



NANDI COUNTY HIV & AIDS STRATEGIC PLAN

2015/2016 - 2018/2019

Source of Champions



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NANDI COUNTY HIV & AIDS STRATEGIC PLAN

2015/2016 - 2018/2019

COUNTY GOVERNMENT OF NANDI
SOURCE OF CHAMPIONS



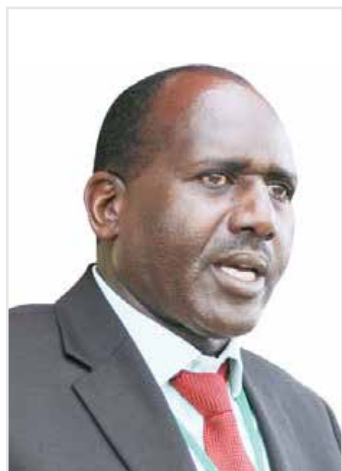
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Acronyms and abbreviations

ART	Anti-Retroviral Therapy	NACC	National AIDS Control Council
ARV	Anti-Retroviral Drugs.	NASCOP	National AIDS and STI Control Programme
CASCO	County AIDS and STI Coordinator	NCASP	Nandi County AIDS Strategic Plan
CASM	County AIDS Sectoral Mainstreaming	NCDs	Non Communicable Diseases
CDH	County Director of Health	NCIDP	Nandi County Integrated Development Plan
CEC	County Executive Committee	NHSP	National Health Sector Plan
CHVs	Community Health Volunteers	OIs	Opportunistic Infections
CITC	Client Initiated Testing and Counselling	OVC	Orphans and Vulnerable Children
CASP	County HIV and AIDS Strategic Plan	PEP	Post Exposure Prophylaxis
CU s	Community Units	PHC	Primary Health Care
DHIS	Demographic Health Information System	PHDP	Positive Health Dignity and Prevention (PHDP) intervention
DHIS	District Health Information System	PITC	Provider Initiated Testing and Counselling
FBO	Faith Based Organization.	PLHIV	People Living with HIV
GBV	Gender Based Violence	PMTCT	Prevention of Mother to Child Transmission
HCBC	Home and Community Based Care	PrEP	Pre Exposure Prophylaxis
HIV	Human Immunodeficiency Virus	PWID	People who Inject Drugs
HTC	HIV Testing and Counselling	SCACC	Sub-County AIDS Community Coordination
HTS	HIV Testing Services	SD	Strategic Direction
KAIS	Kenya AIDS Indicator Survey	SRH	Sexual and Reproductive Health
KASF	Kenya AIDS Strategic Framework	SW	Sex Workers
KDHS	Kenya Demographic Health Survey	TB	Tuberculosis
KHSSP	Kenya Health Sector Strategic Plan	TWG	Technical Working Group
KRC	Kenya Red Cross	VL	Viral Load
MARPs	Most at Risk Populations	WIBA	Women of Child Bearing Age
MCH	Maternal Child Health	WOFAK	Women Fighting AIDS in Kenya
MOH	Ministry of Health		
MOT	Modes of Transmission		
MSM	Men who have Sex with Men		
MTCT	Mother to Child Transmission		

Foreword



The Nandi County HIV and AIDS strategic Plan (NCASP) is a product of a highly consultative process involving all stakeholders in the response to HIV and AIDS in the County. This highly interactive process ensured that the NCASP addresses the dynamics of HIV epidemic trends in the County, drawing in new global and national knowledge and information on HIV and AIDS. The NCASP has used results based approach and evidence based planning. This has not only brought a paradigm shift in our interventions but also allowed us to mainstream HIV in our CIDP.

Although as county we have made significant progress in the fight against HIV/AIDs, Challenges still exist when it comes to containing the epidemic, which requires a lot more to be done.

HIV prevalence and new annual HIV infections are still unacceptably high. As such, we must put more efforts in HIV prevention in the County.

In this regard, therefore, the County Government of Nandi is committed to facilitating achievement of the NCASP results. We recognize and acknowledge the numerous challenges facing the County when it comes to resources. Furthermore, this NCASP will act as a guide when it comes to development of specific and relevant HIV interventions and programmes.

A handwritten signature in black ink, appearing to read 'Cleophas Lagat'. The signature is fluid and cursive, written over a light blue horizontal line.

Dr. Cleophas Lagat

County Governor, Nandi County

Preface



Nandi County is among the counties with medium burden HIV infection in Kenya. The HIV prevalence in the County stands at 4.3 percent. Overtime, Nandi County has made progress in fighting HIV and AIDS and other related infection managing to reduce HIV prevalence from 12 percent in 2004 to the present 4.3 percent. Females have a higher infection rate than males at 5.2 percent and 3.1 percent respectively. (NASCO, 2015)

This strategic plan is geared to provide a roadmap to HIV stakeholders in Nandi County in fighting the scourge for a period of 5 years. The document is aligned to the National AIDS Strategic Framework developed by NACC based on Kenya Constitution to provide it with legal and constitutional stand point. The plan outlines among other things, ways

of financing HIV activities putting more emphasis on domestic financing which is key to sustainability of HIV programs.

In this regard, therefore, my department of Health and Sanitation is committed to its full implementation so as to realize the objectives articulated therein. With full support of all stakeholders, I believe Nandi County can manage to reduce HIV infection rate to a lower level and hence contribute to the achievement of beyond zero campaign.

A handwritten signature in black ink, appearing to read 'Mathew Rotich Tai', written over a horizontal line.

Mathew Rotich Tai

CEC-Health & Sanitation, Nandi County

Acknowledgements



The Nandi County AIDS Strategic plan 2015/2016 - 2018/2019 is the result of joint efforts, contribution and guidance of the National AIDS Control Council, Nandi County Department of Health and Sanitation, HIV and AIDS stakeholders and other partners.

Many thanks to the Drafting team comprising Mr. Alfred Bichiy –County AIDS Coordinator, Mr. Richard Bwaley -County AIDS and STI control coordinator (CASCO), Ms. Charity Ngelo-Choose Life Africa, Mr. John Kibet –SCACC(Mosop), Dr. Andrew Kisang- MOH Mr. Samwel Bittok- SCACC(Emgwen), Ann Rono, Evarlyne Jepchirchir, Julius Singoei. It is from the vibrant teamwork and selfless engagement HIV/AIDS.

Special thanks also go to Mr. Reuben Musundi the NACC- North Rift region field officer, Dr. Daniel Kemboi- Director of health and sanitation Nandi County, Ms. Isabella Kiplagat –Technical support team. I also wish to thank the validation team which included; Tegla Kimetto, Irene Korir, Christine Kibet, Moses Rotich, Raphael Korir, Leah Chirchir and Singoei.

It is from the very vibrant and selfless engagement of various stakeholders throughout the County of Nandi that we put forth the county AIDS strategic plan 2015/2016 - 2018/2019 setting us on a path that will ensure achievement of a healthy and productive population free from HIV infection, stigma and AIDS related deaths.

A handwritten signature in blue ink, appearing to be 'E. Serem', written over a horizontal line.

Dr. Edward Serem

Chief Officer of Health and Sanitation, Nandi County

Executive Summary

The Nandi County AIDS Strategic Plan (NCASP) is a five year plan developed to inform and guide the planning, coordination, implementation, monitoring and evaluation of the HIV and AIDS response in the county. It is mainly set towards achieving a healthy and productive population free from new HIV infection, stigma, discrimination and AIDS related mortality.

The process of developing the NCASP was initiated following the KASF (2014/2015 - 2018/2019) dissemination meeting held at Kerio Valley Hotel, Iten in August 2015 by the National AIDS Control Council. Consequently, a 10 member technical working group was formed to spearhead the drafting process of the strategic plan. This was followed by a number of consultative stakeholder meetings. The process was further supported by NACC through the Technical Support Team.

The Nandi County HIV prevalence currently stands at 4.3 percent with a total number of 23,800 people living with HIV. About 1300 new HIV infections occur annually in the county (KAIS Estimates, 2014). The Adult ART coverage is at 82 percent while coverage among children stands at 39 percent (County Estimates, 2014). Among the identified and generally understood drivers of new HIV infections are key populations, *boda boda* riders, immigrant workers, truck drivers and sugar-cane cutters. While the county has made considerable gains towards reduction of HIV and AIDS prevalence from a high of 12 percent in 2004 to 4.3 percent in 2014,

the NCASP identifies a number of gaps/ challenges to be addressed. These main gaps and challenges include poor linkage to testing and care, inadequate services and commodities for KPs, limited support services and adherence to treatment by PLHIV and their partners, weak community and health linkages, poor enforcement of policies and legislative framework as well as inadequate funding and donor dependency among others.

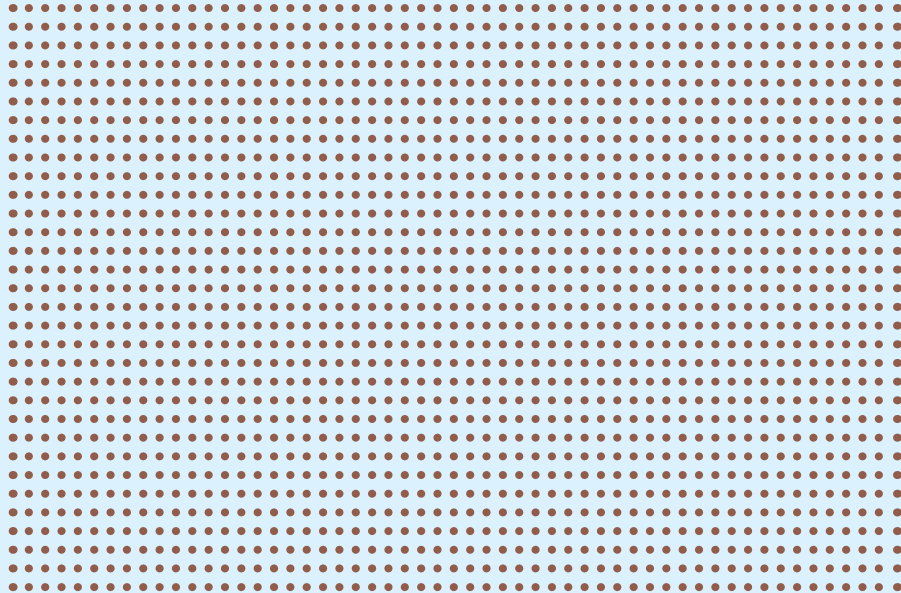
Taking these gaps into account, the NCASP highlights priority areas suggested through dialogue with various actors across sectors and at all levels of the County response. The strategic plan further identifies priorities and strategies that will be put in place in order to contribute to the anticipated impact and outcome results. The priorities and strategies are aimed at contributing to the objectives of the NCASP outlined below:

1. Reduce HIV new infections by 75 percent in Nandi County.
2. Reduce AIDS related mortality by 50 percent in Nandi County.
3. Reduce HIV related stigma and discrimination by 50 percent.
4. Increase domestic financing for a sustainable HIV response to 5 percent.

The strategic plan further provides resource requirements for the implementation of this plan as well as the implementation arrangement. The plan also outlines a results framework which indicates the results to be achieved during the five-year period.

01.

