transmitted Infections
TB	Tuberculosis
TBA s	Traditional Birth Attendants
TWG	Technical working groups
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

Foreword



Nakuru County is one of the 47 counties created through the devolved system of government by the constitution of Kenya 2010. The county has a diverse background comprising of urban and rural set-ups. Nakuru is a cosmopolitan county with multiple ethnic groups with diverse cultural and economic activities. It shares boundaries with Bomet, Narok, Kericho, Baringo, Laikipia and Kiambu counties. It has unique geographical features like Menengai crater, Lake Nakuru and its Flamingos among others.

Nakuru County is ranked among the top ten high burden counties with a HIV prevalence of 5.3%. Although at National level there is a notable decline in prevalence, HIV continues to be a threat to health and overall development of the county. It remains the leading cause of mortality and morbidity in the county hence the need for concerted efforts in reversing the trend.

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

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

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

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

A handwritten signature in blue ink, appearing to read 'Kinuthia Mbugua', written over a light blue circular scribble.

H.E. Kinuthia Mbugua,
Governor, Nakuru County

Preface



The Nakuru County HIV and AIDS strategic plan (NCHSP) is the latest move by the County Department of Health Services to provide direction for the implementation and coordination of HIV and AIDS response in the county.

In developing the County HIV and AIDS strategic plan, the county relied on the Kenya AIDS Strategic Framework (KASF- 2014/2015-2018/2019) and Nakuru County Health Sector Strategic and Investment Plan (NHSSIP 2014-2018).

The NCHSP is in line with the devolved system of Government as stipulated in the new Constitution (2010). The Strategy also gives greater ownership and better coordination of HIV response to the County Government in the response to HIV under the leadership of the Governor.

The strategic framework provides direction on the implementation, coordination and monitoring of HIV prevention, care and treatment services in Nakuru.

As a county we look forward to a fruitful engagement and support of development partners towards the realization of the County and national development agenda including the elimination of HIV.

The overarching aim of the NCHSP is to cascade and customise the KASF strategic objectives and directions giving due regards to the local context and situations in Nakuru County.

Dr. Kabii Mungai,

County Executive Member for Health Services, Nakuru County

Acknowledgement

The county wishes to acknowledge the contributions of various individuals and organizations whose passion, efforts, intellectual finesse and exceptional dedication put together this valuable document for Nakuru County.

The County Government led by His Excellency the Governor Kinuthia Mbugua provided the opportunity, material support and overall motivation that kept the team focused and working.

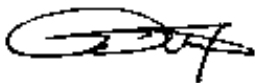
The County further wishes to appreciate the County Executive Committee Member for Health Services Dr. Kabii Mungai County Directors of Health and the County Health Management Team (CHMT) for their participation and contribution to this document. Their support to provide strategic direction demonstrates their commitment towards realising the objectives of the strategic plan.

Further we wish to thank the National AIDS Control Council for initiating this process after the KASF dissemination meeting held at Sawela lodge in Naivasha in 2015. This was followed by a number of meetings and forums with different stakeholders in order to capture key issues that are pertinent to the county.

We also wish to thank the development partners, implementing partners, the public and private sectors for their immense support both morally and intellectually.

Special thanks is extended to the drafting team comprising of the Nakuru county government, CHMT, PLHIV, Civil Society Organizations, NGOs and FBOs for their contributions in development of this strategic plan.

Finally we wish to recognise the technical review team which provided technical support in review and finalisation of the County HIV and AIDS Strategic Plan.



Dr. Samuel Mwaura

County Chief Officer Health Services, Nakuru County

Executive Summary

Nakuru County HIV and AIDS Strategic Plan (NCHSP) was developed to provide a framework for the implementation, coordination and monitoring of HIV and AIDS response activities in the County. It was developed in line with the Kenya AIDS Strategic Framework (KASF) 2014/2015 – 2018/2019, Nakuru Health Sector Strategic and Investment Plan (NHSSIP) 2014 – 2018.

The process of developing the NCHSP commenced after the National AIDS Control Council held a KASF dissemination meeting to outline the national HIV strategy to Nakuru people. The NCHSP has outlined the Nakuru County HIV profile where the prevalence stands at 5.3% with women and men at 5.6% and 7.4% respectively.

According to the Kenya HIV Estimates Report 2014, a total of 66,295 people were living with HIV and 48% of the population had not been reached with HIV testing by 2014.

The number of children living with HIV was approximately 7,898 during the same period. In 2015 alone, the County had about 4,127 new HIV infections among adults and 199 HIV infections among children. Pregnant women living with HIV were estimated to be 2,583(2014) and ANC Positivity was at 3.4 %, while ART coverage stood at 53%. Unskilled birth attendance remains a challenge with 73% of the pregnant women who tested positive for HIV having delivered at home.

NCHSP has also identified the drivers to the HIV epidemic in Nakuru County as:

- Geographical migration in flower farms, sisal farms and quarries.
- Illicit alcohol in informal settlements such as Kihoto, Ronda-Kaptembwa, London and Kwamorogi in Lane.

A review of the past HIV control activities is contained in NCHSP with the program strengths, weaknesses, opportunities and threats documented to help in choosing the best approaches and implications to HIV control in the county.

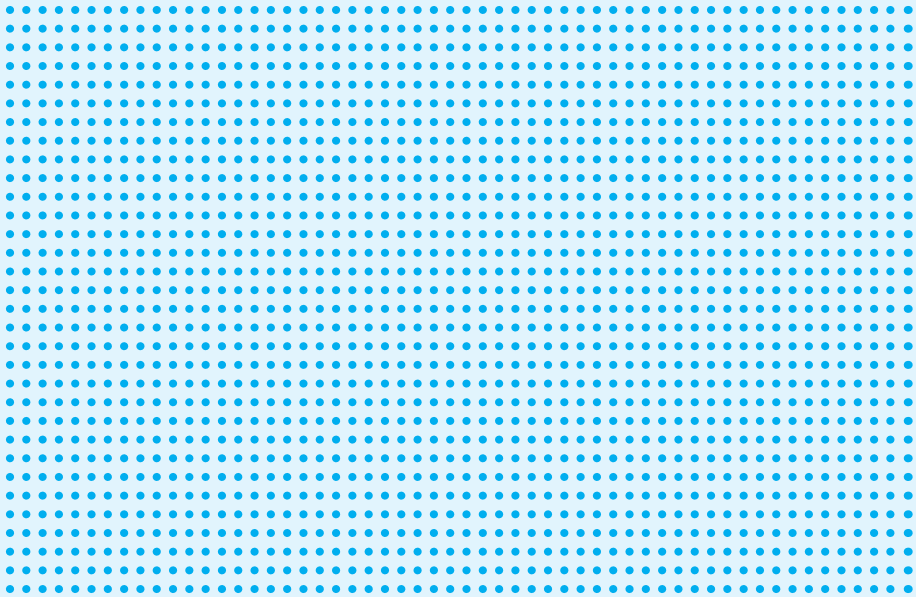
Going forward the strategy will implement inter-county HIV activities, integrating HIV control with economic activities and scaling up best practices like the Mentor Mothers program.

This strategy will also focus on community education and empowerment, rural health care worker capacity development, target institutions of higher learning, conduct research to generate more home grown data and strengthen the coordination of HIV control activities among partners and stakeholders.

NCHSP has aligned the vision, goal and objectives to the NHSSIP and the KASF. It has also adopted the strategic directions as provided by the KASF.

01.

BACKGROUND
INFORMATION



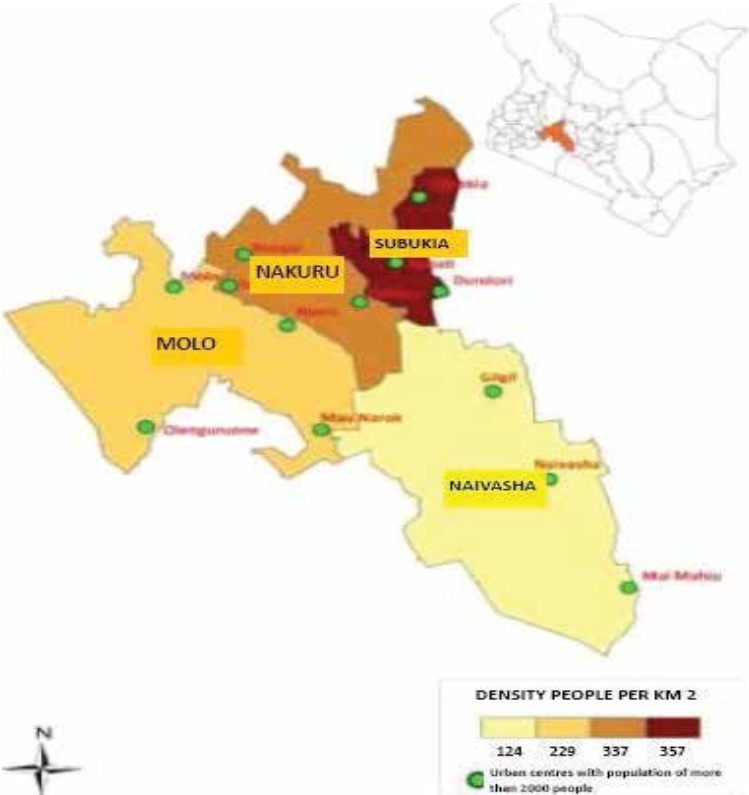
Introduction

Nakuru County is one of the 47 counties created through the devolved system of government by the constitution of Kenya 2010. The county has a diverse background comprising of urban and rural set-ups. Nakuru is a cosmopolitan county with multiple ethnicity and diverse cultural and economic activities.

1.1 Location

Nakuru County borders seven counties; Laikipia to the north east, Kericho to the west, Narok to the south west, Kajiado to the south, Baringo to the north, Nyandarua to the east and Bomet to the west.

Figure 1: Map of Nakuru County (source: Kenya Administrative Boundaries)



1.2 Demographic, Political and Administrative set up

Nakuru County has a diverse background comprising of urban and rural set-ups as well as a rich multi-ethnic, economic and cultural diversity. The county covers an area of 7,495.1 Km² and lies within the Great Rift Valley bordering eight other counties. The county headquarter is Nakuru Municipality, one of the fastest growing towns in the East Africa region.

Nakuru County is divided into 11 administrative Sub-Countries with a total of 31 divisions and 55 electoral wards. The county has five towns and one Municipality.

The county population projection in 2015 is estimated at 1.925296 million (KNBS, 2009), with male and female accounting for approximately 50.2% and 49.8% of the total population respectively with a population density of 234 per square kilometre.

With a county population growth rate of 3.05% per annum the population is projected to increase further to 2,046,395 by 2017 assuming constant mortality and fertility rates. The county population is predominantly youthful with about 51.87% aged below 20 years and about 71.63% of the total population aged below 30 years. About 62% of the total population dwell in the rural areas. The rate of unemployment is at 24% with literacy level being at 79.7%.

There are about 440 health facilities inclusive of 22 level 4 and 5 hospitals. GOK hospitals are 16 and contribute to 36% of the total health facilities in the county. In terms of health, the major disease burden is Upper respiratory infection, malaria, disease of skin and diarrhoea and HIV and AIDS.

Fully immunized children is at 84.3% by the year 2014 against county target of 90% according to the District Health information System reports 2014. Deliveries by skilled attendants is at 69.5% and deliveries at health facilities stands at 69.7% against annual target of 70%, according to the Kenya Demographic and Health surveys 2014.

1.3 Economic Activities and Religion

The economic growth and development of the county is mainly driven by agriculture. Trade and tourism are the other major contributors to the county economy. There are various economic activities in the county ranging from– land sale, manufacturing, horticulture, agro-business and strong service industry.

There are three national parks within Nakuru County namely, Mt. Longonot National Park, Hells Gate National Park and lake Nakuru National Park. The county is estimated to have about 220 tourism related hotels with a capacity of 12,000 beds.

