NYANDARUA COUNTY

HIV & AIDS

STRATEGIC PLAN

(NCHASP 2016 – 2020)

maisha!

NATIONAL AIDS CONTROL COUNCIL

NYANDARUA COUNTY

HIV AND AIDS STRATEGIC PLAN

(NCHASP 2016 – 2020)

Location of Nyandarua County

Table of Contents

List of Figures and Tables

Figures

Tables

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Clinic
ART	Anti-Retroviral Treatment/Therapy
ARV	Anti-Retroviral (drugs)
BCC	Behaviour Change Communication
BMI	Body Mass Index
CASCO	County HIV/AIDs and Sexually Transmitted Diseases Coordinator
CBOs	Community Based Organisations
CCC	Comprehensive Care Centre
CD4	Cluster Differentiation 4
CDE	County Director of Education
CDSS	County Director of Social Services
CECM	County Executive Committee Member
CHMT	County Health Team
CHPO	County Health Promotion Officer
CHRIO	County Health Records and Information Officer
CHS	Centre for Health Solutions
CHW	Community Health Worker
COH	Chief Officer of Health
eMTCT	Elimination Mother-to-Child Transmission (of HIV)
FBOs	Faith Based Organisations
FSW	Female Sex Workers
GBV	Gender-Based Violence
GF	Global Fund
GIPA	Greater Involvement of People living with HIV and AIDS
HAART	Highly Active Antiretroviral Therapy (HIV and AIDS treatment)
HTC	HIV Testing and Counseling
HTS	HIV Testing And Counselling
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICT	Information Communication Technology
IDU	Injecting Drug Users/Intravenous Drug Users
IEC	Information, Education, Communication

KDHS	Kenya Demographic and Health Survey
KENAPOTE	Kenya Network of Positive Teachers (KENEPOTE) HIV and AIDS
MC	Male Circumcision
M&E	Monitoring and Evaluation
MoEST	Ministry of Education, Science & Technology
MoH	Ministry of Health
MOT	Mode of Transmission
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NCHASP	Nyandarua County HIV and AIDS Strategic Plan
NCPWD	Nyandarua county people with disability
NGOs	Non-Government Organizations
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHIV	People Living With HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PWD	People with Disability
SDA	Strategic Direction Area
SGBV	Sexual and Gender Based Violence
TB	Tuberculosis

Foreword

Nyandarua County is located in the central part of Kenya and covers an area of 3245.2 km$^{2.}$ The county borders the following counties: Laikipia to the north, Nyeri to the east, Kiambu to the south, Murang'a to the south east and Nakuru to the west.

The main economic activity in the county is crop and dairy farming, both at small and large scale level. The county boasts of being a "food basket" supplying potatoes, carrots and cabbages to other counties including Laikipia, Nakuru, and Nairobi. The county hosts two key milk processing plants and a number of milk cooling plants that supply milk to other processing factories outside the county. Horticulture is also practiced across the county employing quite a number of migrant workers mainly in the cut flowers sector for both local and export markets.

With agriculture being a main economic stay for the county, there was no defined urban population in the past since most of the county residents would come to town to sell and buy their farm produce and inputs respectively then later retreat back to their farms. However, with the advent and implementation of devolution, the county is experiencing an emergence of towns and the urban population is steadily growing.

Just like in any development, there are challenges and within the Nyandarua County Integrated and Development Plan 2013 – 2017, we have singled out HIV and AIDS as one of the cross cutting issues that remains an obstacle to sustained development of the county hence calling for more efforts in responding to the scourge that apart from affecting development also inflicts suffering to those infected and affected. I am therefore glad that the CEC - Ministry of Health and his team have taken the leap to develop this HIV and AIDS Strategic Plan for Nyandarua County.

It is my pledge as the Governor to spearhead the harnessing for resources to implement this strategic plan. I call upon all the respective CEC members to embrace it as a cross cutting agenda that affects their ministries, the members of the County Assembly to pass any necessary legislation required and allocate resources to support the HIV response, the Members of Parliament through their Constituency AIDS Committee and the Senator to lead in advocacy activities. Finally I wish to invite development partners, Non-Governmental Organizations and other stakeholders to support us in this worthwhile cause.

H.E. Daniel Waithaka Mwangi
Governor, Nyandarua County.

Preface

The development and subsequent launch of the Nyandarua County AIDS Strategic Plan, covering the period 2015/16 to 2019/20, is the culmination of many weeks of preparation by the County Department of Health, working in collaboration with development and implementing partners, to deliver a better framework for a strengthened County HIV response.

This collaborative approach emphasizes the growing awareness among all stakeholders that the challenges of HIV and AIDS in Nyandarua County can only be successfully addressed by working together. It is my strong conviction that the participation by individuals from all sectors, and representing a wide range of organizations, will ensure dynamic county action that yields desirable results in HIV interventions in Nyandarua County.

This strategic plan will guide our HIV interventions over the next five years. It is an expression of our commitment and determination to face HIV and AIDS not only as a medical and health challenge, but also as a cultural, social and economic challenge that affects all sectors of our society and every family. It also addresses the complexities of our sexuality, our relationships, our culture, beliefs and attitudes that influence the transmission of infections, our reactions to infection and illness, whether and how we support, stigmatize and discriminate against each other. This strategic plan is therefore, about us, and is for us, as a community and a county. Let us now, and in the years ahead, join together to ensure that the plan is translated into concrete, focused and sustained action and results.

In conclusion, I would like to thank the technical working group that spearheaded this process. I also wish to reiterate the commitment and support of the County Government of Nyandarua in ensuring successful implementation of this strategic plan

Dr Peter. K. Mbugua
County Executive Committee, Member – Health
Nyandarua County.

Acknowledgements

Nyandarua County Government would like to take this opportunity to express its deep appreciation and sincere thanks to all who participated in the development of the NCHASP 2015/16 – 2019/20 without whose contribution it would not have been possible to have the strategic plan in place. Many individuals gave their time and technical inputs which we value.

First and foremost we thank the Governor, Nyandarua County Hon. Daniel Waithaka Mwangi for providing an enabling environment; the CEC, Member for Health, Dr Peter Mbugua, for prioritizing HIV/AIDS and allowing the team to work on its strategic plan; and Dr Zakayo Kariuki Gichuki, the County Director for Health for providing the administrative support to the technical drafting team. Thanks are also due to Dr. Joram Muraya, the County AIDS and STI Coordinator, for providing technical leadership to the drafting team.

We also wish to acknowledge partners that supported the process and provided technical inputs. In this respect we mention the representation of APHIA plus Kamili, CHS, VIDHA, the MCAs Representative, Maendeleo ya Wanawake, PLWHIV, KENEPOTE, PLWD, the Youth and Hope Valley Family Institute.

We also wish to recognize the National AIDS Control Council for providing national leadership to counties through the Kenya AIDS Strategic Framework with which they oriented members of the technical team as a first step in developing the NCHASP, the financial and technical support to the drafting team through the Regional HIV Coordinator – Gladys Sang, and further support through the technical support team of Moses Mathu and Ben Adika who ensured technical completeness, and Njeri Gachiri for budgeting for the strategic plan.