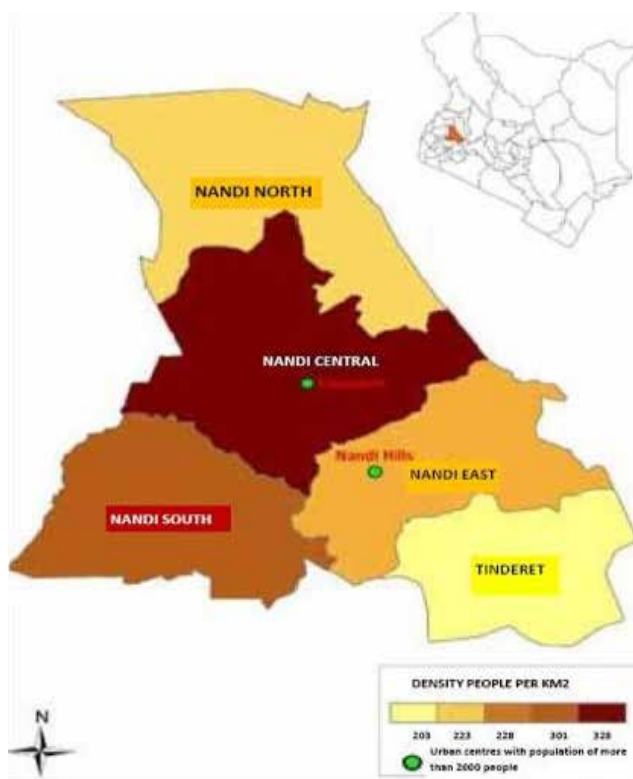
BACKGROUND



Nandi County is one of the 47 counties in Kenya. It borders Uasin Gishu to the North, Baringo and Kericho counties to the East, Kisumu County to the South and Vihiga and Kakamega counties to the West. The county has 6 sub-counties, 11 divisions, 99 locations and 299 sub locations. Politically, the county has 6 constituencies and 30 wards. The county is mainly divided into two ecological zones; highlands and lowlands predisposing it to varied climatic conditions, socio-economic activities and rain patterns. The main agricultural activities include tea growing, sugarcane growing, coffee growing, Dairy and subsistent farming among other activities.

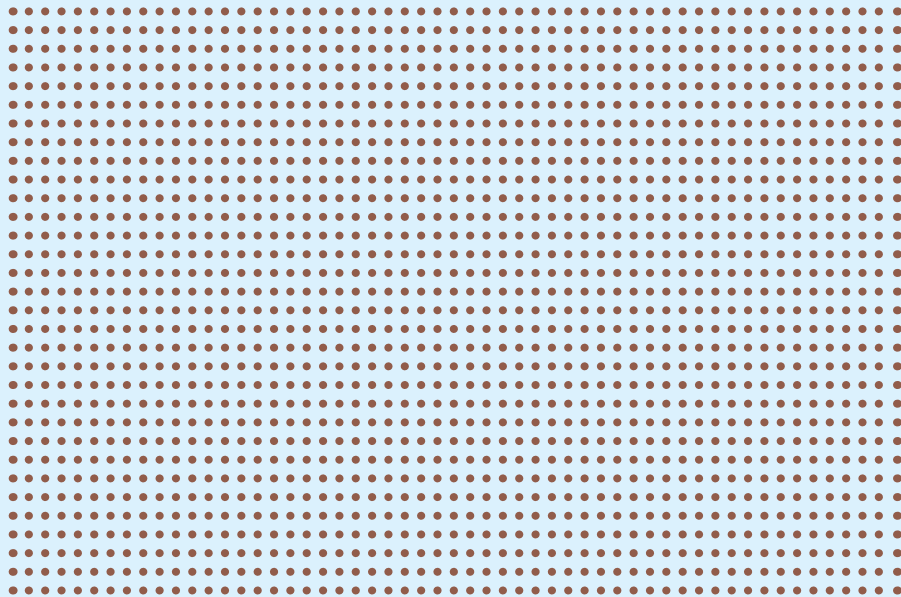
The Nandi County population is 846,856 as projected from the 2009 population census living in an area of 2,884.4 Km² (KNBS 2009). The population structure is composed of 32,265 children aged below 1 year, 152,434 children under the age of five years and 203,584 women of child bearing age (WBA). The annual population growth rate is estimated at 2.9 percent with crude birth rate of 4.5 percent and crude death rate of 1.0 percent. The county has 7 hospitals (5 GoK 1 private & 1 FBO), 21 health centres and 146 dispensaries. The most common causes of morbidity are respiratory infections, malaria and skin diseases. The top four causes of mortality are pneumonia, Tuberculosis, malaria and HIV and AIDS. (NHSP 2013/14-2017/18)

Fig. 1.1: Nandi County map



02.

SITUATIONAL
ANALYSIS



It is over two decades since the first AIDS case was discovered in Kenya. HIV and AIDS still remain a major challenge for the country in its efforts towards social and economic development. Responses to the pandemic have evolved over time as people became aware of this new disease as they experience illness and death among family members. Several interventions have been put in place to confront the pandemic.

Though Nandi County has made tremendous progress in the fight against HIV and AIDS that has seen the reduction in prevalence from 12 percent in 2004 to 4.3 percent in 2014, it is unacceptable that over 1300 new infections on average occur each year. As per gender, HIV prevalence among women (5.2 percent) is higher than that of men (3.1 percent) (KASF, 2015).

Table 1: Nandi County HIV Statistics, 2015

Indicators	Children	Adults	Total
Total Population	163,557	745,093	908,650
Estimated HIV Prevalence	-	4.3	4.3
PLHIV	2,691	20,800	23,491
New Infections	66	1,593	1,639
Deaths due to HIV	138	1,234	1,372
Need for PMTCT	-	1,183	1,183
Health Facilities (Active)	-	-	165
ART Sites	23	23	23
PMTCT Sites	-	-	145
TB Treatment Sites	-	-	43

Source: NASCOP 2015

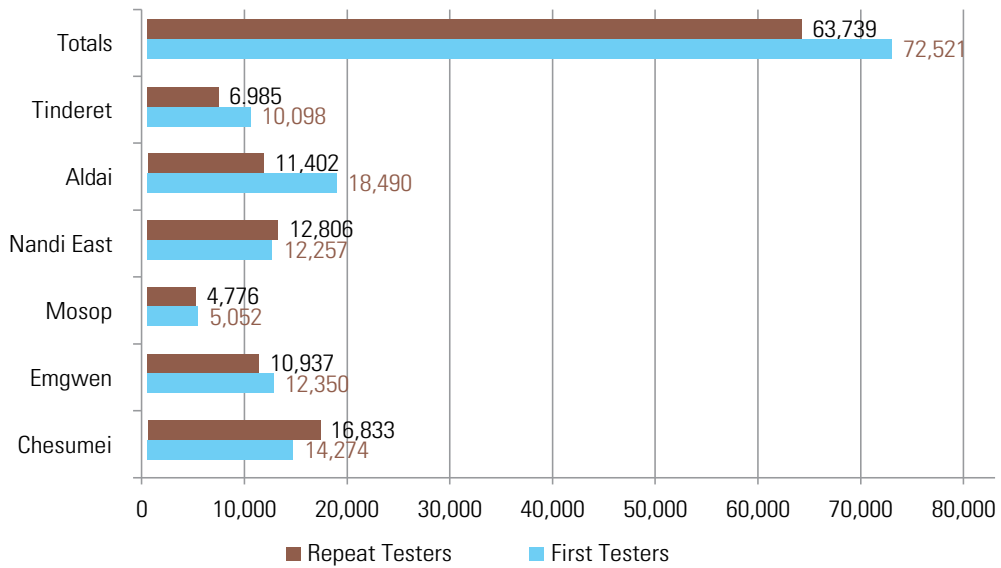
Other factors that fuel the transmission of HIV in the county include poverty (at 13 percent), socio-economic inequalities, socio-cultural

vulnerability of adolescents, women, men and children particularly the young people in learning institutions.

Youth and adolescents (aged 13 to 24 years) are still considered among the vulnerable age group in the county. Interventions to address the challenges affecting this age group need to be put in place. Some of the drivers of the epidemic within this particular age group include early sexual debut, non condom use, alcohol and drug abuse, limited information on sex and sexuality, economic dependency and poverty, lack of adolescent friendly HIV services, non-disclosure of HIV status and lack of support to remain on treatment.

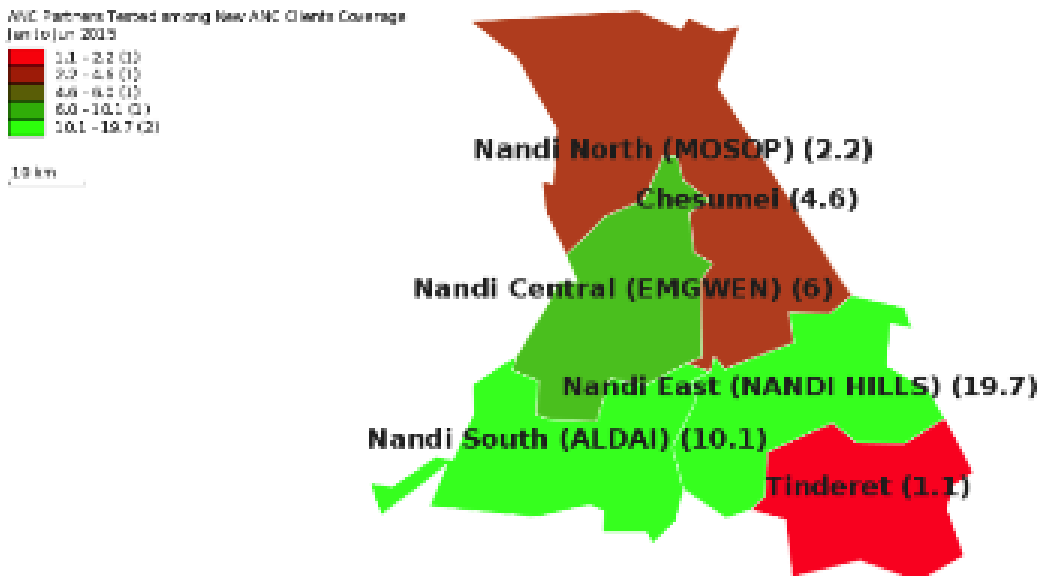
The UNAIDS 90-90-90 strategy (2014) outlines strategies to end the AIDS epidemic by 2020. The first 90 relates to identification of all people living with HIV; the second 90 is the percentage of all people diagnosed with HIV receiving sustained ART; and the third 90 is the percentage of people receiving ART achieving viral suppression. Nandi County emphasizes on understanding the epidemic and selecting appropriate approaches to identify PLHIV. Two approaches for HIV Testing Services (HTS) are client initiated testing and counselling (CITC) and provider Initiated testing and counselling (PITC). There are 36 HTS Centres providing testing services for the general population in the county. Over 145 health facilities provide targeted HIV testing to pregnant mothers and 36 VCT Centres providing testing services for the general population. Figures 2.1 and 2.2 below presents the HTS statistics and ANC clients tested for HIV in the county.

Fig 2.1: Nandi County HTS statistics (FY 2014/2015)



Source: NASCOP 2015

Fig. 2.2: Sub counties ANC clients tested for HIV among new ANC Jan-Jun 2015



The county started ART services way back in 2005. The only service that was available then was PMTCT Prophylaxis which was available in less than 10 facilities and the only intervention was a single nevirapine tablets and syrup. HIV positive clients were referred to AMPATH site in Eldoret for care and treatment. Currently, there are 23 health facilities providing care and treatment for HIV and AIDS and so far 10,977 individuals have been enrolled and put on care and treatment in these sites. County adult ART coverage stands at 82 percent while paediatric ART coverage is 39 percent ranking the county number 19 out of 47 counties in the country (KASF 2014/19).