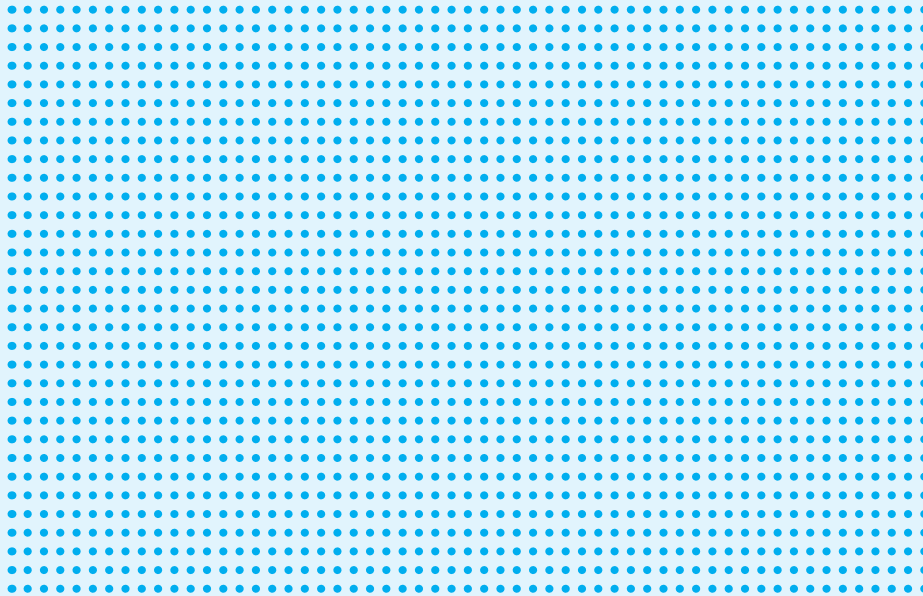
Majority of people living in Nakuru County are Christians, with a small number of Muslims and Hindus being present in major towns. The County hosts the famous Subukia Catholic pilgrimage shrine which is frequented by all faiths.

Nakuru is a cosmopolitan County with various communities being represented. Most communities are mainly engaged in farming, livestock rearing and business of trade.

Majority of these people migrated here for business and employment. (Source: Kenya information guide 2014)

02.

SITUATION ANALYSIS



Significant progress has been made in the HIV response in Kenya with statistics showing a declining trend in prevalence from the highs of 14% nationally in the 90s to the current 6%. However, HIV continues to contribute to high mortality rates, burdening households and straining the national health systems.

Nakuru is rated 7th among the high burden counties and 10th among high incidence counties (Kenya HIV prevention revolution roadmap). According to KAIS 2012, the prevalence for the County stands at 5.3% with a total number of 66,295 PLHIV with 58,397 being adults and 7,898 being Children.

In the year 2014, the County had about 4,127 new HIV infections with 199 HIV infections being among children. Pregnant women living with HIV are estimated to be 2,583, with ANC Positivity at 3.4 % (Kenya HIV County Profiles, 2014).

There are geographic variations within the county with some sub-counties having a higher burden and more severely affected than others. This is defined by the hotspots which lie in the sub-counties.

These differences also reflect background socio-economic conditions as demonstrated by the sub county level HIV surveillance and DHIS data. According to the DHIS 2014 data, people living in urban and those in informal settlements (slums) seem to be at highest risk for HIV.

The following are the HIV indicators for Nakuru County

Table 1: HIV indicators for Nakuru County

INDICATOR	VALUE
Total Population (2013)	1,825,229
Percentage of HIV adult prevalence (Overall)	5.3%
Percentage of HIV Prevalence (Women)	7.5%
Percentage of HIV Prevalence (Men)	4.5%
Number of People Living with HIV(Overall)	61,295
Number of adults Living with HIV	53,700
Number of Adolescents and Young people Living with HIV (15-24 yrs) (HIV Estimates 2014)	16, 153
Number of Children Living with HIV	7895
Percentage of people never tested for HIV by 2014	14.8 %(KDHS 2014)
Percentage of HIV positive pregnant women by unskilled delivery	30.5% (KDHS 2014)
Percentage of pregnant women attending fourth ANC Visit	61.4 %(KDHS 2014)
Treatment Coverage in %: Adults	62
: Children	30

2.1 Drivers of HIV Epidemic in the county

The County has a number of sub populations which form key drivers for the epidemic. These range from Key Populations such as MSM, SWs and vulnerable populations such as adolescents and young people, long distance truck drivers and migrant workers.

2.1.1 Key Population

The Great Northern corridor traverses across Nakuru County introducing a number of stop overs that have transitioned into HIV hot spots due to the high number of sex workers.

Despite a number of Drop-in-Centres (DICEs) being established for HIV prevention and care for Key population in Naivasha, Gilgil, Nakuru town and Salgaa, these services are under-utilized. The estimated number of MSM in the County is 300. The number of female sex workers in the county

is estimated to be more than 5000 with 16% estimated to be HIV positive.

Geographical migration and Informal settlement

There is a lot of immigration to the County in search of livelihood in both formal and informal sectors.

Majority of the migrant population live in the informal settlements. There is often social fragmentation within these informal settlements that may increase their vulnerability to HIV. Informal settlements frequently lack adequate housing, sanitation and health services and these exacerbate overall health risks. High HIV Positivity has been reported in the informal settlements (slums such as Ronda-Kaptembwa) during door-to-door HIV testing activities.

Illicit alcohol consumption in the same informal settlements has also been on the rise exacerbating the risk.

2.1.3 Stigma, denial, exclusion and discrimination

HIV and AIDS fall among the most stigmatized conditions in the world. Stigma is the devaluation of people living with or associated with HIV and AIDS. It hinders uptake of HIV prevention, care and treatment services thereby eroding gains made in fighting the disease.

According to the National HIV and AIDS Stigma and Discrimination index Survey

Report 2014, Nakuru composite stigma index stands at 46 compared with the National index of 45 on a scale of 1-100. Some of the consequences of stigma are exclusion and discrimination of people living with HIV and AIDS which often leads to violation of the rights of people living with HIV. Denial, also a consequence of stigma hinders PLHIV from accessing health services in a timely manner.

2.1.4 Adolescents and young adults (15-24 years)

The society has neglected their role of guiding young people who have in turn opted for the internet to get information about sex and related topics.

In 2011, young people (15-24 yrs) accounted for 40% of all new global HIV infections in people aged 15 years and older (UNAIDS, World AIDS Day Report 2012). Young people aged 15-24 are a priority group in reducing new HIV infections. The global ALL IN 2020 targets aim to reduce incidences of HIV in this group by at least 75%. (Fast Track Plan).

In Kenya, AIDS is the leading cause of death among young people. Adolescents and young people contribute to 29% of all new HIV infections. 16% (256,000) of PLHIV are adolescents and young people. There were 9,720 AIDS related deaths among this cohort in 2014. (Kenya HIV Estimates Report 2014)

The number of adolescents and young people living with HIV in Nakuru County is 16, 153. This therefore calls for concerted efforts to address the needs of this population through a multi-sectoral Technical Working Group.

2.2: Gaps and Challenges Analysis

Table 2: Gaps and Challenges Analysis (Biomedical, Behavioural and Structural)

Service	Major Challenge / Gap	How NCASP Addresses it
Biomedical Interventions		
eMTCT	Inadequate tracing system of patients in care to reduce loss to follow-up (mother-infant pair in eMTCT, discordant couples, key population group) Low male involvement in eMTCT	Training of healthcare providers, integrated supervision and mentorship to maximize enrolment and retention of PLHIV eligible for ART under the treatment as prevention strategy Integration of early infant diagnosis with other immunization services Carry out Community sensitization on the importance of eMTCT Carry out community Sensitization on EMTCT and identify male champions
HTC	Limited access to VCT services to young people and key populations Current PITC strategies mainly partner/donor supported leading to sustainability challenge	Scale up mobile and moonlight VCT services in the hotspot areas Scale up and strengthen existing youth friendly services County government to allocate more resources for recruiting, training and retaining HTC service providers
Alcohol and other drug addiction	Inadequate rehabilitation centres Weak inter-agency partnership Limited number of trained service providers	Scale up and establish a viable rehabilitation centre for alcohol and drug addicts Strengthen multi-sectoral collaboration in management of alcohol and drug abuse Scale up Capacity building of service providers
Gender Based Violence	Inadequate Gender-Based recovery centres Inadequate data on the magnitude of GBV in the County	Scale up and operationalize Gender-Based recovery centres Conduct a baseline survey on GBV Capacity building and mentorship for enhanced documentation
ART	Gap between HIV testing entry points and enrolment into the Care and Treatment program Low disclosure of HIV status among family members and partners attributed to stigma	Strengthen linkage and referral between HIV testing and enrolment to care and treatment Reduce stigma and discrimination through campaigns
	Low Paediatric ART coverage (< 50%) Missed opportunities for OVC testing	Increase paediatric ART coverage by active search for HIV-positive children using index clients Scale up paediatric ART sites and children support groups/clubs Establish mechanisms for identification of OVCs Intensify testing of OVCs
	Focus on quality of services and particularly in drug resistance surveillance (training, laboratory equipment and infrastructure, support community-based monitoring)	Formative supervision and targeted mentoring will contribute to capacity building of healthcare providers and improving quality of services
	Inadequate targeted strategies for children and adolescents by caregivers Inadequate data on adolescents to inform programming	Targeted case tracing will be conducted to identify HIV-positive children in need of treatment. Scale up adolescents and young people support groups Training of healthcare providers and caregivers for adapted counselling for adolescents on ART. Integrate ART in all Youth Friendly Centres Roll out and training on the revised MoH 731 data collection tool Scale up EMR in all ART sites including YFCs to capture data across all age groups
HIV care and support	Poor nutritional support and services for PLHIV	The County Nutrition Program to be scaled up as part of the strengthening of the general healthcare system
Behavioural Interventions		
IEC, BCC in general population.	Inadequate targeted IEC and BCC messages. Inadequate community M&E system	Develop targeted IEC and BCC messages for the different subpopulations Improve the community-based HIV M&E system

Service	Major Challenge / Gap	How NCASP Addresses it
Stigma and Discrimination	Inadequate data on the magnitude of stigma and discrimination Inadequate anti-stigma and discrimination campaigns	Undertake a baseline survey on stigma and discrimination Employ a multi-sectoral approach to scale up stigma reduction
Key Populations	Minimal outreaches targeting key and vulnerable populations	Need to increase outreaches targeting KPs based on geographical location Prioritization and scaling up of combination prevention interventions for vulnerable youth and key populations Scale up KP friendly service provision centres
School Health programs	Insufficient targeting of schools for HIV programs	Initiate and scale up Comprehensive Sexuality Education to target adolescent and youth in schools
Youth-friendly services	Low quantity and quality of youth-friendly centres Inadequate technical and financial support for out-of-school youth programs	Target to establish one youth-friendly centre per Ward Train healthcare providers for youth-friendly service provision Lobby for County and partner support out-of-school youth programs Implementation of Kenya Fast Track Plan to end HIV and AIDS among adolescents and young people
Structural Interventions		
Human resources	High turnover rate which necessitates renewed training for high number of healthcare providers	Strengthen Human Resource planning to improve, recruitment, equitable deployment, training, supervision, mentorship and better working conditions of healthcare workers
Health financing	Projected decrease in donor funding.	Prioritization of high impact and cost-effective interventions. Promote Public-Private Partnerships in health services Lobby for increased domestic funding
Procurement, distribution and management of essential commodities and equipment	Occasional stock-outs in HIV essential commodities	Strengthen procurement, distribution and management of essential commodities and equipment
Linkage between health facilities and community	Weak Community Health Systems attributed to few community units (CUs) and weak linkages between CUs and CSOs	Strengthen community strategy Improve the coordination of joint interventions between health facilities and community-based organizations through the County health management team
PLHIV services	Inadequate information on legal rights of PLHIV Low level of awareness among the community on enforcement and protection of rights of PLHIV Limited access of HIV and AIDS tribunal by PLHIV and general population. Few trained paralegals on HIV and AIDS issues	Sensitize PLHIV and the community on the legal rights Decentralize the functions of the HIV tribunal to the Counties Train more paralegal on the HIV and AIDS issues
OVC services	Weak coordination mechanism at County and sub-county level between Children's Department, civil society implementers and decentralized structures monitoring child protection	County and Sub-county health management team members will participate in the Sub-county OVC committee in charge of overseeing OVC service provision Strengthen inter-agency collaboration in OVC management
Gender equity	Non-participation of young women, including HIV-positive women, in the planning, design, and implementation of HIV prevention strategies targeting them	Scale up protection of Empower vulnerable girls and women for active participation in the HIV response
HIV Co-morbidities management	Frequent stock outs of OIs drugs and lab reagents	Allocate sufficient funds for drugs and lab reagents
Priority populations	Hidden key populations due to high levels of stigma Few peer educators reaching out to key populations. Limited targeted programs for Bodaboda riders.	Create an enabling legislative framework to encourage roll out of interventions Peer educators training and integration in combination prevention packages and linkage with clinical services (including treatment as prevention) Initiate programs targeting Bodaboda riders

2.3: HIV Policy, Coordination and Financing in the County

The National AIDS Control Council developed the Kenya AIDS Strategic Framework (KASF 2014/15-2018/19) to guide the national HIV response. Subsequently counties are expected to develop their strategic plans in line with the KASF to guide the HIV response at the county level.