To all we say – *Ahsanteni Sana*.

M.D. Irungu, Chief Officer, Medical Services
Nyandarua County.

We appreceiate NACC for providing national leadership to counties through the Kenya AIDS Strategic Framework with which they oriented members of the technical team as a first step in developing the NCHASP

Executive Summary

Following the launch of the Kenya AIDS Strategic Framework (KASF 2014/2015 – 2018/2019), the stage was set for counties to develop and domesticate the strategic plan into their own context and it is with this background that the NCHASP was developed. With a HIV prevalence of 3.8% and an estimated 13,000 adults and 1,300 children living with HIV, the disease remains a challenge hence calling for a structured intervention.

Within this HIV strategic plan for Nyandarua, Chapter 1 gives the reader an introduction and background of the county in terms of the population of the county in age categories that have been linked to HIV, the socio-cultural and economic environment that has an indication on the disease transmission, and the health situation in the county.

Chapter 2 deals with the HIV situation in the county, giving a breakdown of the sub-counties that contribute the highest burden of the disease for prioritization, examines critically the drivers of HIV, the priority population as defined by the KASF – key and vulnerable populations, outlines the past HIV control program activities and discusses the program analysis through an examination of the strengths, weaknesses, opportunities and threats to the HIV program.

Chapter 3 gives the purpose of the strategic plan, the rationale behind its development, the development process and the guiding principles.

Chapter 4 paves the way and provides the strategic directions to be followed in the implementation of the HIV program in Nyandarua County, setting out the vision as ***"A county free of new HIV infections, discrimination and AIDS related deaths"*** and the goal of the NCHASP that is ***"To contribute to the reduction of morbidity and mortality in Nyandarua County through a comprehensive HIV prevention, treatment and care program by 2019".*** The objectives as aligned to the KASF are: [1] Reduce new HIV infections by 50% by 2020; [2] Reduce AIDS related mortality by 40% by 2020; [3] Reduce HIV related stigma and discrimination by 50% by 2020; [4] Increase domestic financing of HIV response by 40% by 2020. Under this chapter the strategic interventions are discussed where the context and the interventions under each thematic area – biomedical, behavioural and structural - are provided.

Chapter 5 lays out the implementation arrangement of NCHASP within the context of a devolved system of governance under the leadership of the Governor and other supporting structures with Chapter 6 indicating how this strategic plan will be monitored and evaluated over the 5 years period. The M&E framework is contained in the annexure.

Chapter 1

Introduction and Background Information on the County

1.1 Background to the County

1.1.1 Location and size

Nyandarua County is located in the central part of Kenya and covers an area of 3245.2 $km^{2.}$ It lies between latitude 0°8‘ to the North and 0°50‘ to the South and between 35° 13‘ East and 36°42‘ West. The county borders the following counties; Laikipia to the north, Nyeri to the east, Kiambu to the south, Murang’a to the south east and Nakuru to the west.

1.1.2 Administrative and political units

The county is divided into five administrative sub-counties that also represent political constituencies, namely Kinangop, Kipipiri, Ol’Kalou, Ol’Joro Orok and Ndaragwa. Kinangop is the largest sub-county in terms of surface area with 6 divisions and 16 locations while Ol’Joro Orok is the smallest sub-county as shown in Table 1.1 below.

Table 1.1: County administrative units

Constituency	Sub-County	Area (km^2)	No. of electoral wards	No. of divisions	No. of locations
Kinangop	Kinangop	822.0	8	6	16
Kipipiri	Kipipiri	543.7	4	3	12
Ol’Kalou	Ol’Kalou	586.7	5	8	21
Ol’Joro Orok	Ol’Joro Orok	389.1	4	4	8
Ndaragwa	Ndaragwa	653.6	4	4	13

Source: Nyandarua County Integrated Development Plan (NCIDP)

Figure 1.2: Political and administrative units in Nyandarua County

There is no significant difference between the male and female population as there are 104 females for every 100 males.

1.2. Demographic features

1.2.1 Population size and composition

Population in the county stood at 596,268 as at the last national population census of 2009. This comprised 292,155 males and 304,113 females. The population is growing at 2.4% annually so the 2013 projected population for the county was 656,348 persons - 321,593 males and 334,755 females.

The population is projected to grow to 688,618 and 722,498 persons in 2015 and 2017 respectively with 43% of the population being below 15 years while over 69% of the population will be below 30 years. There is no significant difference between the male and female population as there are 104 females for every 100 males.

1.2.2 Projected population for selected age groups

Under one year: The population under one year was 17,669 in 2013 and this is projected to increase to 18,538 and 19,450 in 2015 and 2017 respectively. This calls for promotion of post natal and nutritional activities to lay a good health foundation to this age cohort. This is the age group to be targeted in the prevention of mother to child transmission (PMTCT) which is currently at 6.2%. The aim is to reduce MTCT to below 5%. Emphasis in this cohort is prevention of vertical transmission through the prongs of eMTCT.

Under five years: In 2013 the projected population for the under five years is 91,987 with 46,833 being male and 45,144 being female. This group accounts for 14% of the total population. The mortality rate in this group is at 51 deaths per 1000 live births. The HIV prevalence is estimated to be 0.9% in the age cohort below 14 years. Nyandarua County contributes an estimated 29 new paediatric HIV

infections per year (below 14 years). The bulk of transmission in this age group is vertical (MTCT). Emphasis in this cohort will mainly entail early diagnosis and initiation to care and treatment including nutritional support. Interventions targeting OVCs start in this cohort.

Pre-primary school age group (3-5 years): This group has a total population of 60,410 persons which represents 9.2% of the total population.

Primary school going age group (6-13 years): The 2013 projected population for this age group was 153,186 comprising 77,670 males and 75,516 females. This population, which accounts for 23.3% of the total county population, is expected to increase to 160,718 and 168,621 in 2015 and in 2017 respectively. The increase in population for this group calls for the expansion of existing primary education facilities and provision of more learning and teaching materials. The HIV prevalence is estimated to be 0.9% in the age cohort below 14 years. The bulk of HIV transmission in this age group is vertical (MTCT). Emphasis in this cohort will mainly entail early diagnosis and initiation to care and treatment including nutritional support. This cohort is also targeted under the OVCs programmes.

Secondary school going age group (14-17 years): The existing projected population in this age group was 61,050 comprising 31,546 males and 29,505 females. This population accounts for 9.3% of total county population and is expected to rise gradually to about 64,052 and 67,202 in 2015 and 2017 respectively. This cohort contributes to a significant horizontal transmission. This group comprises adolescents who are experimenting with sex and therefore at risk of getting infected. This cohort requires a lot of health education from parents, teachers, health workers, leaders and religious leaders. The cohort is targeted using adolescent package of care and youth friendly services.

Reproductive age group (15-49 years): This forms the reproductive age group and therefore most sexually active cohort. This group comprises females of the reproductive age. The projected female population in this category was 157,926 in 2013 and was projected to increase to 165,691 in 2015 and 173,838 in 2017. This implies that, with declining infant mortality rates, the high increase of the females in this age group will contribute to increased population in the county. This calls for an increase in maternal and child health-care services as well as measures to reduce the fertility rate. This will be the target group for eMTCT of HIV and family planning programs. The highest numbers of new HIV infections occur in this cohort estimated to be over 800 new infections per year. This cohort also has the highest estimated HIV prevalence at 3.9%.