Almost all the ART sites have established support groups that play significant role in fighting stigma and discrimination and reinforces adherence to prescribed treatment. However, the county stigma and

discrimination index is still high and currently stands at 46 percent (MOH 2014). This is mainly attributed to social perception of HIV with its moral association.

According to KDHS (2014), knowledge of condom use as a method of preventing HIV transmission is high in the county (92 percent among women and 99 percent among men). While this may translate to high condom uptake in the county, this may not translate to their use. Male condoms seem to be more acceptable than the female condoms whose uptake is significantly low.

PMTCT is a key intervention in preventing mother to child transmission of HIV. Nandi County has PMTCT coverage rate of approximately 5.8 percent which arise from 1,227 HIV positive mothers in the county. This service is offered in 145 facilities in the county.

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

Identified gaps/challenges	Target	Recommended Actions	Responsibility
BIOMEDICAL INTERVENTIONS			
<ul style="list-style-type: none"> Poor linkages to testing and care Inadequate management of co- infections and co-morbidities High turnover of non-circumcised population Lack of Gender based violence care services. Inadequate infection prevention facilities 	General Population	Innovative HIV testing and counselling (HTC) models <ul style="list-style-type: none"> Linkage of those testing HIV positive to care and early ART initiation Prevention and management of co infections and co morbidities Sustain Voluntary Medical Male Circumcision (VMMC) among traditionally non-circumcising communities Implement strategies for early infant male circumcision. Support and ensure safe circumcision practices among the traditionally circumcising communities Offer gender based violence care services including post exposure prophylaxis (PEP) for survivors Eliminate Health Sector HIV transmission 	<ul style="list-style-type: none"> Implementing Partners County Government
Inadequate services and commodities for Key populations	Key Populations and Vulnerable Populations	Provision of key commodities including lubricants and condoms <ul style="list-style-type: none"> Screening and management of HPV among FSW/MSM and Hepatitis B and C for PWID Alcohol screening and addiction support Scale up STI management in all health facilities Provide Pre-exposure prophylaxis services 	<ul style="list-style-type: none"> County Government Implementing Partners
Limited youth/adolescent friendly services	Adolescent and young women	Establish youth/Adolescent friendly clinical services <ul style="list-style-type: none"> Offer age appropriate contraceptives, condoms, and microbicides Offer HPV and Cancer screening and education Increase access to sexual and reproductive health services 	<ul style="list-style-type: none"> County Government Implementing Partners
Limited support services for PLHIV and their partners	PLHIV and Sero discordant Couples	Offer HTC to partners and families of all HIV positive clients <ul style="list-style-type: none"> Provide ART to the infected partner and adherence support Provide pre-exposure prophylaxis Support partners disclosure CPWC messages Provide capacity building to caregivers Tracking of PLHIV/ defaulters and providing integrated services for PLHIV 	<ul style="list-style-type: none"> County Government Implementing Partners
Inadequate integration of PMTCT services	Children and Pregnant Women Living with HIV	Integrate Early infant diagnosis of HIV with immunization services <ul style="list-style-type: none"> Deliver all 4 prongs of eMTCT in all health facilities in the County Offer comprehensive interventions to prevent HIV among young women; ensure all HIV positive women of reproductive health age have access to family planning services Ensure all pregnant and lactating women are initiated on ART and all HIV positive children are offered ART Integrate eMTCT interventions with MNCH services Introduce cervical cancer screening Support groups for pregnant and lactating mothers 	<ul style="list-style-type: none"> County Government Implementing Partners
BEHAVIOURAL INTERVENTIONS			
High level of stigma and discrimination approx. (46 percent)	General Populations	<ul style="list-style-type: none"> Stigma reduction campaigns Risk reduction counseling and skill building Male and female condom demonstration, distribution and skill building 	<ul style="list-style-type: none"> County Government Implementing Partners
Inadequate tools and techniques for behaviour change communication	Key Populations and Vulnerable populations	Behaviour change intervention using specific interpersonal tools and techniques including those in Braille <ul style="list-style-type: none"> Regular outreach and contact with Key Population through peer based education, treatment and support Offers harm reduction interventions to scale up Consider capacity building of specialists to handle PWIDs 	<ul style="list-style-type: none"> County Government Implementing Partners

Limited behaviour change communication interventions	Adolescents and young women	<ul style="list-style-type: none"> • Offer peer-to-peer outreach in school or outside school • Implement evidence-based interventions (EBI) like Sister to sister, healthy choices for better future, FMP • HIV related education in school or in the community • Adolescent support group • Parent/Guardian/ Caregivers/ involvement in behavior change (including PWIDs) • Use of social media/ ICT 	<ul style="list-style-type: none"> • County Government • Implementing Partners
Lack of support services and adherence to treatment among PLHIV	PLHIV and Sero discordant couples	<p>Offer peer outreach and support services to create treatment and rights awareness as well as PSS to enhance adherence</p> <ul style="list-style-type: none"> • Implement Positive Health dignity and Prevention (PHDP) • Implement appropriate evidence-based behavioral interventions and offer supported disclosure and support groups 	<ul style="list-style-type: none"> • County Government • Implementing Partners
Inadequate psychosocial support services	Children and pregnant women living with HIV with their partners	<p>Support groups for children and pregnant women</p> <ul style="list-style-type: none"> • Provide psycho social support services • Establish a rescue/rehabilitation services • Support groups for children (hold retreats/open days for children) 	<ul style="list-style-type: none"> • County Government • Implementing Partners

STRUCTURAL INTERVENTIONS

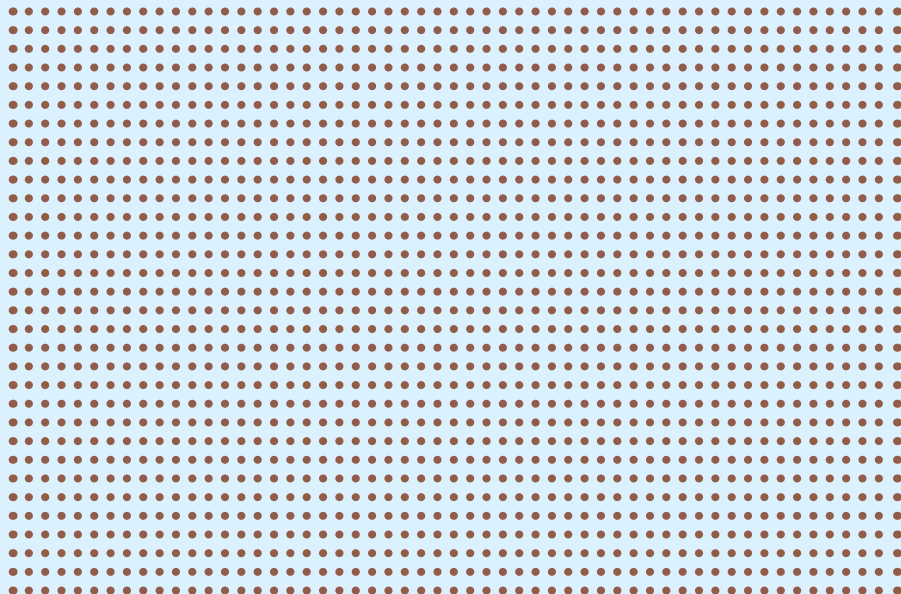
Poor enforcement of policies and legislative framework	Key population PWD Vulnerable population	<p>Review key policies impacting on HIV (Key populations and consent age for HIV prevention)</p> <ul style="list-style-type: none"> • eMTCT comprehensive policy and legal frameworks to promote access and protect rights of mothers and children • Implement gender based violence prevention and response programmes • Address the issue of violence against key populations through appropriate crisis response mechanisms • Implement stigma reduction campaigns • Utilize community health volunteers workers to strengthen linkages between communities and facilities • Engage men on their role in HIV prevention and eMTCT • Sensitize and engage communities and leaders such as religious leaders and elders on key populations and HIV to reduce stigma and increase service uptake • Implement cash transfer programmes and sanitary towels to keep girls in school and social protection of vulnerable families • Strengthen workplace protection policies • Strengthen protection of rights and empower key and vulnerable, populations Such as creation of drop-in centers, rights awareness • Invest in girls and women leadership • Accelerate access to social equity and justice for priority populations • Address socio- cultural barriers that increase risk of HIV infection among communities • Engage private sector to formalize a system to compliment the service delivery system and • Reporting requirements • Developed and Operationalize health criminal justice system at county level with special emphasis 	<p>County Government and Non state actors</p> <p>Implementing Partners</p>
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INTERVENTIONS FOR INCREASING KNOWLEDGE OF HIV STATUS AND LINKAGE TO OTHER SERVICES

Unequal distribution of appropriate HTS	General population.	Scale up facility-based PITC and ensure linkage to care; <ul style="list-style-type: none"> • Adopt population and geography specific appropriate HTS approaches • MAP hotspot areas • Deliver routine community-based HTS for priority and key populations • Deliver door-to-door testing and community-based testing at population scale in high prevalence areas 	<ul style="list-style-type: none"> • County Government • Partners
Inadequate skilled staff, commodity, security and quality assurance mechanisms	Infants	Strengthen early infant HIV diagnosis infrastructure <ul style="list-style-type: none"> • Expand innovative diagnosis strategies including point of care and self-testing • Invest in adequate skilled staff, commodity security and quality assurance mechanisms • Strengthen HIV diagnostic infrastructure and systems 	<ul style="list-style-type: none"> • County Government • Development Partners
Inadequate integration of services.	Couples/partners PHDP	Offer couples/partners HTS with supported disclosure options <ul style="list-style-type: none"> • Deliver integrated HTS packages to include TB screening, family planning services, cervical cancer screening, other health checks such as blood pressure/sugar, weight and include other risk-reduction services (counseling, condoms with lubricants, STI screening) for priority population • Identify and retain high risk individuals for regular HTS and screening • Scale up Positive Health Dignity and Prevention (PHDP) intervention • Initiate couple-friendly services 	<ul style="list-style-type: none"> • County Government • Development Partners
Weak linkages/engagement	PLHIV/PHDP	Obligate HTS and TB service providing points to account for linkage to prevention Programmes, care and treatment <ul style="list-style-type: none"> • Utilize community health extension workers (CHEWS) and community health Volunteers (CHVs) to link diagnosed individuals with facilities and support groups • Strengthen engagement and leadership of networks of people living with HIV to mobilize and facilitate HTS • Strengthen linkages to care and treatment. 	<ul style="list-style-type: none"> • County Government and • Development Partners
<ul style="list-style-type: none"> • Shortage of staff, inadequate capacity and low motivation • Poor access to health services. 	Health care providers	<ul style="list-style-type: none"> • Strengthen HR planning to improve recruitment equitable employment, training, supervision, mentorship and better working conditions. • Decentralize and integrate health services at the periphery facilities. 	<ul style="list-style-type: none"> • County Government and • Development Partners
Inconsistent and inappropriate supply of commodities	Health facilities procurement Department	<ul style="list-style-type: none"> • Strengthen procurement and supply chain management 	<ul style="list-style-type: none"> • County Government and • Development Partners
Inadequate funding and donor dependency	County Government	<ul style="list-style-type: none"> • Increase domestic allocation and lobby for more development partners • The available resources should be utilised efficiently based on evidence informed health care interventions 	<ul style="list-style-type: none"> • County government and development partners
Minimal level of ownership and engagement	Political leadership	Build and sustain high level Political goodwill for ownership of HIV response.	<ul style="list-style-type: none"> • County political leadership
Lack of community units	Community	Form and sustain community units in all sub counties.	<ul style="list-style-type: none"> • Community • County Government • Partners

03.