The HIV response in the County is multi-sectoral in nature with a number of stakeholders playing various roles. These range from government institutions, public and private sectors, development partners and implementing partners. The county proposes an implementation plan consisting of various committees and coordination units as outlined under the implementation arrangement section that will oversee delivery of the County HIV and AIDs Strategic Plan.

Financing of HIV and AIDS activities in the county has mainly been from the National government through the National AIDS Control Council for community based activities, the Ministry of Health through NASCOP for commodities (HIV test kits, condoms and medicines) and technical support through capacity building by NACC and NASCOP. NGOs and community based organizations (CBOs) have also been active in the county through donor funded projects in different locations of the county. Such donors include USAID through PEPFAR and Centres for Disease Control and prevention (CDC), Global Fund, the World Bank and AHF. Faith Based Organisations (FBO) have also been sponsoring HIV and AIDS activities especially care and support services.

Following the devolved system of governance, the county government is now supporting HIV and AIDS service provision as an integrated health service. The county is further expected to demonstrate ownership of the HIV response by increasing domestic financing towards the HIV response by at least 30%.

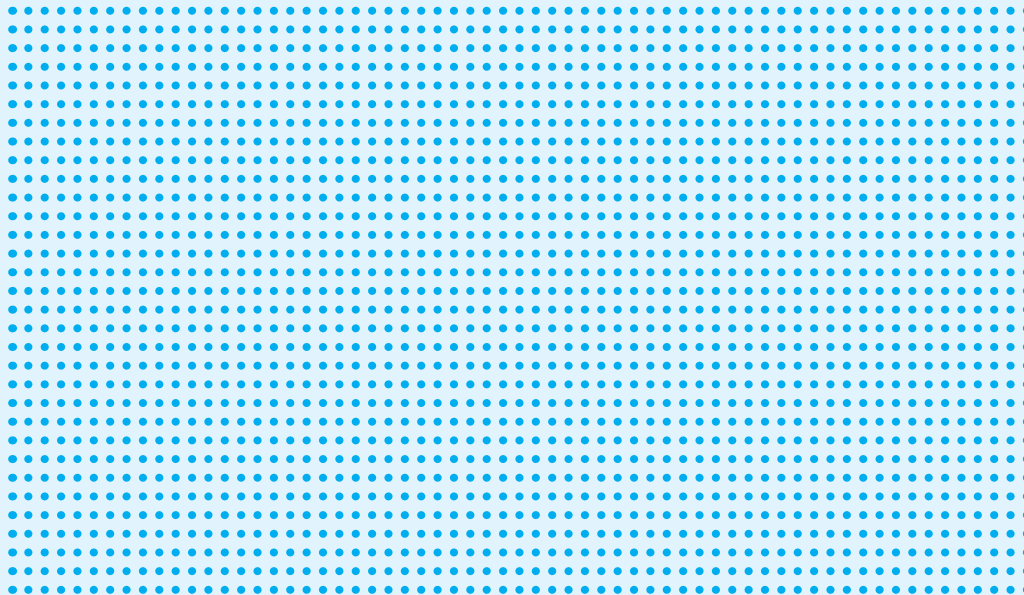
2.4: Strength, Weakness, Opportunity and Threat Analysis

In developing this strategy, strength, weakness, opportunity and threat (SWOT) analysis was undertaken to inform the process as outlined in the table below;

Strengths	Weaknesses
Ongoing HIV and AIDS activities Trained Staff County government Support Existing structures at county and sub-county levels TOWA trained CBOS and FBOs Partner support Beyond Zero Clinic Drop-in-Centres for KPs Kenya Mentor mother Program VMMC	Coordination challenges Insufficient partner reports Lack of technical working groups Skewed partner presence in the county Erratic supply of HIV commodities Inadequate infrastructure such as CCCs and youth friendly centres Insufficient competent staff. Inaccessibility to health facilities Inadequate funding Inadequate county specific HIV research
Opportunities	Threats
Devolution Availability of a pool of trained personnel Higher learning institutions- Potential to conduct HIV research Rapidly growing and vibrant private sector-opportunity for PPP. Multiplicity of Partners supporting HIV response Implementation of the community strategy	Harmful traditional cultural practices like polygamy Poor health seeking behaviour Gender Based violence high poverty levels Low literacy levels The great northern corridor-Avenue for sex work Private health clinics- Potential to provide substandard and poor quality services Alcohol and substance abuse among the youth

03.

RATIONALE, STRATEGIC PLAN DEVELOPMENT PROCESS AND THE GUIDING PRINCIPLES



3.0 Rationale

Kenya's new Constitution promulgated in 2010 was followed by re-organization of leadership and governance structures including the devolution of services. Health services were devolved and this means counties need to take up more responsibilities in HIV prevention and treatment among other disease burdens.

In this regard the Kenya AIDS Strategic Framework (KASF) 2014 – 2018/2019 was developed and the function of each level of government outlined. Subsequent dissemination and roll out of the KASF to counties has provided a guideline for counties to develop their own specific HIV strategic plans based on the national framework. Nakuru County has developed its own strategic plan to suit the local context.

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

Nakuru County (NHSSIP 2014 – 2018) singles out HIV and AIDS as associated with the leading causes of morbidity and mortality in the county, hence a priority intervention area. While the NHSSIP provides the overall strategic direction for accelerating the attainment of universal health coverage 2014 – 2018, NCHSP will be implemented in line with the NHSSIP and Nakuru County Integrated Development Plan (NCIDP). NCIDP acknowledges HIV and AIDS among the major challenges of development and suggests that preventive activities and support for those infected and affected be focused on at the family unit.

3.1 Purpose

NCHSP has been developed to:

1. Provide a strategic framework that will guide and inform the planning, coordination, implementation, monitoring and evaluation of the county multi-sectoral and decentralized HIV and AIDS response with the aim of achieving zero new infections, zero discrimination and zero AIDS related deaths.
2. Articulate county priorities, results and targets that all stakeholders and partners will contribute to.
3. Provide the basis for consolidating strategic partnerships and alliances especially with civil society organizations, public and private sector and development partners.
4. Establish the basis for the County to consolidate its efforts in developing sustainable financing mechanisms for HIV and AIDS response.

3.2 Development process

The development of NCHSP takes place in the context of global, regional and national developments in the HIV and AIDS landscape that in one way or the other will influence the county's response. The development of NCHSP was informed by the following:

- Identification of 5 TOTs from the county to support the dissemination of KASF and thereafter lead the development of NCHSP.
- Nomination of the county drafting team which was an expansion of the county TOTs to lead the process of delivering on a county AIDS strategic plan.
- The first draft (zero draft) of NCHSP 2014/15-2018/19 was presented by the County drafting team to CHMT at consultation with key departmental heads.

- Inputs from this consultation were incorporated and a second draft was circulated to all stakeholders for further comments.
- Civil society structures also had an opportunity to consult among themselves at a stakeholder validation forum in April 2016

Further consultations with NGOs, PLHIV, women's groups, and the youth yielded additional inputs, which were considered. Inputs from other government departments, expert clinicians, researchers and professional organizations were also included. Among the methods used was a review of documents supplied by lead agencies implementing HIV and AIDS programmes in the county. The initial findings were presented to government and civil society for validation. Thereafter stakeholders were accorded an opportunity to provide additional information.

- The CEC health, COH and the CHMT endorsed the final draft, which was then presented to the NACC for printing of the final copies for launch and dissemination.

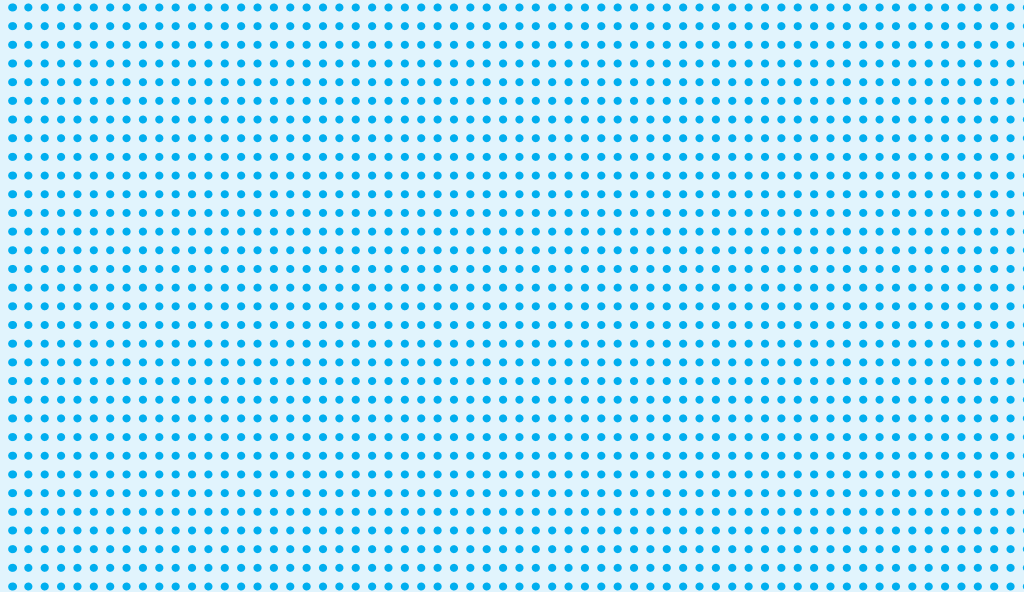
3.3 NCHSP Guiding Principles

- **Multi-faceted HIV AIDS response approach**– the HIV program shall take cognizance of the fact that Nakuru Prioritization of the program shall concentrate its effort on the fore mentioned HIV drivers.
- **Cross-country and Inter-county HIV response**– given that great northern corridor highway traverse the County; the HIV program will lay emphasis on implementing highway HIV response programs targeting truck drivers and female sex workers in collaboration with other neighbouring counties of Narok, Kiambu and Kericho.
- **Evidence-based programming:** the HIV program recognizes that there is a gap of information for effective programming and will undertake operational research in identified areas to inform innovation and interventions such as:
 - Understanding the influence and contribution of new infections by MSM and FSWs in Nakuru County given the economic and tourism activities in the county.
 - Generate more information on HIV among the young adolescents and youth especially in schools and institutions of higher learning.
 - **Integrated HIV response** – the HIV program will target various key and vulnerable populations (people in informal settlements (slums), flower and sisal farms, land sellers, agricultural farms, quarry miners, sand harvesters and charcoal dealers, service industries) with deliberate program for HIV prevention and treatment. The above mentioned groups have been identified as vulnerable populations based on the economic activities they are engaged in which predisposes them to HIV. In addition, HIV and AIDS response activities will also be integrated in all health service delivery points.
 - **Efficient and effective HIV and AIDS response practices** – the HIV program will scale up the implementation of best practices of HIV intervention that include:
 1. Kenya Mentor Mothers Program
 2. Establish more Drop-in-Centres (DIC) for key populations
 3. Reach the “under reached” using outreach mobile program that includes the Beyond Zero Mobile clinic to improve maternal and child health outcomes in relation to HIV AIDS.
 4. Formation of more support groups for PLHIV.
 5. Lobby partners for support of CBO and FBO in HIV control. Education for life program
 6. Health choices (Health choice 1 for 9-2 and Health choice 2 for 13-17)
 7. Vocational training and youth resource centres

8. School health programs
 9. Integrate HIV in all health care service provisions
 10. Scale up skilled deliveries.
- **Multi-sector HIV AIDS response**– the HIV program shall engage as many sectors in the county as possible to reach various target groups and these will include:
 1. Institutions of higher learning (Universities) – so as to increase access to HIV prevention and treatment among the vulnerable population of 15 – 24 year girls and women through their institutions.
 2. National Transport and Safety Authority – to reach the vulnerable drivers and touts in the public transport industry
 3. Women, youth and other organized groups like the bodaboda to increase access to HIV prevention and treatment services.
 4. Key populations
 - **Governance and leadership in HIV AIDS response** –the HIV program shall ride on the devolution of health services so as to re-orient and structure HIV AIDS control in the county while strengthening the coordination of partners’ efforts. The governance and leadership role will be provided by the County government and other coordinating structures.
 - **HIV response as an integral part of development**– the HIV program will form a major part of other developmental sectors such as transport, roads and house construction, industrialization among others so as to have healthy citizens who are free from HIV and AIDS who will form a healthy County which is productive.