Age group (15-64 years): This is the productive or labour force population of the county. The total labour force was 344,300 (52.4%) comprising 164,734 males and 179,566 females in 2013. The population in this group is projected to rise to 378,991 persons in 2017. There are more females than males in this category. A large proportion of this population, mainly between 15-25 years is either in secondary schools or at the tertiary level. The bulk of the labour force is either unskilled or semi-skilled and is mainly engaged in agricultural activities, public transport industry either as motorbike riders (boda boda), touting or as drivers. The highest numbers of new HIV infections occur in this cohort contributing to an estimated over 800 new infections per year. This cohort also has the highest HIV prevalence at 3.9%.

1.3 Economic conditions

The main economic activity is crop and dairy farming both at small and large scale level. The major crops grown in the county include potatoes, carrots and cabbages. These are sold to both within the county and in other counties including Laikipia, Nakuru and Nairobi. There are two key milk processing plants namely Brookside Dairy and Olkalou Dairy. There are also a host of milk cooling plants that supply milk to other milk processing factories outside the county. Horticulture is also practiced across the county employing quite a number of migrant workers mainly in the cut flowers sector for both local and export markets. Other economic activities in the county include quarrying and timber logging.

1.4 Health access and nutrition

1.4.1 Health access

There are two Level-Four public health facilities in the county, one mission hospital, three nursing homes, seven Level-Three health facilities, 32 Level-Two facilities and 50 private clinics. The doctor population ratio is 1:155,188 while the nurse population ratio is 1:2,150. The average distance to the nearest health centre is 3.2 km. In the county, 21% of the households travel up to one kilometre to access health service, 78% travel between 1.1 km and 4.9 km while those who travel above five kilometres account for 1% of the population.

1.4.2 Morbidity

The five most common diseases in order of prevalence in the county are shown in Table 1.2.

Table 1.2: Top five diseases in Nyandarua County

No.	Disease	No. of cases
1	Other diseases of the respiratory system	362,028
2	Skin diseases	76,364
3	Diarrhea	39,991
4	Arthritis, joint pains etc	35,630
5	Pneumonia	34,504

Source: Nyandarua DHIS 2015

1.4.3 Nutritional status

On nutrition, 35% of children under five are stunted, while the proportion of severely stunted children is 14%. Stunting is highest (46%) in children aged 18-23 months and lowest (11%) in children aged less than six months. A higher proportion of male children of less than five years are stunted compared with female children. This reflects a need to supply vitamin supplements to young children in order to improve their health.

The stunting is attributed to high levels of poverty at 46.3%. There is therefore need to reduce the poverty levels through increasing income per household to address the nutritional status of children. Wasting, which is a sign of acute malnutrition, is far less common (7%) while 16% of the children are underweight.

1.5 Literacy

The county literacy rate is 86.3%. This is the county population that can read. However, the proportion of the population that can write is 85.2% while the proportion that can read and write is 83.8%. This implies that about 13.7% of the population cannot read and would be the target for adult education basic literacy programmes.

Chapter 2

Situational Analysis: HIV Situation in Nyandarua

While major progress has been made in the fight against HIV and AIDS in Kenya, the pandemic remains a major problem especially across different counties. Nyandarua County is classified within the 28 medium incidence counties and is ranked 18th out of the 47 counties in Kenya. It has an adult HIV prevalence of 3.8% with about 13,000 adults and 1,300 children living with HIV as shown in Table 2.1 below. The adult male and female HIV prevalence stands at 2.2% and 5.6% respectively.

Table 2.1: HIV situation in Nyandarua County

Indicator	Numbers / Percentage
Total population	646,876
Overall adult HIV prevalence	3.8%
HIV prevalence among women	5.5%
HIV prevalence among men	2.2%
Number of adults living with HIV	13,000
Number of children living with HIV	1,305
Total number of persons living with HIV	14,305
Percentage of people never tested for HIV by 2012	50%
Percentage of HIV pregnant women who do not deliver in a health facility (KDHS 2014)	14 %

Source: Kenya HIV County HIV Profiles, 2014

2.1 Geographical prioritization

Within the county, Kinangop contributes to the highest number of PLWHIV (44.5%) in the followed by Nyandarua Central (Ol'Kalou) at 24.5%, Nyandarua North at 14.8%, Kipipiri at 8.6% and lastly Ol'joro Orok at 7.2% . This is shown in Table 2.2.

Table 2.2: Number of PLWHIV as per sub-counties in Nyandarua County

No.	Sub-County	No. of PLWHIV	Percentage
1	Kinangop	2,966	44.5
2	Nyandarua Central	1,635	24.5
3	Nyandarua North	988	14.8
4	Kipipiri	579	8.6
5	Ol'joro Orok	480	7.2
	Total	6,663	100

Source: CCC data Nyandarua DHIS 2015

2.2 Drivers of HIV in Nyandarua

Major towns: Nyandarua County has unique drivers of HIV due to its geographic location as well as the social-economic conditions. The central location of the county bordering major towns of other counties makes the county more prone to cross-county transmission of HIV. The neighbouring towns of Nyahururu, Nakuru and Naivasha are also major towns with Nakuru and Naivasha having a HIV prevalence of 5.3%. This is due to their position on the main highway from Nairobi to western Kenya thus offering employment and business opportunities to the residents of Nyandarua County.

Migrant workers: Nyandarua County being predominately an agricultural area hosts large and small scale horticultural farms that include flower farms which offer employment opportunities. This has given rise to migrant workers who work and reside within the county without their families hence creating an environment where casual sex prevails. Observations have been made that the flower farms employ more of the female than male workers which sets a scenario for competition among women for the few men available. When there is an increased demand for flowers during international holidays like Valentines day and Mother's Day the flower farms employ more personnel and incidences of women seeking employment and male supervisors sexually exploiting the women in return for employment have been discussed as potential drivers to HIV.

Poverty: Driven by poverty most women engage in female sex work. However in the Nyandarua context female sex work is unique. Women are engaged in full time employment, business or in the farms during the day but go out at night for commercial sex work in the neighbouring towns of Nakuru, Naivasha and Nyahururu. There are no full time sex workers in the county.

Urbanization: with the advent of devolution the county is witnessing rapid urbanization and opening up of towns that were otherwise dormant. The construction of roads and other infrastructure is fueling HIV in the county.

Cold climate: In the social quarters, the cold climate in Nyandarua County is seen as a driver to HIV as people will be heard seeking to pair up for warmth at night during which sexual acts happen.

2.3 Priority population for HIV in the County

There are 2 categories of priority populations as defined by the KASF, the Key Populations (KPs) and the vulnerable groups.

Key populations

This group is defined as persons who engage in risky HIV activities and include female sex workers (FSWs), Men having sex with Men (MSM) and

Persons who Inject Drugs (PWID). In Nyandarua County there exists FSWs. However, little is known about MSM and PWID as discussed in Table 2.3 below.