RATIONALE, STRATEGIC
PLAN DEVELOPMENT
PROCESS AND THE
GUIDING PRINCIPLES



Purpose of HIV Plan

The Nandi County Multisectoral HIV and AIDS Strategic Plan 2014/15 – 2018/19 is an important document developed to systematically drive and guide the HIV and AIDS agenda for five years. It is designed to provide an overall framework into which sector priorities in the county will be implemented. It highlights the HIV and AIDS strategic objectives, situation analysis and implementation framework.

This framework guides the delivery of HIV and AIDS services in the country for the period of 2014 to 2019. It defines the interventions, expected results in 5 years and offers a broad guidance for the National and County governments on coordination implementation, monitoring and evaluation of the HIV response. In addition, NCASP is a resource mobilization, allocations and accountability tool. The County Government is expected to use this broad framework in the preparation of their County HIV strategic plans that is relevant to the local HIV epidemic.

Process of Developing the HIV and AIDS Strategic Plan

The initiation of the NCASP development process culminated from the launch and subsequent dissemination of Kenya AIDS Strategic Framework (KASF) 2014/2015 - 2018/2019. The development process involved stakeholder engagement from both government and non-governmental agencies. Among the key activities undertaken during this process included: Training of five TOTs on KASF rolling out and holding a sub-county dissemination forum where the technical

working group was set up. The technical working group comprises of coordinators and implementers of HIV intervention and networks of people living with HIV. This group held meetings in the County to discuss and analyze various sources of data to come up with the final draft of the NCASP

To understand the current state of the HIV response in the County, the technical working group reviewed various documents including Nandi County HIV profile, County Integrated Development Plan, County Health Strategic Plan, end term review Report of Kenya National AIDS Strategic Plan 2009 - 2014 and Kenya AIDS Strategic Framework 2014-2019. This enabled the working group to identify the achievements, strengths and weaknesses of the current county HIV response and the pragmatic gaps relevant to the HIV epidemic that need to be addressed under the Nandi County HIV and AIDS Strategic plan (2014-2019).

Alignment to other National and County Strategic Frameworks

The NCASP is not only aligned to the Kenya AIDS Strategic Framework but also to other county and national policy frameworks to ensure it contributes to the county human capital development and achieve sub-county, county and national health and socioeconomic policy objectives. These include:

- a. The Kenya AIDS Strategic Framework (KASF) 2014/2015 - 2018/2019 that is the strategic guide for the country's response to HIV both at national and county levels. It addresses the drivers of the HIV epidemic, mainstreams gender and human

rights in all aspects of the HIV response including planning and service delivery. This framework also provides strategic policy, planning and implementation guidance, resource mobilization and leadership for a coordinated multi-Sectoral response to HIV and AIDS in Kenya. The KASF is also aligned to the regional and United Nations HIV policy frameworks.

- b. The Nandi County Health Sector Strategic and Investment Plan 2014-2018, which outlines the county and sub-county health systems development priorities to ensure effective health service delivery. It also provides policy guidance on human resource for health, procurement and supply of commodities including pharmaceuticals and other medical products; health information systems, health sector governance and leadership and sustainable resource mobilization, which are necessary for implementation of the HIV response.

The Nandi County Integrated Development Plan (NCIDP) 2013-2017, is the County's development strategy highlighting high HIV prevalence and poverty as the major county health, socioeconomic and development challenges, that needs to be addressed for the county to achieve the necessary health and development outcomes.

The Kenya Health Sector Strategic and Investment Plan 2014-2030, which outlines the health and community systems development priorities to ensure effective health service delivery. It also provides policy guidance on health workforce and commodity procurement, and health information systems,

which impact on the delivery of the HIV response. In addition, the health sector leads the implementation of a large proportion of the HIV response

- c. The Kenya Health Policy, 2014–2030 provides guidelines to ensure meaningful improvement in overall status of health in Kenya in line with the Constitution of Kenya 2010, the country's long-term development agenda, Vision 2030 and global commitments. It identifies HIV as the main cause of population morbidity and mortality, which must be addressed by both the county and national government if the country is to achieve its development agenda.

Guiding Principles

The development of the strategic plan is based on the following principles:

Contribution to County health goals and results based planning:

The County HIV programming shall be aligned to NCASP and contribute to achieving universal access to HIV prevention, treatment, care and support in accordance with the county and national goals and targets.

County ownership and Participation:

Public participation approach and social accountability in HIV planning and implementation shall be encouraged. All HIV stakeholders including the county government, development partners, private sector, faith-based organizations and communities of people living with HIV and households affected with HIV shall align their efforts towards the results envisioned.

Evidence-based, high impact and scalable interventions:

In implementing this strategic plan, resource allocation and implementation priority shall be given to high-value, high-impact and scalable initiatives that are informed by evidence.

Multi-Sectoral accountability:

As a cost saving measure and fast tracking of results, the NCASP provides guidance for interventions and results for which multiple sectors are responsible and the County Government will establish/strengthen the accountability.

Rights-based, culturally sensitive and gender transformative approaches:

Access to HIV prevention, treatment, care and support should be recognized as fundamental to realizing the universal right to health, and these guidelines should be implemented based on core human rights and ethical principles. The success of the HIV response is dependent on protecting and promoting the rights of those who are socially excluded, marginalized and vulnerable. At the same time

the interventions must be culturally acceptable and practical. NCASP is founded on a rights-based approach.

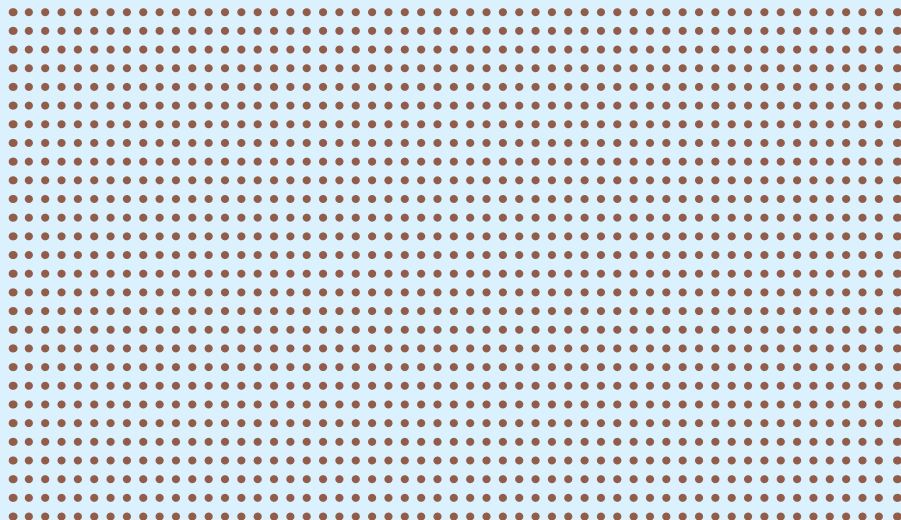
Sustainable financing, efficiency and effectiveness:

Nandi County faces financial constraints, competing priorities and health system constraints. At the same time HIV funding at the County has been mainly by the donors. Given anticipated decline in donor funding, this strategic plan in line with KASF explores sustainable domestic funding options through improved efficiency in service delivery and innovative approaches aimed at achieving more at reduced cost without compromising on quality.

Strengthening County and Community HIV health systems through innovation and learning: HIV services are already being integrated at lower-level of county health facilities given the burden of HIV infection, County HIV programmes will consider undertaking implementation research to determine how best to adopt and adapt these guidelines to their local context and bringing to scale more efficient and effective services.

04.

VISION, GOAL AND OBJECTIVES OF THE NCASP AND STRATEGIC DIRECTIONS



Vision

A competitive county in health service delivery with a healthy and productive population free from new HIV infection, stigma and AIDS related mortality.

Mission

To provide accessible, integrated, rights based evidence-informed and cost effective HIV interventions and services.

Goal

Contribute to achieving zero new infection, stigma and AIDS related mortalities through universal access to comprehensive HIV prevention, treatment and care

Strategic Objectives

1. Reduce HIV new infections by 75 percent in Nandi County.
2. Reduce AIDS related mortality by 50 percent in Nandi.
3. Reduce HIV related stigma and discrimination by 50 percent.
4. Increase domestic financing
5. For a sustainable HIV response to 5 percent.

Strategic Direction 1: Reducing New HIV Infections

KASF Objective	NCASP Results	Priority Interventions Areas	Key Activity
Reduce new HIV infections by 75 percent	Reducing new HIV infections BY 75 percent in the county	<p>Increase coverage of combination HIV prevention interventions</p> <ul style="list-style-type: none"> • Priority populations and geographic locations for an equitable HIV response • Leveraging on different sectors and emerging technologies for HIV prevention 	Conduct innovative HIV prevention and care services

4.0: Strategic Directions and Key Interventions

4.1: Strategic Direction 1: Reducing New HIV Infections

Nandi County is one of the 28 counties clustered under medium HIV incidences. The county health records indicate that 23,800 people in the county live with HIV and AIDS. Among them are 20,800 adults and 2,691 children. On average, the number of HIV new infections is 1300 per annum and is mainly driven by multiple partnerships among heterosexual relations, medium Rates of

discordance, low knowledge of HIV status among those who are HIV infected and low condom use (KAIS, 2012). The epidemic seems to be concentrated among sex workers and their clients, prison populations who are contributing to new HIV infections.

Early diagnosis of HIV through HIV Testing and Counselling, initiation and retention in treatment are essential for viral suppression and reduction of new HIV infections. The goal of this SD is to identify a combination of intervention measures so as to reduce the number of new infections in the county.

Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ Sub-County	Responsibility
Innovative HIV testing and counselling (HTC) models	General population	County	County, implementing partners
Linkage of those testing HIV positive to care and early ART initiation			
Prevention and management of co-infections and co-morbidities			
<ul style="list-style-type: none"> Support and ensure safe circumcision practices among the traditionally circumcising Communities. Offer gender based violence care services including post exposure prophylaxis (PEP) for survivors. 			
Utilize the County Website to create awareness on HIV AND AIDS	General population	County	County, implementing partners
Conduct HTC to partners and families of HIV positive clients			
Alcohol and drug abuse support services			
Identification and Categorization of priority and bridging populations (including sero discordant couples), young girls and Women and children and pregnant women living with HIV	Priority groups	County	County, implementing partners

KASF Objective	NCASP Results	Priority Interventions Areas	Key Activity
Reduce new HIV infections by 75 percent	Reducing new HIV infections BY 75 percent in the county	<ul style="list-style-type: none"> • Priority populations and geographic locations for an equitable HIV response • Leveraging on different sectors and emerging technologies for HIV prevention 	Conduct innovative HIV prevention and care services
		Maximize efficiency in service delivery through integration	Strengthen integrated service delivery

Sub-Activity/ Intervention	Target Population	Geographic Areas by County/ Sub-County	Responsibility
Conduct trainings in and out of schools on behavior change	In and out of school youth	County	County, implementing partners
Initiate programs to delay sexual debut among the young	Youth	County	County, implementing partners
Provide key commodities such as lubricants and condoms to key populations	KPs	County	County, implementing partners
Conduct regular outreaches	General population	County	County, implementing partners
Offer youth-friendly clinical services	Youth	County	County, implementing partners
Scale up STI management	General population	County	County, implementing partners
Identify hotspots in the county and establish surveillance mechanism focusing on the hotspots	Geographical locations	County	County, implementing partners
Initiate IGAs for Key and vulnerable populations	KPs	County	County, implementing partners
Eliminate Health Sector HIV transmission	Health facilities		
Integrate ANC,early infant diagnosis with immunization services	Infants, pregnant and lactating mothers	County	County, implementing partners
Upscale ART uptake to all HIV+ pregnant, lactating mothers and infants			
Integrate eMTCT with MNCH services including beyond zero mobile clinic			
<ul style="list-style-type: none"> Leverage opportunities in other sectors at county level to implement evidence-based HIV prevention strategies. Targeted sectors include: Transport, media, mobile and web technology, education, tourism and hotels including bar, lodging, micro-finance, law, order and justice sectors 	All Sectors in county	County	County, implementing partners
Deliver integrated HTS and other packages which includes: TB screening, family planning services, cervical cancer screening, and other risk-reduction services (counselling, condoms with lubricants, STI screening) for priority population	Health facilities	County	County, implementing partners
Strengthen facility-based PITC	General population	County	County, implementing partners
Deliver routine community-based HTS for priority and key populations			

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

According to Nandi County HIV statistics (2015), 1372 people died from AIDS-related deaths. ART adult coverage stands at 82 percent. There is disproportionately lower coverage of ART in children (39 percent) in Nandi County (County HIV estimates, 2014). There is need to ensure universal access to treatment, care and support for all persons living with HIV in the county. This is addressed by SD 2.

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

KASF Objective	NCASP Results	Priority Interventions	Key Activity	
Reduce AIDS related mortality by 25 percent	Reduce AIDS related mortality by 50 percent in Nandi	<ul style="list-style-type: none"> ▪ Improve timely identification and linkage to care for persons diagnosed with HIV ▪ Increase coverage of care and treatment with a particular focus on reducing the loss in the cascade of care 	Enhance enrolment to care and treatment within 3 months of HIV diagnosis to 90percent for children, adolescents and adults	

Sub-Activity/Intervention	Target Population	Geographic areas by County/sub-county	Responsibility
Awareness campaigns and treatment literacy that is age and population specific and appropriate	General population	County	County, implementing partners
Strengthen facility and community linkages with inter- and intra- facility referral protocols and linkage strategies	PLHIV		
Ensure the identified gaps in HIV prevention and treatment cascade are addressed Immediately			
Integrate HTS, care and treatment services into maternal, neonatal and child health settings and services	Pregnant women and infants		
Scale up integrated youth friendly services	Youth,	County	County; Implementing partners
Utilize peer support and networks of adolescents living with HIV	Adolescents		
Utilize the county web page and social media for education , recruitment and care	General population	County	County government, implementing partners
Enhance peer mobilization strategies for recruitment, enrolment and retention in care and extend flexible timings for care	KPs; vulnerable populations	County	
Integrate alcohol and drug dependence reduction strategies in care services			
Provide screening and diagnostic equipment for TB, NCDs, malnutrition, opportunistic infections together with those for HIV	PLHIV		
Scale up prevention interventions for TB, OIs and other co-morbidities, water and sanitation related diseases, vaccinations for preventable diseases	General population		
Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies	Healthcare workers		
Use integrated and decentralized HIV delivery models that increase access to care and treatment at community and other non-ART service points	PLHIV	County	County government, implementing partners
Enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure interventions with full involvement of Civil Society and communities, especially PLHIV	PLHIV		

KASF Objective	NCASP Results	Priority Interventions	Key Activity
Reduce AIDS related mortality by 25 percent	Reduce AIDS related mortality by 50 percent in Nandi	<ul style="list-style-type: none"> ▪ Improve timely identification and linkage to care for persons diagnosed with HIV ▪ Increase coverage of care and treatment with a particular focus on reducing the loss in the cascade of care 	Enhance enrolment to care and treatment within 3 months of HIV diagnosis to 90percent for children, adolescents and adults
		Scale up interventions to improve quality of care and improve health outcomes	
		Scale up nutrition interventions to improve nutrition status and improve health outcomes	

Sub-Activity/Intervention	Target Population	Geographic areas by County/sub-county	Responsibility
Provide care givers with HIV education, literacy and empowerment	Caregivers	County	County government, implementing partners
Integrate HIV care treatment into youth friendly services	Youth		
Scale up the Ministry of Education programme for HIV education and treatment literacy, adherence and retention	School going children		
Use technology and social media to facilitate retention and adherence	PLHIV		
Standardize methodologies for disclosure by and to adolescents living with HIV	Adolescents		
Scale up key population friendly HIV care and treatment services with peer mobilization and support	KPs		
Reduce HIV stigma and discrimination to increase access to care and treatment	PLHIV		County government, implementing partners
Strengthen capacity of health department to monitor quality of care and utilize care data for decision making	Health care workers/facilities		County government, implementing partners
Conduct continuous health worker trainings	Healthcare workers		County government, implementing partners
Scale up use of Electronic Management Records	Health facilities		County government, implementing partners
Conduct periodic surveys and cohort analysis	General population		County government, implementing partners
Strengthen commodity supply system and ensure continuous supply of HIV commodities	PLHIV		County government, implementing partners
Monitor periodically adherence and disclosure	PLHIV		County government, implementing partners
Conduct follow-ups and use DOT strategy	PLHIV		County government, implementing partners
Strengthen laboratory networks	Health facilities, General population		County government, implementing partners
Establish systems to assure quality and monitor adherence to laboratory protocols	General population		County government, implementing partners
Continuously monitor viral loads	PLHIV	County government, implementing partners	
Reduce turnaround time for results and feedback	General population	County government, implementing partners	
Promote age and population specific treatment education in community and other non-health facility based settings		County government, implementing partners	
Use innovative mobile and web-based technology to increase adherence and follow-up options		County, implementing partners	
Scale up use of people living with HIV peer support strategies			
Initiate nutrition programmes for PLHIV			

4.3: Strategic Direction 3: Using a Human Rights Approach to Facilitate Access to Services for PLHIV, Key Populations and other Priority Groups in all Sectors

Article 27 of the Constitution of Kenya 2010, outlaws discrimination on the basis of one’s health status, promotes equality between men and women and allows the use of affirmative action to redress past discrimination. Kenya HIV and AIDS Prevention and Control Act, 2006, provides the legal framework to address HIV providing for protection and promotion of public health, the appropriate treatment, counselling, support and care of persons infected or at risk of HIV infection. Access to justice is embedded in the establishment of the HIV and AIDS Tribunal.

Strategic Direction 3: Using a Human Rights Approach to Facilitate Access to Services for PLHIV, Key Populations and other Priority Groups in all Sectors

KASF Objective	NCASP Results	Priority Interventions	Key Activity	
An enabling legal and policy environment necessary for a robust HIV response at the national and county level to ensure access to services by persons living with HIV	Reduce HIV related stigma and discrimination by 50 percent	Remove barriers to access of HIV, SRH and rights information and services in public and private entities	Sensitization of General public and targeted population through anti-stigma awareness campaigns	
		Improve County legal and policy environment for protection of priority and key populations and people living with HIV	Strengthen legal and policy environment	
		Monitoring and Evaluation for stigma and discrimination and GBV	Establish stigma and discrimination levels and GBV	

Persons living with HIV in Nandi County experience stigmatization and discrimination (a stigma index of 46 percent) which are barriers to HIV prevention and uptake of care and treatment services. The high stigma levels impact on disclosure and adherence to treatment, particularly among key and priority populations. SD 3 outlines a number of strategies to be implemented at the county with the aim of reducing the stigma levels.

	Sub-Activity/Intervention	Target Population	Geographic Areas by County/ sub- county	Responsibility
	Sensitize health care workers on reducing stigmatizing attitudes in healthcare settings.	Healthcare workers	County	County government, implementing partners
	Utilize key population peer groups to enhance uptake of services	PLHIV	County	County government, implementing partners
	Implement programmes aimed at reducing stigma and discrimination against infected and affected individuals and families	PLHIV		
	Integrate HIV information and encourage service uptake in religious teachings	Religious leaders		
	Encourage religious leaders to promote acceptance of priority population as part of community for increased service uptake			
	Utilize persons living positively to campaign against HIV-related stigma and discrimination	PLHIV	County	County government, implementing partners
	Conduct anti-stigma and anti-discrimination campaigns through the media	General population		
	Initiate community programmes aimed at changing harmful gender norms, negative stereotypes and concept of masculinity			
	Educate communities on gender and legal issues			
	Implement programmes aimed at reducing stigma	General population		
	Sensitize law and policy makers on the need to enact laws, regulations and policies that prohibit discrimination and support access to HIV prevention, treatment, care and support.	County leadership		County government, implementing partners
	Enforce policies to protect priority populations when accessing HIV and health services and Sensitize health care workers to reduce stigmatizing attitudes in healthcare settings Implement HIV workplace programmes for law makers and enforcers	County leadership	County	County government
	Undertake legal literacy programmes to teach those who are living with or affected by HIV about human rights and county laws relevant to HIV.	PLHIV	County	County government, implementing partners
	Conduct county stigma index survey in both health care settings and community.	General population	County	County government, implementing partners
	Conduct a county baseline survey to document the magnitude and nature of human rights violation and gender disparities in the context of HIV			

4.4: Strategic Direction 4: Strengthening Integration of Community and Health Systems

Improvement in general health and HIV response outcomes requires integration of community and health systems. Nandi County has a total of 165 active health facilities. 23 of these facilities are ART sites, 145 are PMTC sites and on 43 are HIV treatment sites. Generally, there is inadequate integration of HIV services in primary health care, including mother and child

Strategic Direction 4: Strengthening Integration of Community and Health Systems

KASF Objective	NCASP Results	Priority Interventions	Key Activity
Build a strong and sustainable system for HIV service delivery through specific health community systems approaches, actions and interventions to support the HIV response	Improved health workforce for HIV response at county and sub-county levels	Build a competent, motivated and adequately staffed workforce at County levels to deliver HIV services integrated in the essential health package	Improve quantity and quality of staff in the county
	<ul style="list-style-type: none"> ▪ Build a strong and integrated health service delivery system ▪ Strengthened HIV commodity Management 		Strengthen and integrate health service delivery system
		Strengthen health service delivery system at county levels for the delivery of HIV services integrated in the essential health package	

health and sexual and reproductive health services at the county. The county has sustained investments in health and community systems, especially human resources, pharmaceutical and laboratory infrastructure. Prevention and treatment programmes and policies also need to be more sensitive to the needs of the poor and vulnerable populations, including key populations. Finally a sustained and effective County response strategy needs stable and predictable funding.