04.

VISION, GOAL AND OBJECTIVES OF THE NCASP



4.1 Vision:

A County, free of new HIV infections, stigma and discrimination and AIDS-related deaths.

4.2 Goal:

Contribute to attainment of Vision 2030 and Sustainable Development Goals through universal access to HIV prevention, care and treatment.

4.3 Objectives:

- Reduce new HIV infection in Nakuru County by 80% by 2019
- Reduce HIV related stigma and discrimination by 50% by 2019
- Reduce AIDS related deaths by 25% by 2019
- Increase funding for HIV by 30% by 2019

KASF objective	CASP Results	Key Activity	Sub-Activity/Intervention	
			Biomedical	Behavioural
Reduce new HIV infections by 75%	Reduce new HIV infections by 80%	HTS	Offer HTS services at basic education to mature minors, youth outside schools, street families	Health education and sensitization of HIV and control care and treatment,
			Offer HTS services at institutions of higher learning. Offer age appropriate contraceptives, condoms and microbicides. Offer HPV screening and education.	Enhance confidentiality in the HIV testing sites Strengthen support groups
	eMTCT	Integration of early infant diagnosis with other immunization services Scale up Test and Treat for HIV positive pregnant and breastfeeding mothers.	Carry out Community sensitization on the importance of EMTCT and identify male champion. Scale up Male Involvement in PMTCT	
	-Reduce new HIV infection by 80%. -Reduce HIV stigma and discrimination by 60%	Key populations -Creation of demand and increase access to health services -Protection from Stigma and discrimination in the public and private sector using human rights approach.	-Provide PEP and PrEP services -HIV testing and counselling and provide linkage to care and prevention services. -STI Screening and treatment -Provision of condoms and lubricants, -Screening and management of HPV among FSW/MSM and hepatitis B&C -Alcohol screening and addiction support	Need to increase outreaches targeting KPs based on geographical location BCC. Scale up KP Support groups

4.4 Strategic Directions

STRATEGIC DIRECTION 1: REDUCE NEW HIV INFECTIONS

Introduction

This calls for stakeholders to act in response to the HIV Prevalence in Nakuru County and strive to achieve elimination of new HIV infections by 2030.

Table 3: Strategic Direction 1: Reducing new HIV infections

	Target Population	Geographic areas by County/sub- county	Responsibility
Structural.			
Provide IEC materials RH information and services.	PLHIV, AYP, Vulnerable PWID	County	CSOs, NEPHAK
Integration of HTS into youth friendly services Scale up mobile and moonlight VCT services in the hotspot areas. Scale up and strengthen existing youth friendly services County government to allocate more resources for recruiting, training and retaining HTS service providers	General Population, AYP	Nakuru	CASCO (Lead) CYGBV MOE
Training of healthcare providers, integrated supervision and mentorship to maximize enrolment and retention of PLHIV eligible for ART Scale up PMTCT Support groups Strengthen referral and linkage	AYW, PLHIV	County	CASCO MOH
Prioritization and scaling up of combination prevention interventions for vulnerable youth and key populations Scale up KP friendly service provision centres Mapping of hotspots, Registration and training of outreach workers/peer educators. Strengthen KP documentation and reporting System	Key Population	Nakuru county	CASCO, IMPLEMENTING PARTNERS (LINKAGES project, Kenya Red Cross GF, Hope World Wide project, North Star Alliance, KNOTE, FAIR project, NYDESA and SMART ladies.

KASF objective	CASP Results	Key Activity	Sub-Activity/Intervention		
Reduce new HIV infections by 75%	-Reduce new HIV infection by 80%. -Reduce HIV stigma and discrimination by 50%	Gender Based Violence	Scale up and strengthen baseline investigations for ART management. Enhance and strengthen monitoring for ART management	Sensitization campaigns Reduction GBV related Stigma and Discrimination GBV friendly desks at every police station and local administration centres	
		ART			
		IEC,BCC in general population	N/A	Develop and disseminate targeted IEC and BCC messages for the different subpopulations	
	HIV care and support	-Scale up central sites to at least 22 sites -Scale up ART sites from 98 to 268 sites	-Establish at least 2 viral load sites Increase the CD 4 machine from current 14 to 24	Strengthen Support groups Strengthen adherence counselling	
VMMC	Sustain VMMC among traditionally non-circumcising communities Implement strategies for early infant circumcision Support and ensure safe circumcision practices among the traditionally circumcising communities	Offer HIV testing services(HTS) before circumcision Observe infection prevention measures during circumcision by using sterile equipment. Put measures in place to address adverse Events e.g. post circumcision bleeding. Put in place a mechanism for review and follow up after circumcision Introduce early infant male circumcision under local anaesthesia in health facilities.	Behaviour change communication(BCC) Carry out awareness programmes to create demand for circumcision services Train service providers on NASCOP Voluntary medical male circumcision guidelines		

	Target Population	Geographic areas by County/sub- county	Responsibility
<p>Scale up and operationalize Gender-Based recovery centres</p> <p>Conduct a baseline survey on GBV</p> <p>Capacity building and mentorship for enhanced documentation M&E</p> <p>Strengthen legal system to address GBV perpetrators</p> <p>Implement Stigma reduction campaigns</p>	General	Nakuru County	Health Department, CASCO, NACC, Implementing partners
<p>Scale up paediatric ART sites.</p> <p>Strengthen linkage and referral between HIV testing and enrolment to care and treatment</p> <p>Strengthen routine check-ups/screening for OIs and NCDs. Provide free cervical cancer screening for women above child bearing age</p> <p>Ensure quality of services and particularly in drug resistance surveillance</p> <p>Infrastructure, support community-based monitoring</p>	People with HIV in Nakuru County		
<p>Improve the community-based HIV M&E system.</p>	General	All sub counties	Health Department
<p>The County Nutrition Program to be scaled up as part of the strengthening of the general healthcare system.</p> <p>Implement IGAs and psychosocial support groups</p>	<p>People with HIV in Nakuru County(66000)</p> <p>-All pregnant mothers</p> <p>-All exposed infants</p> <p>OVCs</p> <p>-Key Population</p>	Nakuru County	Health Department, CASCO, NACC, Implementing partners
<p>Link initiates with the community structures to learn their cultural and traditional norms</p> <p>Establish and support circumcision centres in the health facilities</p> <p>Organize and support regular circumcision outreach services in the community</p> <p>Strengthen the reporting system for VMMC and support regular circumcision outreach services in the community</p> <p>Strengthen the reporting system for VMMC</p>	<p>Target by age group(0-1 year for infants in health facilities), 10-14 yrs., 15-24yrs, 25-29yrs, 30-49yrs.</p> <p>Nakuru county target 2014-2019 is 14219(VMMC target by counties according to NASCOP.</p>	Nakuru county	NASCOP CASCO Partners

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

Introduction

Maintenance in care and treatment in the interim and long term requires clear recognition of point of loss patients within the flow of care and addressing those at service delivery points and county levels

Table 4: Strategic Direction 2: Improve timely linkage to care for person diagnosed with HIV

Strategic Direction 2: Improve timely linkage to care for person diagnosed with HIV				
KASF objective	CASP Results	Key Activity	Sub-Activity/ Intervention	
			Biomedical	Behavioural
Reduce AIDS related mortality by 25%	Reduce AIDS related deaths by 25%	AYP friendly services	N/A	Train healthcare providers for AYP service provision Teacher sensitization for stigma reduction and linkage and referral to HIV care and treatment services
		ART	Strengthen linkage and referral between HIV testing and enrolment to care and treatment	Increase access to HIV services through community outreach services
		Linkage between health facilities and community	N/A	N/A
		Alcohol and other drug addiction	N/A	N/A
		eMTCT	Integration of early infant diagnosis with other immunization services	N/A
		Management of OIs	Early Screening, prophylaxis and treatment	Partner support, Health Education and health promotion Condom distribution
		VMMC	Offer HIV Testing Services(HTS) before circumcision	Behaviour change communication(BCC)
	Sustain VMMC among traditionally non-circumcising communities	Observe infection prevention measures during circumcision by using sterile equipment.	Carry out awareness programmes to create demand for circumcision services	
	Implement strategies for early infant circumcision	Put measures in place to address adverse events e.g. post circumcision bleeding.	Train service providers on NASCOP Voluntary medical male circumcision guidelines	
	Support and ensure safe circumcision practices among the traditionally circumcising communities	Put in place a mechanism for review and follow up after circumcision Introduce early infant male circumcision under local anaesthesia in health facilities.		

	Target Population	Geographic areas by County/sub-county	Responsibility
Structural			
Scale up AYP services and integrate treatment. Integrate HIV services in all AYP centres. Establish and strengthen children, adolescent and youth clubs at youth centres	All identified HIV positive	Nakuru County	Health Department, CASCO, NACC, Implementing partners
Scale up central and satellite ART sites to strengthen the supply chain system			
Improve the coordination of joint interventions between health facilities and community-based organizations through the County health management team Strengthen community strategy Integration of HIV referral and linkage services into mainstream health service referral and linkage network including community linkages.	All identified HIV positive	Nakuru County	Health Department, CASCO, NACC, Implementing partners
Strengthen multi-sectoral collaboration in management of alcohol and drug abuse Scale up and establish a viable rehabilitation Centre for alcohol and drug addicts Scale up Capacity building of service providers	General KP	All sub counties	Department of Health Relevant National Government Bodies
Carry out community Sensitization on EMTCT and identify male champions. Training of healthcare providers, integrated supervision and mentorship to maximize enrolment and retention of PLHIV eligible for ART under the treatment	General Population Mentor Mothers Health Care Providers	All County Facilities	Department of Health
N/A	General Population KP	All County Facilities	Department of Health
Link initiates with the community structures to learn their cultural and traditional norms Establish and support circumcision centres in the health facilities Organize and support regular circumcision outreach services in the community	Target by age group(0-1 year for infants in health facilities),10-14 yrs,15-24yrs,25-29yrs,30-49yrs. Nakuru county target 2014-2019 is 14219(VMMC target by counties according to NASCOP.	Nakuru county	NASCOP CASCO Partners

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

Introduction

Conducive legal and policy atmosphere is essential for vigorous HIV response at the county level universal access to services by PLHIV.