Table 2.3: Key HIV populations in Nyandarua County

Female Sex Workers	Female sex work is unique in the Nyandarua context given that the women who engage in it have full time undertakings either as business women or tendering their farms during the day but go out in the night to supplement their income. Due to proximity to the major towns of Nakuru, Naivasha and Nyahururu that can be accessed through reliable public transport, female sex workers go to these towns where more opportunities exist. This scenario of female sex work makes it difficult to isolate and target the FSWs for interventions calling for more innovations to understanding the dynamics through operational research.
MSM and PWID	It is assumed that these groups exist but no such information exists as a key population for HIV in Nyandarua. This calls for more indepth study.

2.4.2 Vulnerable populations: This group comprises persons whose social context increases their vulnerability to HIV risks. The KASF lists them as young women 15 – 24 years, truck drivers, PLWHIV, pregnant women and children living with HIV, and persons in prison settings. In the Nyandarua County context the vulnerable populations are discussed in table 2.4 below.

Table 2.4: Vulnerable HIV populations in Nyandarua County

PLWHIV	There are 13,000 adults living with HIV in Nyandarua County (Kenya County HIV Profile, 2014). With an adult population of 344,300 persons and only 47.7% (161,182) aware of their HIV status, it means 52.3% (182,472) are not aware of their HIV status. This calls for intensification of HTS activities especially among first testers.
Pregnant women and children living with HIV	There were about 478 and 1,305 pregnant and children living with HIV in 2013 respectively.
Young women (15 – 24 years	They are likely to be attending high school or in a tertiary institution and could have had their first sexual experience at 15 years. It is worth mentioning that the local culture encourages circumcised boys to have their first sex debut after circumcision "kuhura mbiro" that is more likely to happen with their peers, that is girls. Given the high literacy rate they are empowered and can negotiate sex.

Adolescents and young people (male)	They comprise the youth out of school, in school or in the tertiary institutions. Nyandarua has only tertiary institution – Kenya Medical Training College and a number of polytechnics. The youth who are out of school form the majority of the unskilled labour force such as the boda boda riders or the farm hands. Others are engaged in timber logging, charcoal burning and quarry work.
	Most boda boda riders are class eight dropouts who either own or are given motorbikes in return for small daily remittances to their owners and are hence classified among the "well off" group especially in the rural areas. They are therefore able to easily attract women who have lower incomes comparatively. The issue of "familiarity" between these boda boda riders and their clients tends to create bonding and eventually a relationship develops. Situations have been noted where motorbike transport riders are offered sex for "free transport" when the female sex workers fail to get clients at night.
Truck drivers, loaders and middlemen (farm produce brokers)	The county is an agricultural area (food basket) that supplies farm products – potatoes, carrots, cabbages and maize to bigger markets outside the county including Nairobi and as far as Mombasa. This has given rise to middlemen who broker for farm produce on behalf of the traders outside the county. The middlemen move around farms identifying where the produce is ready for sale and link the farmers to the traders who then come and collect the produce often loading the trucks late into the night. Within this trade, the vulnerable groups include drivers, loaders and the middlemen who make quick money and spend it late in the night with FSWs.
OVCs	Nyandarua County has an OVCs population of 55,000, with some being orphaned due to HIV hence the need to be targeted for HIV services. This vulnerable population is also highly exposed to rape and other sexual vices as they are unable to protect themselves. In the OVCs group, 11,000 are under cash transfer, 3,700 under Hope Valley support and 3500 under Broad Vision support.

Past interventions in the County

HIV and AIDS control activities have been on-going in the county, previously within the district set-up that has now been restructured following the implementation of the devolved system of governance in 2010 and which was actualized in 2013. The county has a County AIDS and STI Coordination system with 5 Sub-County AIDS and STI Coordinators, and in addition with support from NACC, it has 5 Constituency AIDS Committees (CACCs) each based at the sub-county level. The county has been implementing key HIV prevention activities that include increasing community awareness and engagement, condom distribution while HIV services – counseling, testing and treatment - are being offered in all public facilities and complimented by private health facilities. A number of NGOs, CBOs and FBOs have continued to support HIV prevention and treatment activities

in the county. They include APHIA Kamili, CHS, VIDHA, KENEPOTE and Hope Valley Family Institute.

The county has implemented the following structural interventions in response to HIV and AIDS:

1. Capacity building for its health workforce to create a competent, motivated and adequately staffed workforce to deliver HIV services integrated in the essential health package.
2. Strengthen health service delivery system at county levels for the delivery of HIV services integrated in the essential health package through the construction and establishment of more health facilities.
3. Improve access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services with support from NASCOP, Kenya Pharma and KEMSA.
4. Strengthened community service delivery system for the provision of HIV prevention, treatment and care services through the continued HIV education and promotion and lately the establishment of community health units.
5. Implemented a unified and functional M&E framework under the county through the Nyandarua District Health and Information System (DHIS).
6. Improve timely identification and linkage to care for persons diagnosed with HIV.
7. It is also maximizing on the efficiencies and effectiveness of an integrated HIV, TB/SRH prevention response, through embarking on providing IPT to the PLWHIV who screen TB negative, and also screening of all HIV clients for TB at every visit.

Nyandarua County HIV program analysis

In developing this strategic plan it was paramount that major strengths and weaknesses of the current HIV program be reviewed, and the threats and opportunities analyzed so as to inform on the future direction of the HIV program in Nyandarua County.

Strengths

The county boasts of a well trained staff in almost all health facilities on HIV issues and these include HTC counselors, PMTCT counselors, clinicians and nurses. The county has 27 CCCs and a fairly good health facility coverage with only 1% of the community having to travel over 5 kms to access a health facility that offers VCT and PMTCT services, and it has a well and efficient integrated referral system. The county has also benefited from the Beyond Zero mobile ambulance donated courtesy of the First Lady of Kenya that is used to increase access to prevention of mother to child transmission services. Efforts have been made to scale up PMTCT services in all health facilities including faith based and private hospitals and clinics, continuing with mobile/statistic VCT services, training more counselors and supervisors and mobilizing the communities to utilize PMTCT, VCT and ART services.

Weaknesses

The county faces a low uptake and linkage HTS as well as a higher ARV dropout rate that can be attributed to inadequacy in health staffing required to initiate follow up of the patients. While the county may be having a number of partners – CBOs, FBOs and community organizations engaged in HIV and AIDS activities, it lacks an effective

coordination mechanism hence each organization group undertaking their own different activities in isolation resulting in wastage of resources and duplication of roles. While there is a steady and reliable supply of male condoms, there is a shortage of female condoms despite there being a demand from the locals. Other weaknesses include inadequate resource allocation towards the community strategy programs hence poor linkage with the community, delayed disbursement of funds for supportive supervision, shortage of health workers, inadequate storage space desired at CCC, and erratic supply of test kits and reporting tools. Lack of appropriate referral mechanism for clients and mechanism for defaulters tracing, lack of properly established home based care support system and stigma /discrimination on HIV also remain high.