Sub-Activity/ Intervention	Target Population	Geographic areas by County/ Sub- county	Responsibility
Recruitment and redistribution of staff by the County government to improve the overall staff: population ratio in line with the Kenya Staffing Norms Capacity building, performance review and motivation of competent and skilled health care workers in all tiers Task sharing and mentorship for skills transfer	Healthcare workers	County	County government, implementing partners
Improve the human resource performance management system to ensure efficient and effective use of available human resources in delivery of health services. Support the development /revision of Health Resource Development Plan to guide HR needs of the health sector Take into account additional needs to provide HIV prevention, treatment and care	Human Resource	County	County government
Integrate HIV services in primary health care services, including hospital services, to allow meaningful and routine engagement of all cadres of health personnel in HIV prevention, treatment and care service provision	Health care facilities	County	County government, implementing partners
Adoption of strategies to make comprehensive HIV services more accessible to key populations.	KPs		
Integration of HIV referral and linkage services into mainstream health service referral and linkage network including community linkages.	Healthcare facilities		
Upgrading of health facility infrastructure to meet basic standards for HIV services provision.			
Training community health volunteers to streamline health issues in the community including defaulter tracing	Community health volunteers		

KASF Objective	NCASP Results	Priority Interventions	Key Activity
<p>Build a strong and sustainable system for HIV service delivery through specific health community systems approaches, actions and interventions to support the HIV response</p>	<ul style="list-style-type: none"> ▪ Build a strong and integrated health service delivery system ▪ Strengthened HIV commodity Management 	<ul style="list-style-type: none"> ▪ Improve access to and rational use of quality essential products and ▪ Technologies for HIV prevention, treatment and care services <p>Strengthen community service delivery system at county levels for the provision of HIV prevention, treatment and care services.</p>	<ul style="list-style-type: none"> ▪ Strengthen commodity management and supply chain monitoring ▪ Build a strong community service delivery system

Sub-Activity/ Intervention	Target Population	Geographic areas by County/ Sub- county	Responsibility
Strengthen HIV commodity management and supply chain monitoring at county and health facilities level including pharmacovigilance (drug safety) and post marketing surveillance (PMS)	Healthcare workers	County	County government
Promote timely forecasting and quantification and periodic supply/procurement planning for HIV commodities.	Healthcare workers/facilities		
Infrastructural support for effective distribution and appropriate storage at county and health facility level.			
Promote appropriate prescription practices and rational use of HIV commodities			
Develop a robust LMIS to facilitate timely collection and transmission of quality commodity consumption and stock status data that is integrated into the HMIS			
Provide adequate and functional HIV diagnostic equipment (VL, CD4. . .) that are well maintained (service contracts) and adoption of new technologies e.g. point of care CD4, self testing	Healthcare facilities	County	County government, implementing partners
Introduction of facility based IT systems to manage and monitor HPT supplies and linked to national and county MOH information System	General population		
Review and strengthen laboratory systems for effective diagnosis and monitoring of ART, especially for early toxicities and treatment failure			
Decentralization of HIV services including laboratory networks to all health facilities especially the lower level tiers			
Form and sustain CUs	CUs	County	Implementing partners
Strengthen governance and leadership for community and workplace health actions at all levels	CUs and workplaces		Implementing partners
Strengthen institutional capacity for implementation of community and workplace actions and services at all levels	General population		
Empower communities and workplaces to ensure improved capacity and capability to take charge of their health	Community and workplaces		
Articulate an integrated, comprehensive and quality community and workplace health package for HIV prevention, treatment and care	General population	County	Implementing partners
Promote adoption of established standards for guiding community and workplace health implementation and practice	Community and workplaces	County	Implementing partners

4.5: Strategic Direction 5: Strengthening research and innovation to inform the NCASP goals

Nandi County relies heavily on data and information obtained from national researches and surveys such as Kenya Demographic Health Surveys, Kenya AIDS Indicator Surveys and Kenya National AIDS Spending Assessment as well as local researches conducted by partners among them, KEMRI/WRP, ICL, (OLEMILA and KABUITO). There is, however, inadequate dissemination and weak implementation of the research findings in the county. There is limited capacity to

Strategic Direction 5: Strengthening research and innovation to inform the NCASP goals

KASF Objective	NCASP Results	Priority Interventions	Key Activity
To strengthen Research, Innovation and Information Management	Increased evidence-based planning and programming	Evidence-based planning and use of implementation science outcomes to optimize programming and policy changes	County HIV Research Agenda
		Resourcing and implementing HIV research agenda	Mobilize Resources to implement an HIV research agenda informed by NCASP

conduct research and inadequate funding. There are still research gaps in understanding drivers of the epidemic by populations and geography; in developing county specific stigma index in evaluating effectiveness and efficiency of various interventions in addition to the effectiveness of proven efficacious biomedical interventions and technologies in the county. Additionally, data and research on social determinants of health and their impact on HIV incidence and mortality are scanty.

Sub-Activity/Intervention	Target Population	Geographic areas by County/Sub- county	Responsibility
Establish standing or ad hoc research committees to identify county research priorities, determine policy changes from existing research and disseminate findings	Research Committee	County	County government
Conduct targeted operational research on HTS.	Research stakeholders	County	County government, implementing partners
Undertake county specific baseline surveys			
Invest in capacity development within responsible agencies for research reviews, collation	Research committees and agencies	County	County government, implementing partners
Develop and disseminate regular review of papers on key research findings, local innovations, systematic reviews and their policy, funding and practice implications.	Research stakeholders	County	County government, implementing partners
Investigate less adherent dependent and cost-effective prevention technologies (such as microbicides, preventive and therapeutic vaccines and cure), long-acting PrEP and PEP, and ARVs for treatment; interaction of HIV with non-communicable diseases and geriatric diseases; better treatment for children and the elderly living with HIV	County research committee and research agencies	County	County government, implementing partners
Strengthen synergies between HIV research and other disease and development areas	Research stakeholders	County	County government, implementing partners
Encourage research and utilization of research findings	Research stakeholders	County	County government, implementing partners
Advocate for resource allocation from the consolidated funds across the relevant sectors in the County and National budget			
Promote public-private partnerships to conduct and fund research			
Promote partnership with learning Institutions to prioritize HIV sector research needs			

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

Monitoring and evaluation is necessary for achievement of the NCASP and therefore a priority in the implementation of the plan. Strengthening Monitoring and Evaluation systems in the county will improve data quality as well as enhance demand and use of data for decision making.

Further, Constitution requires participation of the people in decision making; transparency and accountability among other elements of good governance and stewardship.

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

KASF Objective	NCASP Results	Priority Interventions	Key Activity	
To renew focus on improving data quality, demand, access and use of data for decision making at county and health facility levels	Strengthened and integrated M&E Information Systems at the County Level and providing comprehensive information package for decision making	Strengthen M & E capacity to effectively track NCASP performance and the HIV epidemic at county levels and across sectors	Strengthen M&E information system	
		Ensure harmonized, timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data as per county and sector priority information needs.	Enhance data management, reporting and coordination	

Monitoring and evaluation of county multi-Sectoral response to HIV and AIDS continues to rely on a variety of systems; data sources, routine, periodic collection and collation systems, which are supported and maintained by various stakeholders. There is need to strengthen the existing county level M&E system so as to make it more flexible to respond to the data needs of the county government, and to facilitate generation of high quality and timely strategic information for HIV response at all levels

Sub-Activity/Intervention	Target Population	Geographic areas by County/sub- county	Responsibility
Establish and strengthen functional multi-Sectoral HIV M&E co-ordination structure and partnerships at county levels	County Implementing partners	County	County government
Conduct M&E capacity assessment and capacity development			
Develop comprehensive HIV M&E systems guidelines, tools and standards for operating.	M & E unit	County	County government
Conduct periodic data quality audits, verification and support supervision	M&E unit	County	County government
Comply with global, regional, national and county HIV reporting obligations and Strengthen routine and non-routine HIV information systems.	Implementing partners and agencies	County	County government, implementing partners
Strengthening on-line reporting, other data transmission technologies and utilization of electronic medical records			
Improve data quality in terms of timeliness and completeness of M&E reports from various sub-systems			
Conduct regular evaluations of the HIV prevention and treatment cascade at the county level to gauge programme effectiveness	M & E unit	County	County government, implementing partners
Conduct mid-term and end-term review of the NCASP			
Put in place sustainable financing for HIV M&E planned activities.	County government	County	

4.7: Strategic Direction 7: Increasing Domestic Financing for Sustainable HIV Response

Approximately 99 percent of Nandi County AIDS response is externally funded by development partners mainly USAID-AMPATH (Eldoret) and PEPFAR-WRP (Kericho). This is on a decreasing trend thus calling for increased domestic funding so as to ensure adequate funding for County HIV response which will cost approximately 70.35 US\$. Moreover, the dwindling resources available for HIV programming call for smarter investments of every shilling where it will have the greatest impact and in the most efficient way.

Strategic Direction 7: Increasing Domestic Financing for Sustainable HIV Response

KASF Objective	NCASP Results	Priority Interventions	Key Activity
Increase domestic financing by 50 percent	Increase domestic financing for a sustainable HIV response to 5 percent	Promote innovative and sustainable domestic HIV financing options	Initiate innovative means of domestic funding
		Align HIV resources/investment to the Strategic Plan priorities	Invest in HIV and AIDS priority areas
		Maximize efficiency of existing delivery options for increased value and results within existing resources	Encourage efficient service delivery

Sub-Activity/Intervention	Target Population	Geographic areas by County/sub-county	Responsibility
<p>Engage with the county stakeholders to lobby for increased domestic financing</p> <p>Initiate an annual AIDS lottery program.</p> <p>Strengthen public private partnership engagement at all levels at the county and sub-county through regular PPP forums</p> <p>Introduce skip-a-lunch initiatives in institutions</p>	County stakeholders	County	County government, implementing partners
Develop a HIV investment criteria for resource allocation to HIV response programs in the county	County stakeholders	County	County government, implementing partners
<p>Collaborate with development partners in HIV forum to facilitate alignment with NCASP and facilitate quantification of county resource needs through relevant information on county support</p> <p>Facilitate implementation of deliberate measures to unblock the financial, human, infrastructural, institutional (within the health system) and structural (outside the health system) bottlenecks that impact absorptive capacity to financing HIV programmes</p>	County stakeholders	County	County government, implementing partners

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

Due to shrinking resources, there is increased call for ownership of the HIV response by the county. County ownership of the HIV response has been identified as including: A strong political engagement and inclusive leadership; full engagement of civil society, communities and people living with HIV; high quality strategic information; robust county strategic plans with smart investment decisions; strong partnership with a shared responsibility and mutual accountability; effective co-ordination, capacity development and integration of HIV into health and county development strategies.