Table 5: Strategic Direction 3: Remove Barriers to Access of HIV, SRH and Rights Information and Services in Public and Private Entities

Strategic Direction 3: Remove Barriers to Access of HIV, SRH and Rights Information and Services in Public and Private Entities					
KASF objective	CASP Results	Key Activity	Sub-Activity/ Intervention		
			Biomedical	Behavioural	
Reduce HIV related stigma and discrimination by 50%	Reduce HIV related stigma and discrimination by 50%	Remove Barriers to Access of HIV, SRH and Gender Based Violence services and information.	HTS and Linkage Provision of Professional care and treatment by medical personnel	Scale up anti-stigma and discrimination messages to the community Community sensitization on the importance of HIV testing, care and treatment.	
	Reduce HIV related stigma and discrimination by 50%	PLHIV services	Provision of HTS and Linkage and follow up	Sensitize PLHIV and the community on their legal rights.	
		Increase protection and access to justice	Enhance proper documentation during treatment of victims of SGBV	Sensitize the community and especially the key population on their HIV and AIDS and SGBV related Human Rights	
Reduce HIV related stigma and discrimination by 50%	Reduce HIV related stigma and discrimination by 50%	Improve National and County Legal and policy Environment for Protection of PLHIV, Key populations and Priority Groups Including Women, Adolescent boys and girls	HTS and Linkage Provision of Professional care and treatment by medical personnel	Sensitization of persons on the National and County Legal and Policy documents on PLHIV Sensitization of people on their Human Rights as PLHIV	
	Reduced self-reported stigma by 50%	Stigma and Discrimination	Enhance community sensitization on stigma and discrimination through lobby groups, Radio spots, Chiefs barazas	Anti-stigma sensitization campaigns	
		Gender equity		Empower vulnerable and marginalized populations for active participation in the HIV response.	
		Priority population		Sensitize law enforcement agencies on rights of KPs	

		Target Population	Geographic areas by County/sub-county	Responsibility
Structural				
Construction, Scale up and operationalize Gender-Based violence recovery centres Observance of relevant international days Conduct a baseline survey on GBV Capacity building and mentorship for enhanced documentation	Key population, Adolescents and youth Pregnant women Migrant workers Long distance truck drivers And all sexual active persons and any other group	Nakuru county Nakuru county	The Nakuru County Government Relevant NGOs Civil Society Organizations Community Based Organizations	
Decentralize the functions of the HIV tribunal to the Counties. Decentralize and increase accessibility of health facilities to the target population Train more paralegal on the HIV and AIDS issues.	Key populations, Adolescents and youth Pregnant women Migrant workers Long distance truck drivers And all sexual active persons and any other group	Nakuru county	The Nakuru County Government Relevant NGOs Civil Society Organizations Community Based Organizations	
Construction of Forensic Laboratories Train more paralegals and legal persons on HIV and Aids issues Encourage and assist legal service providers to take up more HIV and AIDS related matters/court actions Encourage an effective international response to the pandemic grounded on the civil, cultural, economic, social and political rights of the community and mostly the key populations.	Key populations, Adolescents and youth Pregnant women Migrant workers Long distance truck drivers And all sexual active persons and any other group	Nakuru county	The Nakuru County Government Relevant NGOs Civil Society Organizations Community Based Organizations	
Establish an Implementation plan of the National and County Legal and Policy.	Key populations, Adolescents and youth Pregnant women Migrant workers Long distance truck drivers And all sexual active persons and any other group	Nakuru county	The Nakuru County Government Relevant NGOs Civil Society Organizations Community Based Organizations	
Undertake a baseline survey on stigma and discrimination. Employ a multi-sectoral approach to scale up stigma reduction	Key populations, Adolescents and youth Pregnant women Migrant workers Long distance truck drivers And all sexual active persons and any other group	Nakuru county	The Nakuru County Government Relevant NGOs Civil Society Organizations Community Based Organizations	
Implement the National and County Gender Equality and Women Empowerment policies.	Key populations, Adolescents and youth Pregnant women Migrant workers Long distance truck drivers And all sexual active persons and any other group	Nakuru county	The Nakuru County Government Relevant NGOs Civil Society Organizations Community Based Organizations	
Create an enabling legislative framework to encourage roll out of interventions. Strengthen Anti-stigma programs targeting KPs	Key populations, Adolescents and youth Pregnant women Migrant workers Long distance truck drivers And all sexual active persons and any other group	Nakuru County	The Nakuru County Government Relevant NGOs Civil Society Organizations Community Based Organizations	

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS

Introduction

Nakuru CASF aspires to create a strong and sustainable system for HIV service delivery at Sub County and county level. Apply use of health and community multi-sector approaches and put interventions to support the HIV response.

Table 6: Strategic Direction 4: Strengthening Integration of Community and Health Systems

Strategic Direction 4: Strengthening Integration of Community and Health Systems					
KASF objective	CASP Results	Key Activity	Sub-Activity/Intervention		
			Biomedical	Behavioural	
Increased health workforce by 40% and Strengthened AIDS competency	Ensure competence, motivation and adequate staffing level in Nakuru County to deliver HIV services	Human Resource Retention	Lobby for employment of more health workers	Employ health workers	
	Strengthen health service delivery system for the provision of HIV service integrated with essential health package	Capacity Development	Provide regular update trainings	Distribute and promote implementation of updates	
	Improve access to and promote rational use of quality essential health products and technologies	Adequate essential health commodities procured Procurement, distribution and management of essential commodities and equipment	Warehouse and distribute adequate health commodities to health facilities	Conduct support supervision to ensure rational use of health commodities	
Strengthened community-level AIDS competency	Strengthened community service delivery system at county level for the provision of HIV prevention, treatment and care services	Identify and Develop community based partners in addressing HIV prevention, care and treatment retention services	Conduct biannually workshops to share best practices and experience sharing	Document and replicate evidence based best practices. Enhance family and peer support, promote and strengthen care and support Conduct defaulter tracing.	
Increased health workforce by 40% and Strengthened AIDS competency	Ensure competence, motivation and adequate staffing level in Nakuru County to deliver HIV services	Community human resource Capacity development	-Introduce new technology -Equipment for viral load & CD4 -Commodities and reagents	Strengthen -Capacity building -Networking and collaboration	
		Community dialogue with key-gate keepers to address social norms that increase vulnerability and risk to HIV among adolescents and young people			
Increased health workforce by 40% and Strengthened AIDS competency	Ensure competence, motivation and adequate staffing level in Nakuru County to deliver HIV services	Promote and support youth led community initiatives in advocacy, communication, social mobilization and social media campaigns	Conduct biannually workshops to share best practices and experience sharing	Document and replicate evidence based best practices	
Increased health workforce by 40% and Strengthened AIDS competency	Ensure competence, motivation and adequate staffing level in Nakuru County to deliver HIV services	Map out and link functional community HIV system and structures to health facility systems	Conduct evaluation and validate linkage performances	Re-plan and Reorganize linkages to accommodate dynamic community needs	

	Target Population	Geographic areas by County/sub- county	Responsibility
Structural			
County government to allocate more resources for recruiting, training and retaining health service providers	60%	Nakuru County Nakuru East, Nakuru west, Naivasha, Gilgil, Nakuru North, Molo, Njoro, Kuresoi south and Kuresoi north, Rongai	County Government health and partners
Strengthen Human Resource planning to improve, recruitment, equitable deployment, training, supervision, mentorship and better working conditions of healthcare workers.			
Formative supervision and targeted mentoring will contribute to capacity building of healthcare providers and improving quality	All health care workers	Nakuru County Nakuru East, Nakuru west, Naivasha, Gilgil, Nakuru North, Molo, Njoro, Kuresoi south and Kuresoi north, Rongai)	County Government and partners
Adoption and implementation of Kenya HIV Quality Improvement Framework (KHQIF) as well as implementation of health workforce interventions that improve HIV technical skills and competencies. Strengthen procurement, distribution and management of essential commodities and equipment. Develop a robust LMIS to facilitate timely collection and transmission of quality commodity consumption and stock status data that is integrated into the HMIS.	All County health care managers	All health public and private facilities in Nakuru County Nakuru East, Nakuru west, Naivasha, Gilgil, Nakuru North, Molo, Njoro, Kuresoi south and Kuresoi north, Rongai	County Government and partners
County government to allocate resources for strengthening support and building capacity to community partners addressing HIV prevention, care and treatment services.	Partners operating in Nakuru East, Nakuru west, Naivasha, Gilgil, Nakuru North, Molo, Njoro, Kuresoi south and Kuresoi north, Rongai	Nakuru county (all sub-counties)	Health department and implementing partners
County government to allocate resources for training of community health service providers	All Nakuru Sub-counties		Health department and implementing partners
Strengthen and sustain inventory of regular active stakeholder HIV and AIDS County and sub-county forums			
Organize and support County and sub-county youth forums bi-annually to review and take stock of progress in HIV prevention activities			
Organize and support bi- annual community and health facility forums to share best practices and address emerging challenges.	All Nakuru Sub-counties	Health department and implementing partners	

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH AND INNOVATION TO INFORM THE NAKURU COUNTY AIDS STRATEGIC PLAN GOALS

Nakuru county derives vital information for HIV Programme from the following sources; DHIS, KAIS 2012, KDHS 2014, MOT 2012 and UNAIDS Reports. This has provided information on socio-behavioural and epidemiologic studies amongst different key populations including incidence and risk factors for Sex Workers, MSM and People Who Inject Drugs. Nakuru county is one

Table 7: Strategic Direction 5: Strengthening research and innovation to inform the Nakuru County AIDS Strategic Plan goals

Strategic Direction 5: Strengthening research and innovation to inform the Nakuru County AIDS Strategic Plan goals					
KASF objective	CASP Results	Key Activity	Sub-Activity/ Intervention		
			Biomedical	Behavioural	
Strengthening research and innovation to inform the KASF goals	Increase evidence-based planning and programming at county level	-Conduct survey on HIV coverage in Nakuru Key Population size estimation Retrospective study on PMTCT outcome in Nakuru County Operational research on mentor mother efficacy eMTCT Youth and adolescent uptake of HIV services in our tertiary institutions	N/A	Conduct age population disaggregated stigma index ,social exclusion and human rights violation	
	Establish and implement an HIV research agenda for the county	N/A	N/A	N/A	

of the 9 counties accounting for 65% of new adult infections in 2013 (KAIS 2012). During the implementation of the plan the following are the priority areas identified for research:

- Undertake a baseline survey on GBV
- Conduct age population disaggregated stigma index
- Retrospective study on PMTCT outcome in Nakuru County
- Operational research on mentor mother efficacy and eMTCT

	Target Population	Geographic areas by County/ sub- county	Responsibility
<p>Structural</p> <p>Implement research priorities identified in the research agenda.</p> <p>Disseminate research findings</p> <p>Strengthen utilization of routine data source for planning and decision making</p>	Discordant couples , PLHIV, AYP, KPs Health Workers	Nakuru County: Nakuru West, Nakuru East, Nakuru North, Naivasha, Gilgil, Subukia, Njoro, Molo, Kuresoi Rongai, North & Kuresoi South	CASCO Partners County Government, Research Institutions and Partners
<p>Develop a county HIV research agenda through a consultative process to complement the National HIV Agenda</p> <p>Form and operationalize county research TWG</p> <p>Implement county operational research including determining socio-behavioural, cultural and gender-related factors affecting adherence to ART; drug, alcohol and substance use on HIV acquisition, care and treatment outcomes; predictors of loss to follow up, defaulting and retention; drivers of AIDS-related mortality and determinants of stigma reduction</p> <p>Understand risk perceptions, adherence and retention in HIV prevention studies</p> <p>Implement bio-behavioural survey framework for Key Populations in the county</p> <p>Strengthen co-ordination and dissemination of HIV research in the county through conferences.</p> <p>Develop County HIV research financing framework in alignment with the Health Bill and NACOSTI</p> <p>Advocate for allocation of a health research budget line in the county health budget</p>	Health Workers	Nakuru County. Nakuru West, East, North, Naivasha, Gilgil, Subukia, Njoro, Molo, Kuresoi, Rongai & Kuresoi south	County Government Research institutions Partners

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

Monitoring and evaluation of multi-sectoral response to HIV and AIDS continues to rely on a variety of systems including routine and non-routine data sources, which are supported and maintained by various stakeholders.