Opportunities

Devolution offers a perfect opportunity to HIV prevention and treatment as it brings the control of resources closer to the community and shortens the lengthy decision making processes. The presence of partners engaged in HIV and AIDS activities offer an opportunity for better coordination and harmonization of interventions. The increased awareness on HIV and AIDS offers an opportunity to continue with the programs. The increased number of PLWHIV offers an opportunity of bringing on board HIV advocates that can be used in HIV education and promotion activities. The county boasts of being a "food basket" hence an opportunity for improving the communities' nutrition status. The OVC program in the county is well supported through the Constituency Development Fund (CDF) and the County Government especially through payment of school fees hence providing an opportunity to link it to the National Health Insurance Fund (NHIF).

Devolution offers a perfect opportunity to HIV prevention and treatment as it brings the control of resources closer to the community and shortens the lengthy decision making processes.

Threats

High consumption of illicit alcoholic brews and drugs in the county increases the chances of engaging in casual sex and default in taking ARV. Others include high unemployment and poverty levels that continue to expose a big population to exploitations sexually, violence, rape etc. The doctrines of some of the church in the county that do not support use of condoms make their followers to ignore their usage even when they are engaging in risky sexual behaviours. Increase in extramarital affairs (commonly referred to as mpango ya kando) also pose a threat to HIV in the county. There is also a potential withdrawal of development partners from the county as they focus their efforts in the high burden counties thereby posing a threat to HIV control with the scaling down of interventions.

Chapter 3

Purpose, Rationale, Development and Guiding Principles of the Strategic Planning

3.1 Purpose of the NCHASP

The purpose of the plan is to guide the county is responding to HIV epidemic in the next five years, i.e. 2015/16 - 2019/20 with the aim of achieving the set targets under KASF. This plan will also serve the purpose of mobilizing resources and setting of priorities.

3.2 Rationale

Following devolution, the National Government developed the KASF to address the HIV and AIDS issues for the period 2014/15 - 2018/19 in the counties. Consequently, each county was to develop its own HIV and AIDS strategic plan to respond to the diversity of HIV epidemic at the county level hence the Nyandarua County HIV and AIDS Strategic Plan (NCHASP).

3.3 Process of developing the NCHASP

NCHASP is developed from KASF which was developed by NACC in consultation with National and county stakeholders and then disseminated to the counties to support Kenya Vision 2030. Four objectives with eight strategic directions to guide the county in developing its own county specific HIV strategic plan were identified.

The process of preparing the NCHASP was highly consultative and started with a meeting of the relevant stakeholders. Stakeholders from public

sector institutions, the private sector, civil society organizations (NGOs, FBOs and CBOs), organizations of PLHIV, and the communities were involved in the preparation of the plan. The county stakeholders listed above were actively involved in the process. County HIV statistics were applied to determine the priority intervention areas. In the process the plan was shared with the County Executive and the County Assembly for approval.

3.4 Guiding principles

1. Right based and gender transformation
2. Evidence based, high impact and scalable interventions
3. Multi-sectoral accountability
4. Result based planning and delivery of the NCHASP priority interventions.

Chapter

4 Vision, Goal, Objectives and the Strategic Directions

VISION

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

Goal

To contribute to the reduction of morbidity and mortality in Nyandarua County through a comprehensive HIV prevention, treatment and care program by 2019.

OBJECTIVES

1. Reduce new HIV infections by 50% by 2020
2. Reduce AIDS related mortality by 40% by 2020.
3. Reduce HIV related stigma and discrimination by 50% by 2020.
4. Increase domestic financing of HIV response by 40% by 2020.

4.2 Specific Objectives

1. To identify and target the priority populations for HIV services
2. To increase access to services to PLHIV
3. Reduce HIV related stigma and discrimination for 38.9% to 19% by 2019
4. To strengthen linkage between health services and community systems for HIV response
5. To strengthen research so as to have information for innovations
6. To strengthen monitoring and evaluation of the Nyandarua HIV strategic plan
7. To mobilize for resources for the implementation of the Nyandarua HIV strategic plan

4.3 Strategic Directions

Table 4.1: Summary of SDA interventions

SDA	Intervention
SDA 1	Reducing new HIV infections.
SDA 2	Improving health outcomes and well-being of all people living with HIV.
SDA 3	Using a human rights based approach to facilitate services for PLHIV, key populations and other priority groups in all sectors.
SDA 4	Strengthening integration of health services and community systems.
SDA 5	Strengthening research, innovation and information management to inform the Nyandarua HIV and AIDS Strategic Plan.
SDA 6	Promoting the utilization of strategic information for research, monitoring and evaluation to enhance programming.
SDA 7	Increasing domestic financing for a sustainable HIV response.
SDA 8	Promoting accountable leadership for delivery of the Nyandarua County HIV strategic plan by all sectors and actors.

SDA 1: Reducing new HIV infections

Context

In Nyandarua County, approximately 50% of the people do not know their HIV status thus calling for the scaling up of HTC. There are **131** facilities that offer HTC, of which 64 are run by the County Government and the rest are managed by FBOs and the private sector. While health promotion activities have been on-going, the main challenge is communication that targets persons with special needs for example sign language for the deaf and dumb, Braille for the blind with the county lacking such capacity among its health workers. This is required in HTC, adherence counseling and any other communication for persons with special needs.

Table 4.2: Interventions for SDA 1

Strategic Direction 1: Reducing new HIV infections in Nyandarua County					
KASF Objective: Reduce new HIV infections by 75%					
NCHASP Results	**Key Activity**	**Sub-Activity / Intervention**	**Target Population**	**Geographic Location**	**Responsibility**
	Biomedical Interventions				
Reduce HIV infections by 50% in Nyandarua County	Increase access to HTS services to the key and vulnerable populations.	Increase targeted PITC at service delivery points through targeted community based testing.	High facility client with high index of suspicion such as boda boda riders, men and flower farm workers	All the sub-counties	CASCO Partners CPHO HTC counselors COs
		Introduce night "moonlight" testing.	Men and FSWs		
		Undertake outreach HTS.	Flower farms, business community, schools and colleges		
	Provision of condoms.	Ensure regular supply and distribution of condoms.	Key and vulnerable populations		
	Intensify PMTCT to reduce MTCT from 6.2% to less than 5%.	Prevention of new HIV infections among women.	Pregnant women		
		Integrate FP services at the CCCs.			
	Improve post exposure care.	Provide PEP to SGBV survivors.	SGBV survivors		

Strategic Direction 1: Reducing new HIV infections in Nyandarua County					
KASF Objective: Reduce new HIV infections by 75%					
NCHASP Results	**Key Activity**	**Sub-Activity / Intervention**	**Target Population**	**Geographic Location**	**Responsibility**
Reduce HIV infections by 50% in Nyandarua County	**Behavioural Interventions**				
	Develop and implement the communication plan for HIV prevention.	Promote condom use.	General population	All sub-counties	MoH
		Train community groups.			
		Print and distribute IEC materials.			
		Community sensiti-zation on HTS.			
		Conduct school health programs, talent days and tournaments.			
		Print and distribute IEC materials.			
	Structural Interventions				
	Increase services to the youths.	Establish youth friendly clinics.	Adolescents and young persons.	All sub-counties	MoH Gender, Culture & Social Services
	Install condom dispensers at strategic places e.g. boda boda sheds.	Procure and install condom dispensers at strategic places.	General population		

There are 131 facilities that offer HTC, of which 64 are run by the County Government and the rest are managed by FBOs and the private sector.