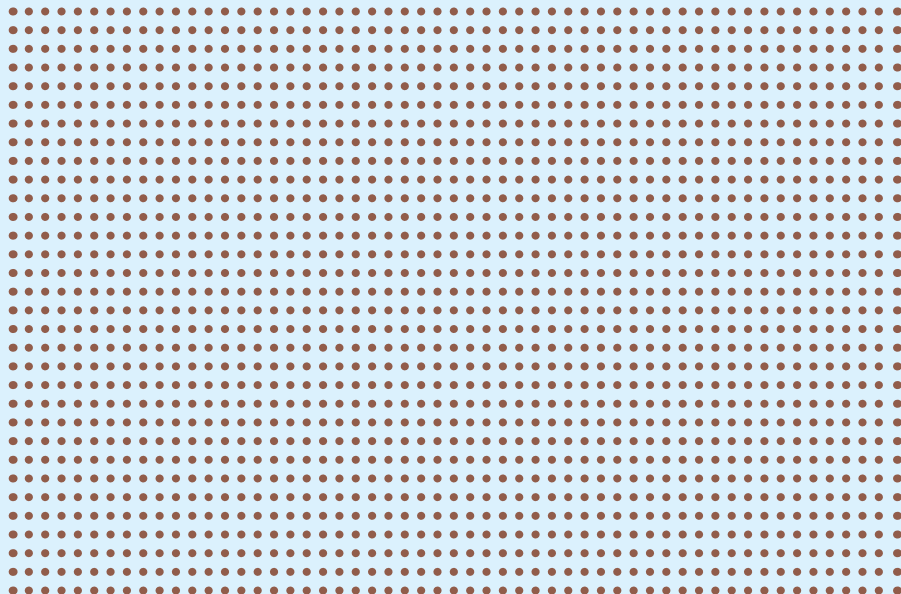
Strategic Direction 8: Promoting accountable leadership for delivery of the NCASP results by all sectors and actors

KASF Objective	NCASP Results	Priority Interventions	Key Activity	
Promote good governance practices	Good governance practices and accountable leadership for HIV and AIDS response in the county	Build and sustain high level political and technical commitment for strengthened country and county ownership of the HIV response	Enhance County ownership and engagement in HIV response	
		Establish and strengthen functional and competent HIV co-ordination mechanism at the county level	Establish and operationalise HIV coordination mechanism	

	Sub-Activity/Intervention	Target Population	Geographic areas by County/sub- county	Responsibility
	Conduct sensitization forum for county assembly and the public to incorporate HIV activities during public participation forum and the county budgeting process	County Assembly; public	County	County government, implementing partners
	Provide in County assembly programme a special session on the state of HIV and AIDS in Nandi County and its efforts towards ZERO new infection, stigma and AIDS related deaths.			
	Entrench good governance and strengthen multi-sector and multi-partner accountability to delivery of NCASP results			
	Develop and implement systems that strengthen good governance of the HIV response and build capacity of partners for resource management and accountability through institutionalized technical support mechanisms.		County	County government
	Establish a NCASP monitoring committee to oversee tracking of progress towards desired targets	M&E unit	County	County government

05.

MULTI-SECTORAL
IMPLEMENTATION
ARRANGEMENTS



Nandi County is clustered to be bearing medium burden of HIV in the country. For effective, fast tracked and sustainable response, the county not only needs resource mobilization strategy but also to effectively involve key stakeholders to implement the plan and raise resources. The focus of this HIV strategy will be on three key aspects;

1. Smart financing that prioritizes investment in evidence-based, high-impact HIV interventions including prevention, testing and treatment targeting youth and delivered in an efficient, results-focused manner.
2. Scaled financing- This will be achieved through adoption of an integrated resource mobilization strategy, which will combine local domestic financing, government budget allocation, development partners and private sources in a synergistic way to secure the requisite financing to deliver activities planned for the strategic period 2015 – 2019.
3. Sustainable longer-term financing strategies bearing in mind the burden of HIV, devolution of health services and secure fast tracked

achievement of universal access to HIV services and universal health care. In addition, accountability and integrity in resource use will be enforced.

The Nandi County Government will thus continue to strengthen its financial and human resource systems to achieve and maintain a conducive and attractive environment for optimal participation of all stakeholders.

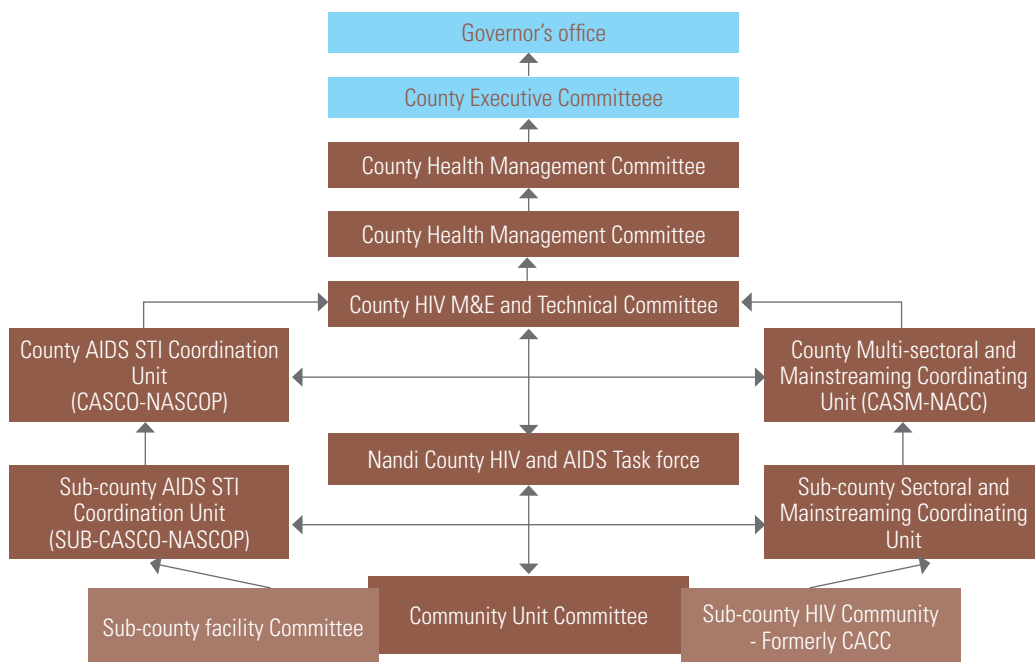
Attainment of NCASP targets will be closely monitored by HIV Committee that will be answerable to the County Health Director. Regular reporting on the progress will be ensured and the feedback acted upon.

The County in liaison with partners will avail funds for ensuring that the above NCASP monitoring functions is achieved. Periodic consultative stakeholder forums shall be held to review and seek opinions and inputs from County residents. All this is expected to ensure NCASP sustainability. The plan will strive to promote public private partnership in order to compliment external, national and the county government’s funding for HIV and AIDS interventions.

Recommended functions of various county units in the HIV response

County Entity/Unit	Composition	Functions
Governor’s Office	Governor’s Office	Overall leadership and administrative issue on HIV AIDS among other health programs
County Executive Committee	Governor’s office and CECs	Mobilization of resources for HIV response
County HIV Committee	CEC and multi sectoral representation	Advises County Executive on HIV matters
County Health Management Team	CHD	Oversee direct implementation of HIV and Health programs
County KASF M&E and Technical Committee	CACC/CASCO and CHRIO	Track success of KASF and CASP
County AIDS/STI Coordinating Unit (CASCO-NASCOP)	CACC/CASCO	Track success of KASF and CASP
County AIDS Community Sectoral Mainstreaming (CASM-NACC) Unit	CASM	Create demand
County HIV and AIDS Task force (ICC)	TWGs	Operationalization and providing guidance on routine work
Sub County AIDS/STI Coordinating Unit(Sub-CASCO)	SCASCO	Coordinating & providing technical assistance on HIV/AIDS activities
Sub County AIDS Community and Sectoral and Mainstreaming Coordinating Unit (SCACC)	SCACC	Coordinate community response and facilitating demand creation for HIB services

Figure 5.1: Implementation structure



County HIV Committee: Accountable to the governor for the performance of their functions and the exercise of their powers on matters relating to HIV. This committee shall be responsible for the effective delivery of the HIV response at the county level. The committee shall be co-chaired by the County Health Executive and the County Director of Health with membership from the sub-county HIV committees, HIV partners, implementers, PLHIV and the special interest groups in the county.

County HIV Co-ordination Unit: This will be the responsibility of the NACC Secretariat at the county level. The unit shall co-ordinate the day-to-day implementation of the strategic framework and the NCASP and will work very closely with the County Health Management Team and the various Ministries departments

at the county level with a direct link with the NACC Secretariat at the National level.

NCASP Monitoring: It shall comprise sub-committees of the five Strategic Direction areas of Prevention, Treatment, Human Rights, Systems Strengthening and Research. These sub-committees shall themselves comprise technical persons and institutions responsible for different areas. The Public Sector Working Groups (education, agriculture, mining & extractive, tourism, justice, law and order, transport, prisons, universities, labour & social security): shall facilitate and monitor actions and results outlined in the KASF for other sectors. The Performance Contracting mechanism shall be strengthened. In particular, NASCOP shall be responsible for the results of biomedical interventions in the KASF.

HIV ICC Committee: Shall comprise of

the various Stakeholder Working Groups at the county representing the various constituencies like CSOs, FBOs, Youth, PwD and PLHIV.

Sub-county HIV and AIDS Coordinating Committees (SCACCs)

Their Roles will include: Stakeholder mobilization to respond to HIV issues in the community, Monitor community’s response to HIV issues and submit biannual reports to the HIV Committee, Receive and disseminate appropriate national and county policies, guidelines and strategies on HIV & AIDS and Account for any funds advanced to the SCACC.

Reporting Mechanisms

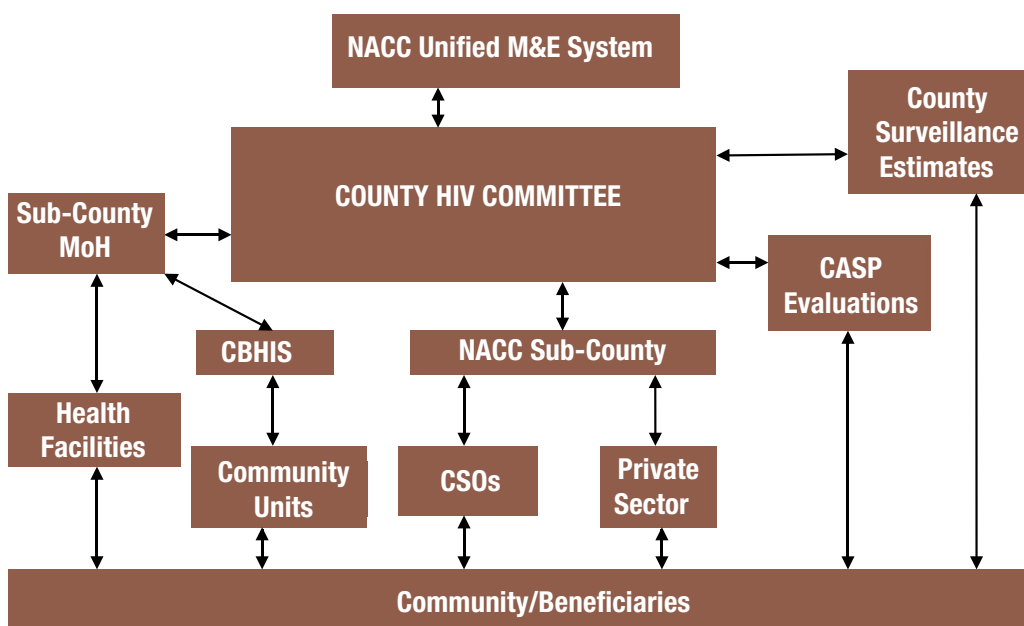
County response to the evolving HIV epidemic is largely influenced by strong commitment to availing quality and quantitative

data in a timely manner for effective evidence – informed decision making and documentation of best practice.

The County HIV and AIDS Committee will establish and oversee a common HIV database to ensure information is generated, managed and shared in a coordinated manner.