Nakuru County’s response to the HIV epidemic is largely influenced by strong commitment to availing quality data in a timely manner for effective evidence-informed decision making.

Table 8: Strategic Direction 6: Promoting utilization of strategic information for research and monitoring and evaluation (M&E) to enhance programming

Strategic Direction 6: Promoting utilization of strategic information for research and monitoring and evaluation (M&E) to enhance programming					
KASF objective	CASP Results	Key Activity	Sub-Activity/ Intervention		
			Biomedical	Behavioural	
Promoting utilization of strategic information research and monitoring and evaluation (M&E) to enhance programming	Strengthening M&E capacity to effectively track county performance on HIV epidemics response	Harmonized HIV reporting in the County	N/A	N/A	
	Ensure harmonized, timely and comprehensive routine and non-routine reports to provide quality HIV data at county	Routine Data Collection	N/A	N/A	

The achievement in HIV Programme monitoring has, however, not been without challenges. The M&E system is faced with gaps in strategic approach on co-ordination,

ownership and meaningful data use for decision-making and planning among various stakeholders.

	Target Population	Geographic areas by County/ sub- county	Responsibility
Structural			
Improve the community-based HIV M&E system Conduct M&E capacity assessment in the county Conduct M&E capacity development to county staff and system Strengthen the multi-sectoral HIV M&E co-ordination structure and partnerships at county and sub county levels Advocate for sustainable budgetary allocation for HIV M&E planned activities at county level	Implementers	Nakuru County: Nakuru West, Nakuru East, Nakuru North, Naivasha, Gilgil, Subukia, Njoro, Molo, Kuresoi Rongai, North & Kuresoi South	CASCO CDH, SCACCs,
Conduct periodic data quality audits, verification and support supervision Ensure availability of reporting tools at facility level Promote data demand and use of HIV information to inform programming in the county Create a county M&E Information Hub	Health facilities (public and private)	Nakuru County: Nakuru West, Nakuru East, Nakuru North, Naivasha, Gilgil, Subukia, Njoro, Molo, Kuresoi Rongai, North & Kuresoi South	County Government, NASCOP

STRATEGIC DIRECTION 7: INCREASING DOMESTIC FINANCING FOR A SUSTAINABLE HIV RESPONSE

Nakuru County ranks seventh out of 47 counties in terms of new HIV infections. The county largely relies on external partners to fund HIV response programmes. However, due to the dwindling resources available for HIV programming, this calls for smarter investments of every shilling where it will have the greatest impact and in the most efficient way. Further, there is need for the Nakuru County government to establish and maintain a HIV kitty for sustainability of the programmes.

Table 9: Strategic Direction 7: Increasing domestic financing for a sustainable HIV response

Strategic Direction 7: Increasing domestic financing for a sustainable HIV response								
KASF objective	CASP Results	Key Activity	Sub-Activity/ Intervention			Target Population	Geographic areas by County/sub-	Responsibility
			Biomedical	Behavioural	Structural			
Increasing domestic Financing for sustainable HIV response	Promote innovative and sustainable domestic HIV financing options	Increased county domestic financing by 30% by 2019	N/A	N/A	Through the County Assembly, the Ministry of Health to come up with a bill that ensures a minimum of 30% of local revenues collected go towards a County HIV Fund Engage the county assembly members and sensitize them to support funding for HIV interventions Advocate for specific HIV kitty/vote head in the county Stakeholders to align their funds and activities to county programmes Organize Miss Red Ribbon Governor's Ball	General population	Nakuru County	CEC Health County Assembly NGO, CBO, FBO Governor's office, First lady office, MOH-CASCO, Ministry education ,youth, culture, sports and social services(Directorate of Culture and Gender
	Align HIV resources/ investment to NCHSP priorities	Health Financing	N/A	N/A	Strengthen partner's HIV forum to facilitate investment aligned with the county HIV strategic plan Foster strategic Public-Private Partnership in support of HIV programmes in the county Develop a partnership accountability framework at county level to ensure alignment of resources to county HIV response priorities	NGOs, CBOs, FBOs	Nakuru County	CASCO

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

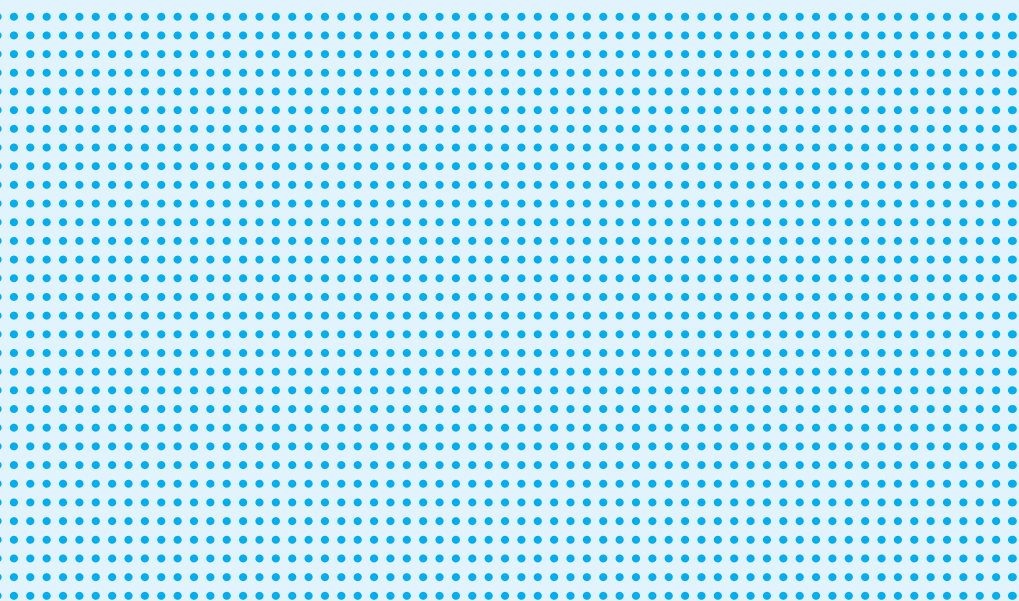
High levels of political goodwill are required to effectively address the impact of HIV in Nakuru County. Most important is the need to leverage on on-going political priorities. County planning, prioritization, implementation, monitoring, resource allocation and budgeting of programmes and interventions in counties are functions under the devolved government. Thus, counties are responsible for implementation of HIV services and programmes across different sectors.

Table 10: Strategic Direction 8: Promoting accountable leadership for delivery of the NCASP results by all sectors and actors

Strategic Direction 8: Promoting accountable leadership for delivery of the NCASP results by all sectors and actors								
KASF objective	CASP Results	Key Activity	Sub-Activity/Intervention			Target Population	Geographic areas by County/sub-county	Responsibility
			Biomedical	Behavioural	Structural			
Promoting accountable leadership for delivery of the KASF results by all sectors and actors	County leadership and ownership	County leadership and ownership	N/A	Promote County Executive leadership in HTS uptake and champion male involvement in eMTCT	Build and sustain high-level political commitment for strengthened county ownership of HIV response to be led by the governor Sensitize members of the county assembly and the public to incorporate HIV activities during public participation forum during the county budget process	County leadership	County	CEC Health

05.

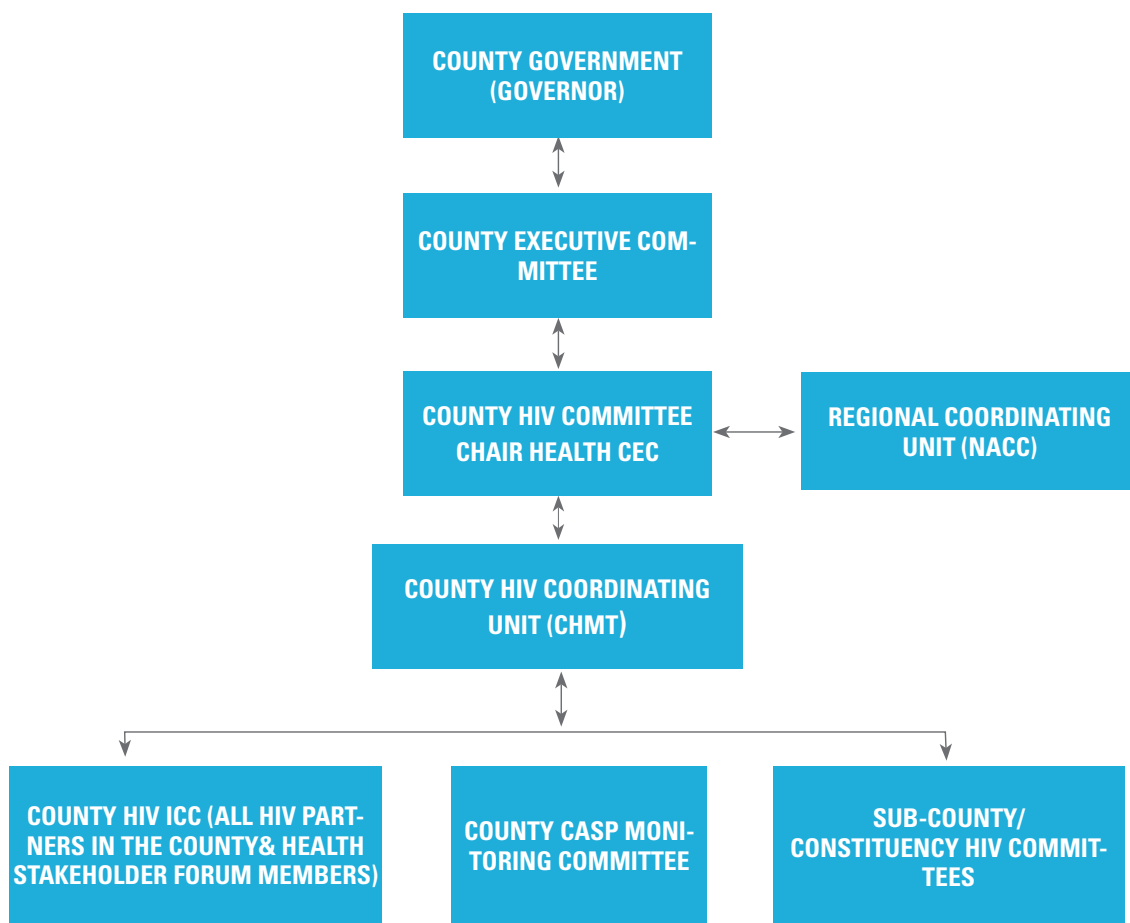
IMPLEMENTATION
ARRANGEMENTS



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

5.1 Nakuru County HIV Coordination Mechanism

Figure 5.2 County HIV Coordination Mechanism



5.1.1 Roles and responsibilities

Governor

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

County HIV Committee

It shall be accountable to the Governor Nakuru County for the performance of their functions and the exercise of their powers on matters relating to HIV.

Membership

The committee shall be chaired by the County Health CEC with NACC/NASCOP as secretariat. Membership to include: Chair Health Assembly, Partners, County Commissioner and or representative, CACC/ Sub-CASCO, Private sector, FBO, PLHIV, Youth and PwD. The committee can co-opt three members from relevant departments in the County.

Roles:

The county HIV committee shall be:

- The custodian of the NCHSP
- Holding meeting on a quarterly basis to review implementation plan
- Responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of the NCHSP
- Approving the county HIV targets and plan
- Reviewing and presenting County HIV Budget
- Setting the County HIV agenda
- Receiving reports on NCHSP progress from the monitoring committee
- Forming sub TWG to review and advice on issues HRBA to HIV services
- Receive reports from County ICC NCHSP and routine Monitoring Committee

County HIV Coordination Unit/ Regional Coordinating Unit

This will be the responsibility of the NACC Secretariat in partnership with the CHMT at the county level. The unit shall coordinate the day to day implementation of the strategic framework at county level.