SDA 2: Improving health outcomes and well-being of all PLWHIV

Context

Nyandarua County has 27 ART sites, 32 PMTCT sites and 56 TB treatment sites. Out of the 27 ART treatments sites, 2 are Central ART sites, 1 stand-alone site and 24 satellites. As of December 2015, 5600 clients were on ART against the target of 12,000. Viral load uptake was at around 50% in the same period against a target of over 100%. Linkage to care was at an average of 70% against the target of 100% and retention to care was at above 80% during the year. Activities that have been ongoing include:

- Patient escorts to improve linkage
- Phone follow up for clients referred to ensure better linkage
- Sample referral to minimize patient referral
- Close viral load monitoring for patients on care for initiation to treatment and treatment supports
- Psychosocial groups, adherence counseling
- ICF and IPT initiation to those eligible
- HIV testing among all TB patients
- HIV testing among all pregnant women attending ANC
- Defaulter prevention
- Client appointment diaries
- Defaulter identification
- Phone defaulter tracing and physical defaulter tracing
- Cervical cancer screening (VIA VILLI) and screening of DM and hypertension.

Nyandarua County experiences low paediatric enrolment, low PMTCT uptake, late ART initiation which is attributed to accessibility to ART sites, high levels of HIV related stigma and discrimination impacting negatively on the county's HIV response.

Viral load uptake was at around 50% in the same period against a target of over 100%. Linkage to care was at an average of 70% against the target of 100% and retention to care was at above 80% during the year.

Table 4.3: Interventions for SDA 2

Interventions for SDA 2: Improving health outcomes and wellness of all PLWHIV in Nyandarua County					
KASF Objective: Reduce AIDS related mortality by 25%					
NCHASP Results	**Key Activity**	**Sub-activity / Intervention**	**Target population**	**Geographical Location**	**Responsibility**
	Structural Interventions				
Increase enrolment to care within 3 months of HIV diagnosis from 64% to 90% for children, adolescents and adults	Increase coverage to care and treatment and reduce the loss in the cascade of care	Use of client escorts from testing points to CCCs to ensure those testing positive are enrolled to their preferred facility.	PLWHIV	All sub-counties	MoH – CASCO CNO COs
		Strengthen facility and community linkages with inter- and intra- facility referral protocols and linkage strategies.			
		Increase the number of ART sites to minimize referrals.			
		Open two additional central ART sites.		Ndaragua and Ol'Joro Orok	
		Commodity security.		All sub-counties	
		Improve clinic setting for privacy.			
	Improve retention to care and treatment.	One stop shop for all health services at the CCC.			
		Maintenance of patient appointment dairies.			
		Prompt defaulter tracing and documentation.			

Interventions for SDA 2: Improving health outcomes and wellness of all PLWHIV in Nyandarua County					
KASF Objective: Reduce AIDS related mortality by 25%					
NCHASP Results	**Key Activity**	**Sub-activity / Intervention**	**Target population**	**Geographical Location**	**Responsibility**
	Biomedical Interventions				
Increase enrolment into HAART from 70% to 90%	Timely initiation on ART.	Close clinical, immunological monitoring of patients on care for timely identification of eligible patients.	PLWHIV	All sub- counties	MoH CMLT
		Seamless supply of lab commodities and maintenance of lab equipments.	PLWHIV	All sub-counties	
		Reducing the TAT for lab tests results.			
	Intensify TB case finding.	TB screening during each visit.	PLWHIV	All sub-counties	MoH – CASCO CTB, LO
		Increased Gene expert utilization.			
		Initiation of IPT to all eligible persons.			
		Timely treatment of TB/ HIV co-infected.			
	Provide nutritional assessment and support to all PLWHIV.	Nutritional assessment during every clinic visit.	PLWHIV	All sub-counties	MoH CNO
		Provide food by prescription.			
		Nutritional counseling.			

Interventions for SDA 2: Improving health outcomes and wellness of all PLWHIV in Nyandarua County					
KASF Objective: Reduce AIDS related mortality by 25%					
NCHASP Results	**Key Activity**	**Sub-activity / Intervention**	**Target population**	**Geographical Location**	**Responsibility**
	Biomedical Interventions				
Increase enrolment into HAART from 70% to 90%	Early detection and management of co-morbidities in HIV patients (diabetes, hypertension and cervical cancers).	Screening for DM for clients with suggestive symptoms.	PLWHIV	All sub-counties	MoH CMLT CNO COs
		Take blood pressure in every patient during each clinic visit.			
		Cervical cancer screening among all female patients on CCC-VIA VILLI.			
	Prevention and management of opportunistic infections (OIs).	Administration of septrin prophylaxis.	PLWHIV		
		Early opportunistic infection detection and treatment.	PLWHIV		
	Early detection and appropriate intervention to adverse drug reactions.	Close clinical and laboratory monitoring of adverse reactions.	PLWHIV	All sub-counties	
	Behavioural Interventions				
	Develop and implement a communication guide for HIV treatment and care for PLWHIV	Community ACSM.	PLWHIV Community	All sub counties	MoH – CASCO CNO COs

Interventions for SDA 2: Improving health outcomes and wellness of all PLWHIV in Nyandarua County					
KASF Objective: Reduce AIDS related mortality by 25%					
NCHASP Results	**Key Activity**	**Sub-activity / Intervention**	**Target population**	**Geographical Location**	**Responsibility**
	Behavioural Interventions				
Increase enrolment into HAART from 70% to 90%	Develop and implement a communication guide for HIV treatment and care for PLWHIV	Strengthen pre- and post-test counseling.	PLWHIV Community	All sub counties	MoH CMLT CNO COs
		Engagement of religious leaders.			
		Patient treatment literacy training.			
		Educating clients on early warning signs of OIs and health seeking behaviour.			
		Adherence counseling.			
		Strengthen peer support (treatment supporters).			
		Health worker training on stigma reduction, client confidentiality and privacy.			

SDA 3: Using a human rights approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors

Context

With a HIV and AIDS stigma and discrimination index of 38.9% according to the National HIV Stigma and Discrimination Index 2014 that is considered to be moderate, Nyandarua County will continue to endeavour to reduce this level to a much lower level by 50%. The county has identified the following priority groups for HIV services based on the justification outlined in Table 4.4 below.