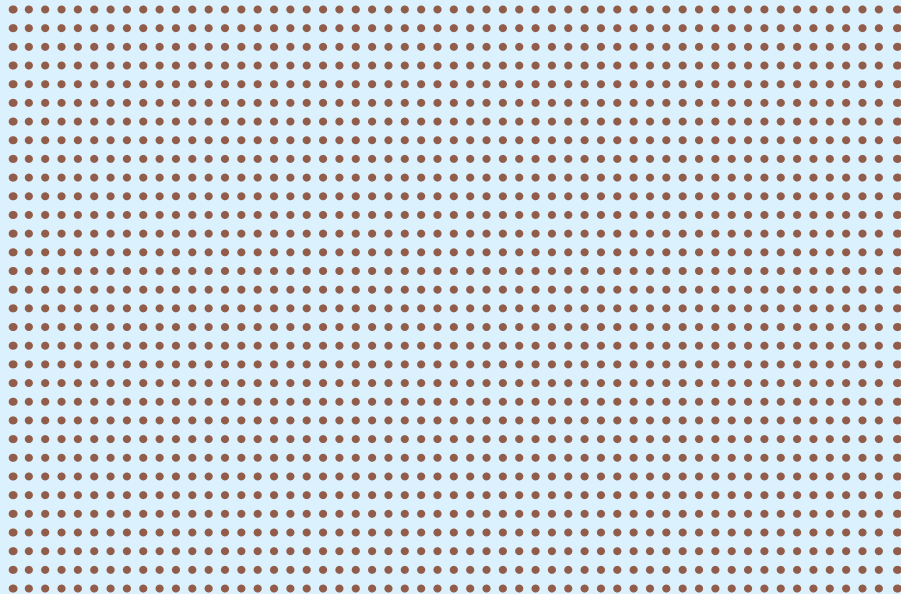
The County reporting and coordination of HIV and AIDS activities will include all activities from planning, implementation, monitoring and evaluation for proper documentation in all programmatic activities, data from the community health units, health facilities, private and public sector, state and non-state actors and faith based institutions and organizations. The reporting and coordination will be web based to allow access by both the national and county levels.

Figure 5.2: Nandi County HIV & AIDS Response Data and Information Flow Chart Diagram



06.

RISK
MANAGEMENT



Risk Management Plan

RISK CATEGORY	RISKS	STATUS	MITIGATION	RESPONSIBILITY	WHEN
Financial	Inadequate prudent utilization of available resources	Medium	Initiate resource utilization transparency, accountability mechanisms and enforce corruption eradication processes.	County Government, National Government.	Y1
	Low resources allocation to the HIV sub-sector especially for key structural and behavioural interventions such as stigma reduction.	High	Lobby for an increased resource allocation to support implementation of the NCASP.	County Government, County Assembly	Continuous
			Initiate local resource mobilization strategies through an elaborate PPP strategy, among others	County Government	Continuous
Legislation	Un-conducive legal, policy environment of HIV programming	High	Legislate, amend or repeal laws, clauses that impede implementation of the CASP	County Government, County Assembly.	Continuous
Political	Less prioritization of HIV/Health delivery due to political changes	High	Lobby for a commitment by all politicians for a policy of non-interference and continued prioritization of HIV/ Health service delivery despite political changes in office bearers.	CHC	Continuous

ANNEXES

Annex 1: Results Matrix

KASF Objective	NCASP Results	Key Activity	Indicators	Baseline & Source	Mid Term Target	End Term Target
Strategic Direction 1: Reducing New HIV Infections						
Reduce new HIV infections by 75 percent	Reducing new HIV infections BY 75 percent in the county	Conduct innovative HIV prevention and care services	HIV incidence in the county	1639 (County records)	40 percent	75 percent reduction
Strategic Direction 2: Improving Health Outcomes and Wellness of all People Living with HIV						
Reduce AIDS related mortality by 25 percent	Reduce AIDS related mortality by 50 percent in Nandi	Implement the 90-90-90 strategy	Percentage of newly diagnosed HIV infected persons linked to care within 3 months	-	50 percent	90 percent
			Percentage of children 0-9years on ART	39 percent	45 percent	90 percent
			Percentage of adolescents on ART	-	50 percent	90 percent
			Percentage of adults on ART	82 percent	90 percent	100 percent
			Percentage of identified HIV infected pregnant women started on HAART	-	50 percent	90 percent
			Percentage of children 0-9years retained on ART at 12 month	-	50 percent	90 percent
Reduce AIDS related mortality by 25 percent	Reduce AIDS related mortality by 50 percent in Nandi	Implement the 90-90-90 strategy	Percentage of adolescents retained on ART at 12 month	-	45 percent	90 percent
			Percentage of adults retained on ART at 12 month	-	70 percent	90 percent
			Percentage of children 0-9years virally suppressed	-	50 percent	90 percent
			Percentage of adolescents virally suppressed	-	70 percent	90 percent
			Percentage of adults virally suppressed	-	70 percent	90 percent

KASF Objective	NCASP Results	Key Activity	Indicators	Baseline & Source	Mid Term Target	End Term Target
Strategic Direction 3: Using a Human Rights Approach to Facilitate Access to Services for PLHIV, Key Populations and other Priority Groups in all Sectors						
An enabling legal and policy environment necessary for a robust HIV response at the national and county level to ensure access to services by persons living with HIV	Reduce HIV related stigma and discrimination by 50 percent	Sensitization of general public and targeted population through anti-stigma awareness campaigns	Stigma and Discrimination Index	46 percent	25 percent reduction	50 percent reduction
		Establish GBV levels among PLHIV, KPs	Number of GBV cases	None	25 percent	50 percent reduction
Strategic Direction 4: Strengthening Integration of Health and Community Systems						
Build a strong and sustainable system for HIV service delivery through specific health community systems approaches, actions and interventions to support the HIV response	Improved health workforce for HIV response at county and sub-county levels	Increase quantity and enhance quality of staff in the county	Percentage of health workforce trained on HIV management	-	50 percent	100 percent
		Build a strong and integrated health service delivery system	Strengthen and integrate health service delivery system	Percentage of lower tier health facilities providing HIV services	-	50 percent
	Strengthen commodity management and supply chain monitoring		Percentage of functional Community Units and CSOs in place	-	70 percent	100 percent
			Percentage of months with HIV commodity stock outs per year	-	0 percent	0 percent

KASF Objective	NCASP Results	Key Activity	Indicators	Baseline & Source	Mid Term Target	End Term Target
Strategic Direction 5: Strengthening Research and Innovation to Inform the Nandi County AIDS Strategic Plan Goals						
Identification and implementation of high impact research priorities, innovative programming and capability and capacity strengthening to conduct research	Increased evidence-based planning and programming by 20 percent	County HIV Research Agenda	A functional research committee in place	1	1	100 percent
			Percentage of county staff trained on operation research	-	50 percent	70 percent
	Resourcing and implementing HIV research agenda	Mobilize Resources to implement an HIV research agenda informed by NCASP	Percentage of allocation to HIV research agenda	-	50 percent	100 percent
Strategic Direction 6: Promoting Utilisation of Strategic Information for Research and Monitoring and Evaluation (M&E) to enhance Programming						
To renew focus on improving data quality, demand, access and use of data for decision making at county and health facility levels	Strengthened and integrated M&E Information Systems at the County Level and providing comprehensive information package for decision making	Strengthen M&E information system	An integrated M&E hub in place	-	1	1
	Ensure harmonized, timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data as per county and sector priority information needs.	Enhance data management, reporting and coordination	Mid-term and End-term M&E reports	0	1	2

KASF Objective	NCASP Results	Key Activity	Indicators	Baseline & Source	Mid Term Target	End Term Target
Strategic Direction 7: Increasing Domestic Financing for Sustainable HIV Response						
Increase domestic financing by 50 percent	Increase domestic financing for a sustainable HIV response to 5 percent	Initiate innovative means of domestic funding	Percentage of total HIV funding resourced domestically	1 percent	25 percent	50 percent
	Align HIV resources/ investment to the Strategic Plan priorities	Develop a HIV investment criteria for resource allocation to HIV response programs in the county	Investment criteria in place	0	1	1
Strategic Direction 8: Promoting Accountable Leadership for Delivery of the Nandi County AIDS Strategic Plan Results by all Sectors and Actors						
Promote good governance practices	Good governance practices and accountable leadership for HIV and AIDS response in the county	Enhance County ownership and engagement in HIV response	Number of initiatives geared towards good governance and accountability	1	TBD	TBD
			Percentage of submitted quarterly stakeholder forum reports	-	50 percent	100 percent quarters
	Establish and strengthen functional and competent HIV co-ordination mechanism at the county level	Establish and operationalise HIV and AIDS coordination mechanism	Operational HIV coordination mechanism in place	-	1	1

Annex 2: Resource Requirements for NCASP

The total gross resource requirement is computed based on the number of PLHIV in the county. It is estimated at US\$ 79.35 million for the 5-year period. This cost will rise steadily from US\$ 14.05 million in 2014/15 to approximately US\$ 16.19 million in 2018/19 due to the planned scaling up of priority HIV interventions to meet all the expected programmatic targets in the NCASP.

STRATEGIC DIRECTIONS	SPECIFIC NCASP INTERVENTION AREAS	PERCENTAGE OF RESOURCES DEDICATED FOR THE STRATEGY	2014/15	2015/16	2016/17	2017/18	2018/19	TOTAL
SD1	HIV Prevention	25.99 percent	3.65	4.16	4.69	5.25	5.68	23.43
SD2	Treatment and Care	53.37 percent	7.49	8.19	8.56	8.72	8.61	41.57
SD3	Social inclusion, human rights and gender	4.00 percent	0.56	0.73	0.91	1.10	1.10	4.61
SD4	Health systems	6.35 percent	0.89	0.81	0.66	0.59	0.59	3.26
	Community systems	3.65 percent	0.51	0.46	0.38	0.34	0.34	1.87
SD5	Research	0.49 percent	0.07	0.08	0.09	0.09	0.09	0.42
SD6	Monitoring and evaluation	1.84 percent	0.26	0.26	0.25	0.24	0.24	1.23
SD7 & SD8	Leadership, Governance and Resource Allocation	3.94 percent	0.55	0.56	0.55	0.52	0.52	2.64
	Supply chain management	0.37 percent	0.05	0.06	0.06	0.07	0.07	0.32
	Grand Total	100.00 percent	14.04	15.31	16.15	16.91	16.91	79.35

Annex 3: References

1. Kenya AIDS Strategic Framework-2015/2016 - 2018/2019
2. Monitoring and Evaluation- 2015/2016 - 2018/2019
3. Nandi County Health Strategic and Investment Plan-2013/14-2017/18
4. HIV Prevalence Estimates-updated July 2012
5. Strategic framework for engagement of the first lady HIV in control and promotion of maternal, newborn and child health in Kenya- 2013-2017
6. Kenya HIV and AIDS Research Agenda-2015/2016 - 2018/2019
7. NACC, NASCOP (2012) Kenya HIV Estimates report 2012; Nairobi , Kenya
8. NACC; 2019. Kenya AIDs Strategic plan,2009-2013-Delivering on Universal access to services
9. NASCOP and NACC. (2012). Geographic mapping of Most at Risk Populations for HIV (MARPs) in Kenya. Nairobi; NASCOP and NACC.
10. UNAIDS (2014) 90-90-90 An ambitious treatment target to help end the AIDS epidemic, UNAIDS
11. Nandi County strategic & investment plan 2013/14-2017/18

Annex 4: County drafting, Validation and technical review team

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