Roles

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

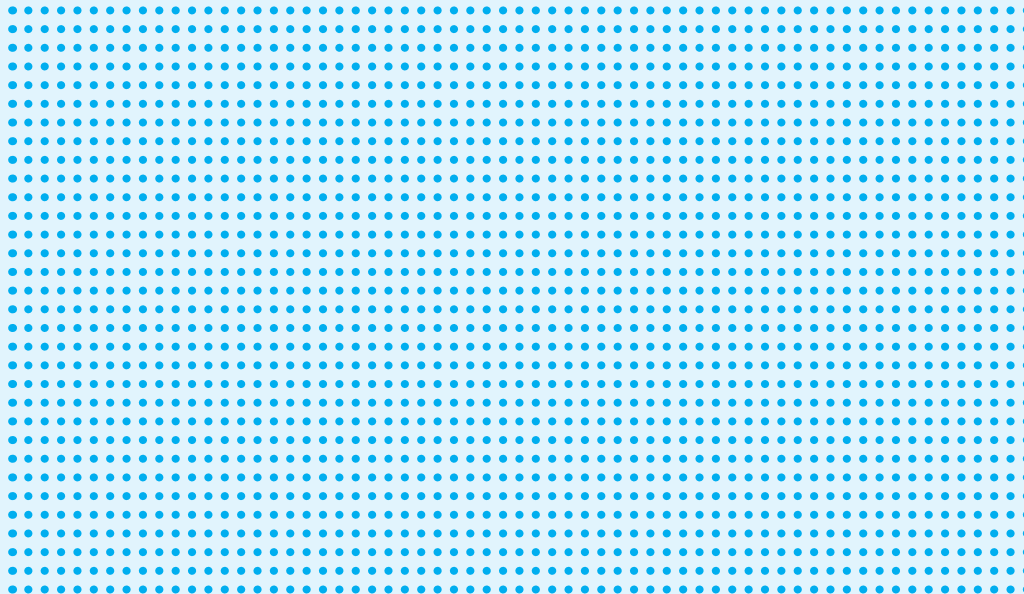
5.2 County CASP Monitoring and Evaluation Unit

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

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

06.

RESEARCH
MONITORING AND
EVALUATION PLAN



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

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

The M & E plan will provide a robust plan for evaluating the Nakuru County HIV Strategic Plan. Critical surveys, evaluations and surveillance will be undertaken to measure outcomes and impact of the strategic framework. During the implementation period, a number of research priorities previously identified will be implemented. These include understanding drivers of the epidemic by populations.

Data and research on social determinants of health and their impact on incidence and mortality are scanty as there are limited studies on impact of stigma, discrimination, cultural practices, and gender norms on prevention, mortality and quality of life. HIV research is still largely dependent on donor-funding and sometimes not harmonized with national HIV research priorities, therefore a County operational research unit needs to be strengthened to effectively coordinate these activities.

Table 11: Roles and responsibilities of Nakuru County M & E plan

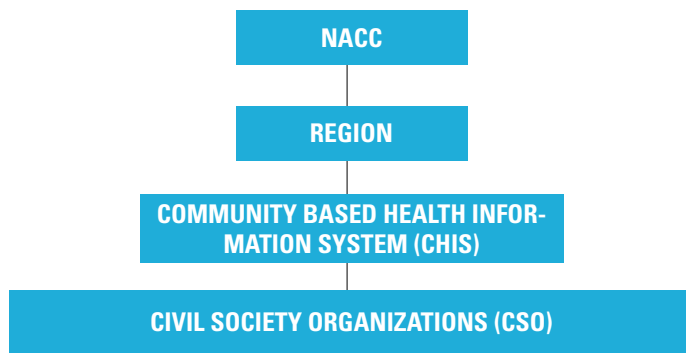
Institution	Role	Frequency	Reporting Tool
Service delivery points (Health facilities)	Report HIV sector data	Quarterly	DHIS
County health records and information officer	Receive and compile all the health related data including data from community health volunteers	Monthly/ Quarterly	DHIS and COBPAN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

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

- Database of CSOs:** The common HIV database will include a civil society organisation (CSO) module to capture all CSOs implementing HIV activities in each county. CSOs captured in the database will be expected to report on their HIV interventions based on set guidelines.

- **Community-based HIV response reporting tool:** The COBPART tool will be revised to enable CBOs report against their planned band outputs. The revised tool and guidelines for completing the tool will be developed and disseminated to the CBOs.
- **COBPART data** collection will continuously move towards integration with the Community Health information system (CHIS).

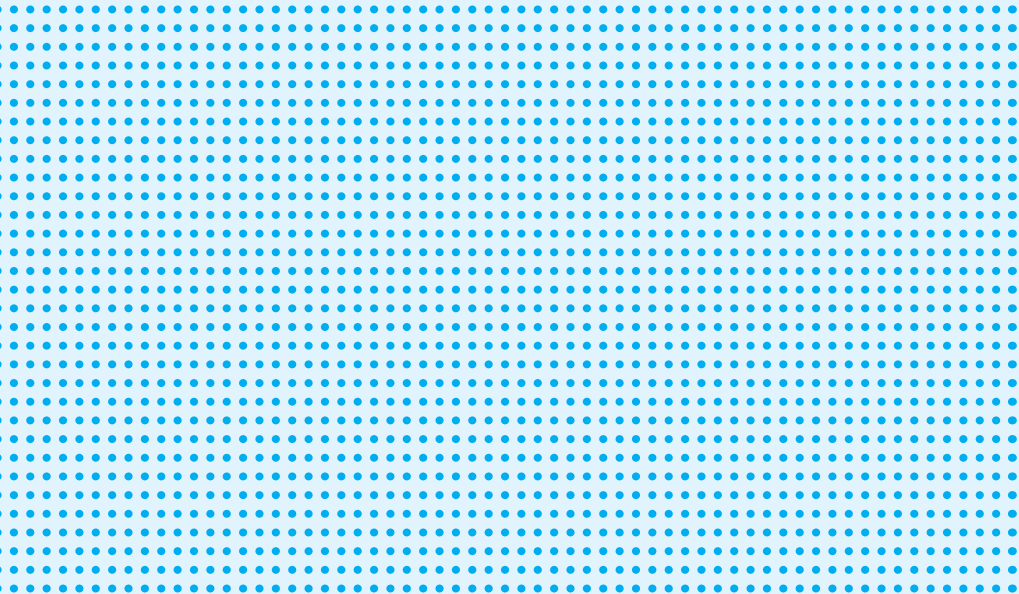
Figure 6:5: Nakuru County data and information flow for community based HIV response



07.



RISK, ASSUMPTIONS
AND MITIGATION PLAN



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

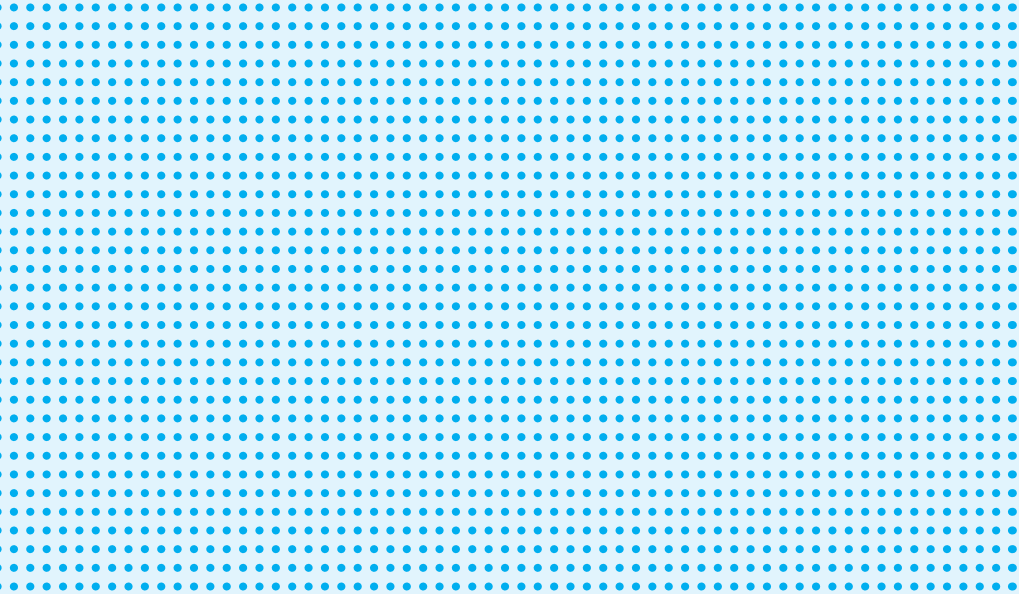
Table 12: Assumptions and Risk Management Matrix

Assumptions and Risk Management Matrix

Risk Category	Risks	Status	Probability	Impact	Mitigation	Assumptions	Responsibility	When
Technological	Lack of the required technologies to implement the plan	The NCHASP has just been developed with key areas for technological support identified	High	High	Establishment of the proposed technology and training of the staff	There is enough technical capacity in the county	County government	Y1
Political	Disruption of Implementation due to political unrest	Implementation of the various interventions is ongoing and will be guided by the plan	Medium	High	Put in place sustainability strategies for HIV interventions like enough stock of ARVs and other commodities.	2017 General election will be peaceful	County government	Y1
Operational	Non – achievement of the targets due to Inefficient implementation of the plan	Efficiency and Effectiveness studies are yet to be undertaken	Medium	High	Continuous monitoring, Training and capacity building	All the required support and capacity will be provided	County HIV oversight committee	Y1
	Non utilization of evidence based programming approach	Most of the evidence is available to inform programming however with some gaps in the information use and management	Low	High	Implement HIV research agenda	Surveys and operation research will be undertaken to provide data for programming	County government	Y2
	Poor absorption of HIV finances	The absorption capacity has not been determined	Low	High	Put in place financial management systems.	The county will have financial absorption capacity	Implementing partners	Y2
Legislation	Lack of ownership by the county leadership and passing of proposed bills/ Policies	The bills and policies are yet to drafted	Medium	High	Engagement of the County leadership	All HIV related bills/Policies will be passed in good time	CEC- Health	Y2
Financial	Inadequate funding to implement the plan	There are inadequate funds and the resource needs as projected have not been factored in the County Integrated Plan or Investment plan	Low	High	Lobby partners for funding.	Funds will be available	County –HIV Coordination Unit	Y1

08.

ANNEXES



Annex1: Results Framework

Strategic Direction 1	Indicator	Baseline	Expected Result	Target
Reducing new HIV infections	HIV incidence in the county	4127 (2013)	Reduced new HIV infections among adults by 80%	80% reduction
	MTCT rate in the county	7.2 % (DHIS)	Reduced HIV transmission rates from mother to child from 6.4% to less than 5%	MTCT < 5%
Strategic Direction 2	Indicator	Baseline	Expected Result	Target
Improving health outcomes and wellness of all people living with HIV	% of adolescents 10-19 years retained on ART at 12 month	N/A	Increased retention on ART at 12 months to 90% in adolescents	90%
	% of adults retained on ART at 12 month	47%	Increased retention on ART at 12 months to 90% in adults	90%
	% of children 0-9years virally suppressed	N/A	Increased viral suppression to 90% in children	90%
	% of adolescents 10-19 years virally suppressed	N/A	Increased viral suppression to 90% in adolescents	90%
	% of adults virally suppressed	47%	Increased viral suppression to 90% in adults	90%
Strategic Direction 3	Indicator	Baseline	Expected Result	Target
Using a human rights approach to facilitate access to services for PLHIV, Key populations and other priority groups in all sectors	Number of HIV related stigma discrimination reported	N/A	Reduced self-reported HIV related stigma and discrimination by 50%	50% reduction
	Number of SGBV directed to PLHIV, KPs, women, men, boys & girls	N/A	Reduced levels of sexual and gender-based violence for PLHIV, key populations, women, men, boys and girls by 50%	50% reduction
Strategic Direction 4	Indicator	Baseline	Expected Result	Target
Strengthening integration of health and community systems	Strengthened community capacity in HIV response	40%	Strengthened community-driven HIV response	
	% of health workforce trained on HIV management	30%	Improved health workforce for the HIV response in the county	80%
	Number of months with HIV commodity stock outs per year	0%	Strengthened HIV commodity management	
Strategic Direction 5	Indicator	Baseline	Expected Result	Target
Strengthening research and innovation to inform the Nakuru county AIDS Strategic plan goals		N/A	Increased evidence-based planning and programming by 50%	50%
	% of county staff trained on operation research	0%	Increased capacity to conduct HIV research at in the county by 10%	10%
Strategic Direction 6	Indicator	Baseline	Expected Result	Target
Promoting utilisation of strategic information for research and monitoring and evaluation (M&E) to enhance programming	M&E information hub established	0%	M&E Information Hubs Established at County Levels and providing comprehensive information package for decision making	1
		N/A	Increased availability of strategic information to inform HIV response at county Level	4 (quarterly)

Strategic Direction 7	Indicator	Baseline	Expected Result	Target
Increasing domestic financing for a sustainable HIV response	County HIV response kitty established	0%	Increased county-driven domestic financing for HIV response to 30%	30%
Strategic Direction 8	Indicator	Baseline	Expected Result	Target
Promoting accountable leadership for delivery of the NCASP results by all sectors and actors	Build and sustain high-level political commitment for strengthened county ownership of HIV response to be led by the governor	N/A	County leadership and ownership	Quarterly CHC Meetings

Annex 2: Cost plan

Resource needs for implementing NCHASP (in Millions KSH.)