Table 4.4: Priority groups for HIV services in Nyandarua

Priority population	Justification
PLWHIV	PLWHIV are often stigmatized to disclose their status and even when they disclose the fear of discrimination remains a challenge and reality. Within Nyandarua County there are 40 psychosocial groups formed for PLWHIV. However this is not adequate to cater for the total number of PLWHIV in the county if the ideal number of 30 members forming a psychosocial group is followed.
OVCs	Some of the OVCs are orphaned due to loss of both parents from HIV and hence they are also living with HIV and need HIV services. For those orphaned from other causes, they also need protection and health care services. Currently in Nyandarua County there are 2 CBOs supporting OVCs with support from APHIA plus Kamili (Hope Valley Family Institute and Engineer Progressive Board) and they support 7,200 OVCs. There is need to strengthen the coordination between the MoH, Ministry of Education, and Ministry of Gender, Culture and Social Services.
Sexual and Gender Based Violence survivors	Survivors of sexual and gender based violence need post exposure services (counseling and treatment) through a system that respects and secures their privacy without stigmatization or any form of discrimination. They also require a supportive environment to go through any medico-legal process.
PLWD	PLWD are often forgotten in the planning and implementation of services across board. Most of the services are not sensitive to their needs including HIV education programs. There are 11,685 persons living with disabilities in the county, of whom 1,595 have hearing challenges, 2,276 are speech impaired, 3,443 are visually impaired, and 2,377 are mentally challenged. Of these, 5,303 are physically impaired while 1,994 have other impairments. Working with the NCPLWD they will be targeted for HIV services.
School going children	Nyandarua County recognizes that school going children living with HIV need to be supported as they continue with medication including within the school environment hence have prioritized them for HIV support.

Table 4.5: Interventions for SDA 3

Strategic Direction 3: Using a human rights approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors					
KASF Objective: Reduce HIV related stigma and discrimination by 50%					
NCHASP Results	**Key Activity**	**Sub-activity / Intervention**	**Target Population**	**Geographic Location**	**Responsibility**
	Biomedical Interventions				
Reduce HIV related stigma and discrimination from 38.9% to 19% by 2019	Increase access to HTS services to the priority groups.	Provide HTS to the priority groups.	PLWHIV[1], PLWD[2], OVC[3], SGBV survivors	County wide County wide	MoH NCPLWD CBOs FBOs
		Provide HIV pre- and post-exposure prophylaxis for SGBV survivors and link them to legal services.			MoH NPS County Commissioner Office of the Prosecutor
	Behavioural Interventions				
	Develop and implement communication plan to promote the rights of PLWHIV in the community.	Implement the communication plan for addressing human rights issues.	General population	County wide	MoH
	Structural Interventions				
	Strengthen the existing and form more psychosocial support groups and literacy classes for PLWHIV.	Strengthen the existing and form more psychosocial groups for PLWHIV.	PLWHIV	County wide	MoH Gender, Culture & Social Services

Strategic Direction 3: Using a human rights approach to facilitate access to services for PLHIV, KPs and other priority groups in all sectors					
KASF Objective: Reduce HIV related stigma and discrimination by 50%					
NCHASP Results	**Key Activity**	**Sub-activity / Intervention**	**Target Population**	**Geographic Location**	**Responsibility**
Reduce HIV related stigma and discrimination from 38.9% to 19% by 2019	Form a county HIV and AIDS tribunal.	Collaborate with the office of the County Attorney and the County Assembly for legislative purposes.	PLWHIV, OVCs, PLWD, SGBV survivors	County wide	MoH NPS County Commissioner Office of the Prosecutor
		Enhance coordination between the Ministries of Health, Education, and Gender, Culture and Social Services.			MoH MoEST
	Capacity building.	Training of Para-legals at the community level to educate and champion the rights of PLWHIV and KPs in the community.	Community, FBOs, CBOs, NGOs	County wide	MoEST
	Structural Interventions				
		Sensitize teachers on the care of school going children living with HIV.	School children living with HIV	County wide	

SDA 4: Strengthening the integration of health and community systems

Context

Community strategy remains a key pillar for the linkage of health and community system of all the health services in Nyandarua County. However, the community strategy in the county has continued to receive minimal funding hence it is inadequately structured. Ideally the county should be having 129 Community Units (CUs) based on the population of 648,876 with 1 CU covering 5,000 persons but it currently has 68 CUs in a varied state of operation hence calling for the establishment of more CUs.

The County is also experiencing a situation where some of the partners that are critical in linking health services at the community level are pulling out and this includes APHIA plus Kamili. They are strategically pulling out from medium burden HIV counties to high burden counties. This is bound to reverse the gains made in HIV response in the county.

Nyandarua County finds itself in a unique situation due to its proximity to large referral hospitals neighbouring the county that include Rift Valley Referral Hospital in Nakuru County and Nyahururu Referral Hospital in Laikipia County. PLWHIV often prefer to seek treatment and are enrolled to CCCs in these counties but they ought to be referred to CUs in Nyandarua County. This calls for more discussions, collaboration and cooperation at inter-county level if this linkage is to be realized between Laikipia, Nyandarua and Nakuru through the Council of Governors and NASCOP. It is also worth mentioning that some of the facilities in Nyandarua County receive their ART supplies from central sites in Laikipia County.

Health promotion on HIV has been continuing in an effort to educate and inform the community on the need to prevent HIV and access services, however there is a weak linkage to services. For example the youth forums educate boda boda riders on the use of condoms and need for HTS but are unable to offer the services because they lack condoms for distribution alongside the messages and do not have an inventory of where the HTS can be provided. This calls for more linkage to services in line with the delivery of key HIV messages through a HIV communication guideline for the county.

The county has benefited from the Beyond Zero ambulance courtesy of the Kenya's 1st Lady initiative and this is used to deliver HIV services to the community.

The other challenge faced by the county in ensuring health and community system integration is the shortage of health workers.

The County is also experiencing a situation where some of the partners that are critical in linking health services at the community level are pulling out and this includes APHIA plus Kamili.

Table 4.6: Interventions for SDA 4

Strategic Direction 4: Strengthening the integration of health and community systems					
KASF Objectives: 1] Reduce new HIV infections by 50%; 2] Reduce AIDS related mortality by 25%; 3] Reduce HIV related stigma and discrimination by 50%; 4] Increase domestic financing of HIV response by 50%					
NCHASP Results	**Key Activity**	**Sub-Activity / Intervention**	**Target Population**	**Geographic Location**	**Responsibility**
	Structural Interventions				
Increase access to HIV services by the community through CUs from 68 to 129 CUs	Strengthening and the establishment of more functional CUs. Establish new CUs. Train more Community Volunteers on home based HIV care.	Strengthen the existing non functional CUs.	General population	County wide	MoH CBOs FBOs
	Conduct more outreach services using the Beyond Zero ambulance	Develop and implement a schedule for the Beyond Zero ambulance.			
	Lobby for the recruitment of more health staff force.	Staff recruitment to improve the overall staff population ratio for all cadres.			County Public Service, MoH, CBOs, NGOs, FBOs
	Behavioural Interventions				
	Develop and implement a HIV communication plan for scaling up access of health services to the community.	Implement the communication plan for scaling up access to health services to the community.	General population	County wide	MoH CBOs FBOs
	Biomedical Interventions				
	Provide HIV services through the CUs. Distribute condoms through the CUs.	Provide HTS through the CUs.	General population	County wide	MoH CBOs FBOs

SDA 5: Strengthening research, innovation and information management to inform the NCHASP goal

Context

Evidence based planning and programing is important in ensuring innovation, efficiency and accuracy in HIV response. Nyandarua County relies on nationally conducted HIV studies, mainly the Kenya AIDS Indicator Survey 2012 and the Kenya HIV County Profile 2014, in developing the strategy. Within the county, the Nyandarua District Health Information System (DHIS) provides county specific data that is generated from health facilities (as discussed under SDA 6). It is safe to state that the research platform within the county is not well established and coordinated even though research remains a national agenda. The county however has some research question that may help in developing innovative and evidence based interventions as outlined in Table 4.7 below.