Specific NCASP Intervention Areas (resource % awarded)							
SD		2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	Total
SD1	HIV Prevention (25%)	997.024	12335.46	1281.48	1433.66	554.68	2285.96
SD2	Treatment and Care (50%)	1994.02	2180.36	2277.60	2319.16	817.92	3950.49
SD3	Social inclusion, human rights and gender (4.5%)	179.45	223.04	290.14	351.74	149.38	525.95
SD4	Health systems (5.72%)	228.12	206.33	169.12	151.82	28.45	298.23
	Community systems (3.65%)	145.57	131.21	107.74	96.71	18.13	189.99
SD5	Research (3.29%)	131.21	148.48	162.29	174.36	65.36	285.47
SD6	Monitoring and evaluation (2.84%)	113.26	114.74	111.78	105.06	33.80	192.67
SD7 & 8	Leadership, governance and Resource Allocation (4%)	159.52	162.04	157.80	988.60	47.81	272.10
	Supply chain management (1%)	111.634	126.39	49.34	53.00	19.87	86.77
	Grand Total	4059.81	15628.05	4607.29	5674.11	1735.40	8087.63

BUDGET NOTES

- This is item based costing for annual finance needs from KASF 2014 country estimation
- Costing as per international price (Sources: NACP III)
- PLHIV in Kenya 1,600,000 (2015) was the costing baseline for country estimates of which Nakuru had 66295 PLWHIV which translates to 0.041434375 of national disease burden

Annex 3: implementation plan

Strategic Area	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SDA 1: Reducing new HIV infections	Scale up mobile and moonlight VCT services in the hotspot areas.	X	X	X	X	X	X	X	X	X	X	X	X
	Scale up and strengthen existing youth friendly services	X				X				X			
	County government to allocate more resources for recruiting, training and retaining HTC service providers	X				X				X			
	Training of healthcare providers, integrated supervision and mentorship to maximize enrolment and retention of PLHIV eligible for ART under the treatment as prevention strategy	X	X	X	X	X	X	X	X	X	X	X	X
	Integration of early infant diagnosis with other immunization service	X	X	X	X	X	X	X	X	X	X	X	X
	Carry out Community sensitization on the importance of eMTCT	X	X	X	X	X	X	X	X	X	X	X	X
	Increase outreaches targeting KPs based on geographical location	X			X	X			X	X			X
	Prioritization and scaling up of combination prevention interventions for vulnerable youth and key populations	X	X	X	X	X	X	X	X	X	X	X	X
	Scale up and operationalize Gender-Based recovery centres				X				X				X
	Conduct a baseline survey on GBV				X								
	Strengthen linkage and referral between HIV testing and enrolment to care and treatment	X	X	X	X	X	X	X	X	X	X	X	X
	Strengthen procurement, distribution and management of essential commodities and equipment	X	X	X	X	X	X	X	X	X	X	X	X
	Develop targeted IEC and BCC messages for the different subpopulations Improve the community-based HIV M&E system												
SDA 2: Improving Health Outcomes and wellness of PLHIV	Increase the number of health facilities offering ART centres												
	Improve the coordination of joint interventions between health facilities and community-based organizations through the County health management team			X									
	Integration of early infant diagnosis with other immunization services	X	X	X	X	X	X	X	X	X	X	X	X
	Improvement of the existing CCI to make them child friendly				X				X				X
	Training of healthcare providers, integrated supervision and mentorship to maximize enrolment and retention of PLHIV eligible for ART under the treatment.	X	X	X	X	X	X	X	X	X	X	X	X
	Scale up and establish a viable rehabilitation Centre for alcohol and drug addicts				X				X				X
	Establish a HIV referral laboratory in Nakuru County.			X									
	Develop innovative approaches for integrate the use of ICT in HIV services especially increasing adherence to ART.			X									
	Support partners to implement the minimum package for PWP activities	X	X	X	X	X	X	X	X	X	X	X	X
SDA 3: Using Human Rights based approach to facilitate access to services	Scale up and operationalize Gender-Based recovery centres		X										
	Capacity building and mentorship for enhanced documentation		X										
	Sensitize PLHIV and the community on the legal rights.			X				X				X	
	Decentralize the functions of the HIV tribunal to the Counties			X				X				X	
	Train more paralegal on the HIV and AIDS issues				X								
	Empower vulnerable girls and women for active participation in the HIV response.	X	X	X	X	X	X	X	X	X	X	X	X
	Create an enabling legislative framework to encourage roll out of intervention				X								

Strategic Area	Activities	2016				2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SDA 4: Strengthening integration of community and health system	Strengthen Human Resource planning to improve, recruitment, equitable deployment, training, supervision, mentorship and better working conditions of healthcare workers.		X				X				X		
	Adoption and implementation of Kenya HIV Quality Improvement Framework (KHQIF) as well as implementation of health workforce	X											
	County government to allocate more resources for recruiting, training and retaining HTC service providers.				X				X				X
	Establish more community health units	X	X	X	X	X	X	X	X	X	X	X	X
	Integrate HIV information and education as part of the school health program.			X									
SDA 5: Strengthening Research, Innovation and Information Management to meet the NCASP	Form the County Monitoring Unit to coordinate research, monitoring and evaluation activities.	X											
	Allocate sufficient funds for drugs and lab reagents	X				X				X			
	Develop a county HIV research agenda through a consultative process to complement the National HIV Agenda				X								
	Strengthen utilization of routine data source for planning and decision making.	X	X	X	X	X	X	X	X	X	X	X	X
SDA 6: Promoting utilization of strategic information for research monitoring and evaluation	Improve the community-based HIV M&E system and monitoring	X	X	X	X	X	X	X	X	X	X	X	X
	County and Sub-County health management team members will participate in the Sub-County OVC committee in charge of overseeing OVC service provision.	X				X				X			
	Strengthen inter-agency collaboration in OVC management.	X	X	X	X	X	X	X	X	X	X	X	X
	Prepare and publish a County Department of Health Newsletter.			X			X			X			X
SDA 7: Increasing domestic financing for sustainable HIV response.	Prioritization of high impact and cost-effective interventions				X								
	Promote Public-Private Partnerships in health services.				X				X				X
	Lobby for increased domestic funding.				X				X				X
	Undertake a mapping of HIV partner's representation in Nakuru to identify gap areas.	X											
SDA 8: Promote accountable leadership for delivery of the NCASP results by all sectors	Build and sustain high-level political commitment for strengthened county ownership of HIV response to be led by the governor	X											
	Sensitize members of the county assembly and the public to incorporate HIV activities during public participation forum during the county budget process	X											
	Hold a meeting to disseminate the NCASP to the Nakuru County Executive Committee					X							
	Form the County HIV coordination unit					X							
	Hold a meeting to disseminate the NCASP to the private sector for enhancing private public partnership for HIV services in Nakuru					X							
	Support Sub County / Constituency HIV committees	X	X	X	X	X	X	X	X	X	X	X	X

REFERENCES

Government of Kenya, 2010. Kenya Health Policy, 2012-2030. Nairobi, Kenya.

<http://www.eahp.or.tz/policies/view/kenya-health-policy-2012-2030>.

Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.

Kenya constitution 2010

NACC (2014) End Term Review: Kenya National AIDS Strategic Plan 2009 – 2013

KNBS [Kenya] 2009. *Kenya Demographic and Health Survey 2008-09 Preliminary Report*. Calverton, Maryland. KNBS, NACC.

National AIDS Control Council (NACC) and National AIDS and STD Control Programme (NAS COP) 2014. *National HIV Prevalence in Kenya*. Nairobi: NACC and NAS COP.

NACC, UNAIDS (2014) Kenya HIV County Profiles, HIV and AIDS response in my County-My Responsibility. Nairobi, Kenya; 2014.

National AIDS and STI Control Programme, Kenya AIDS Indicator Survey 2012, Preliminary Report, September 2013

NACC (2014) Kenya National AIDS Spending Assessment for financial years 2009/10 – 2011/12. NACC: Nairobi

NACC and NAS COP. National HIV Indicators for Kenya: 2011. Nairobi, NACC and NAS COP, March 2012.

NACC, NAS COP, UNAIDS (2013) Kenya HIV Prevention Revolution Roadmap: Count Down to 2030, Nairobi, Kenya; 2014

National AIDS Control Council (NACC). 2009. *Kenya National AIDS Strategic Plan, 2009-2013: Delivering on Universal Access to Services*. Nairobi: NACC

NACC (2009). Kenya HIV Prevention Response and Modes of Transmission Analysis. Nairobi: National AIDS Control Council.

UNAIDS (2014) 90-90-90 an ambitious treatment target to help end the AIDS epidemic, UNAIDS

The County Government Act, No. 17 of 2012

Annex 4: List of Drafting and Technical Review Team

1. County Drafting Team

Name	Organization	Title	Email Contact
Hillary Chepsiror	NACC	RHC	hchepsiror@nacc.or.ke
Dr Agere Onyango	County Department of Health	CASCO	oagere@yahoo.com
Franklin Songok	County Department of Health	M&E	fsongok@yahoo.com
Rachael Kiuna	County Department of Health	ART Coordinator	kiunar@yahoo.com
Mary Mwari	County Department of Health	CPMTCT	wachekemwari@yahoo.com
Jeremiah Kutwa	County Department of Health	KP Coordinator	Jkutwa60@gmail.com
Nancy Chelule	County Department of Health	RH Coordinator	nchelule@yahoo.com
Jessica Mung'au	County Department of Health	CYGBVC	Jesicahmung@yahoo.com
David Masika	County Department of Health	DMA	masikasdavid@gmail.com
Ashina Wanga	County treasury	Economist	Asinlah2009@yahoo.co.uk
Mary Achieng	NEPHAK	Program Assistant	Machieng @nephak.co.ke
Stephen Mwangi	EGPAF		smwangi@nascop.or.ke
Dr Evelyn Ashiono	APHIAPLUS		eashiono@aphiarift.org
Cosmas Mutua	YNOT KENYA	Executive Director	mutua.cosmas@gmail.com

Technical Review Team members

Name	Organization	Title	Email Contact
Fridah Muinde	NACC	Program Officer Research	fmuinde@nacc.or.ke
Lucy Kanyara	KEMRI	Researcher	lkanyara@kemri.org
Kibe Ranji	NACC	Regional HIV Coordinator	kranji@nacc.or.ke
Irene Gomba	NACC	Data Officer	igomba@nacc.or.ke
Jacqueline Dache	NACC	Program Officer AYP	jdache@nacc.or.ke