Table 4.7: Interventions for SDA 5

Strategic Direction 5: Strengthening research, innovation and information management to inform the NCHASP goal					
KASF Objectives: 1] Reduce new HIV infections by 50%; 2] Reduce AIDS related mortality by 25%; 3] Reduce HIV related stigma and discrimination by 50%; 4] Increase domestic financing of HIV response by 50%					
NCHASP Results	**Key Activity**	**Sub-Activity / Intervention**	**Target Population**	**Geographic Location**	**Responsibility**
	Structural Interventions				
Three HIV studies conducted to inform on the HIV planning and programing in Nyandarua	Establish a county HIV research agenda under the M&E TWG.	Have the HIV research agenda discussed on a regular basis.	General population	County wide	CHRIO
	Undertake a HIV structural research.	Estimate the condom requirement and distribution channels.			
	Behavioural Interventions				
	Undertake a HIV behavioural study.	Understand the dynamic of FSWs in Nyandarua County.	General population	County wide	CHRIO
	Biomedical Interventions				
	Undertake a biomedical study.	Establish if MSM and PWID are a key population in Nyandarua County.	General population	County wide	CHRIO

SDA 6: Promoting the utilization of strategic Information for research, monitoring and evaluation to enhance programing of the NCHASP

Context

Effective data collection, transmission and analysis is important to inform on HIV decision making, policy formulation, planning and implementation. Nyandarua County collects two sets of HIV data at health facility level and community level. The health facility data is collected through Health Records Officers (HROs) with support for data clerks stationed at health facilities. The data is then fed into the District Health Information System (DHIS) on a monthly basis. Through support of NACC, community based HIV data is collected from CBOs, NGOs and other stakeholders implementing community based HIV activities. The data is relayed through the five Constituency AIDS Control Coordinators stationed in the sub-counties that double up as constituencies and then sent to the Regional HIV Coordinator Region 18 for verification before being entered into the national database for decision and policy making.

As indicated under SDA 4, the county, based on its proximity to referral health facilities from other counties notably Nakuru and Laikipia, experiences a situation where the county residents prefer to seek treatment from these facilities that have better facilities. This way, the true reflection of the health situation in the county including PLWHIV is not captured in the DHIS. Other challenges in data collection, monitoring and reporting include: Inadequate reporting tools, limited resources to conduct data review meetings, inaccurate data collection, and limited number of facilities that have been automated through the Electronic Medical Register (EMR) on 12 facilities. There is a potential reduction in the number health record staff involved in data collection with the pull out of partners' support in data collection.

Other challenges in data collection, monitoring and reporting include: Inadequate reporting tools, limited resources to conduct data review meetings, inaccurate data collection, and limited number of facilities that have been automated through the Electronic Medical Register (EMR) on 12 facilities.

Table 4.8: Interventions for SDA 6

Strategic Direction 6: Promote the utilization of strategic information for research, monitoring and evaluation of the NCHASP					
KASF Objectives: 1] Reduce new HIV infections by 50%; 2] Reduce AIDS related mortality by 25%; 3] Reduce HIV related stigma and discrimination by 50%; 4] Increase domestic financing of HIV response by 50%					
NCHASP Results	**Key Activity**	**Sub-Activity / Intervention**	**Target Population**	**Geographic Location**	**Responsibility**
	Structural Interventions				
Data on HIV is available for use to inform on the NCHASP implementation	Strengthen the County Health Records and Information System	Conduct M&E capacity assessment and development in the county.	Health workers	County wide	MoH CHRIO Partners NACSOP NACC
		Conduct periodic data quality audits, verification and support supervision.			
		Procure and distribute reporting tools.	Health facilities		
	Behavioural Interventions				
	Strengthen the capacity of health workers in data collection.	Build the capacity of health workers on data collection and reporting.	Health workers	County wide	

SDA 7: Increasing domestic financing for a sustainable HIV response in Nyandarua County

Context

The past funding for HIV activities in the county has been through the national government and continues to be so much so with NASCOP through KEMSA providing the essential supplies ART, condoms, IEC materials and activity based funding for capacity building, data quality assurance and supervision. NACC funding has been channeled to support community activities including the World AIDS Day commemoration every year, support to the CACC to undertake supervision, office running and transport operating costs. With the reality that national HIV and AIDS funding is donor dependent and diminishing with time, the need for increasing domestic funding is necessary. Currently the County Government is paying for the salaries of health workers engaged in HIV response activities, caters for allowances and transport incurred by the staff during supervision though this remains inadequate. Other forms of County HIV support is seen in the establishment of infrastructure with more health facilities being constructed through the county budget and the Constituency Development Funding by the Governor's Office and the respective Members of Parliament. The MoH will continue to lobby for more resource allocation for HIV activities from the county budget.

Currently the County Government is paying for the salaries of health workers engaged in HIV response activities, caters for allowances and transport incurred by the staff during supervision though this remains inadequate.

Table 4.9: Interventions for SDA 7

Strategic Direction 7: Increasing domestic financing for a sustainable HIV response in Nyandarua County					
KASF Objectives: Increase domestic financing of HIV response by 50%					
NCHASP Results	**Key Activity**	**Sub-Activity / Intervention**	**Target Population**	**Geographic Location**	**Responsibility**
	Structural Interventions				
Increase domestic funding for HIV response in Nyandarua County by 10% by the year 2020	Establish a county domestic kitty for HIV response.	Develop an accountability framework at county level to ensure alignment of resources for HIV response priority.	CEC Health	County wide	Governor MCAs Private sector
		Create strategic Private Public Partnerships for HIV resource mobilization.			
		Develop policy briefs to strengthen good governance of the HIV response.			
	Behavioural Interventions				
		Lobby the County Assembly and the public to incorporate HIV activities during public participation forums using PLWHIV.	PLWHIV	County wide	MoH Civil society
		Conduct advocacy meetings with the county leadership to build and sustain high level political commitment for HIV response.	County leadership	County wide	MoH PLWHIV

SDA 8: Promoting accountable leadership for delivery of the NCHASP by all sectors and actors

Context

Accountable, transparent and inclusive leadership is key for the delivery of the NCHASP; it requires political goodwill, inclusion of all the interested parties - civil society, communities and PLWHIV. With the advent of devolution it is imperative that the Governor and other elected leaders are involved in providing leadership of HIV response in the county. Guided by the KASF, the Governor ***"shall implement national and county legislation to the extent that the legislation require and is responsible for the delivery of a range of services, planning and prioritization of resource allocation to address HIV burden"***. Under the Governor there shall be other structures: the County Executive Committee, the County HIV Committee, County HIV ICC, County HIV Coordination Unit, County KASF Monitoring Committee and Sub-County / Constituency HIV Committees as shown in Figure 4.1 below. In the revised NACC structure, Nyandarua County is clustered under Region 18 which includes Laikipia and Samburu counties. NACC has seconded 5 CACCs, one in each of the sub-counties / constituencies.

The National AIDS Control Council provides the Secretariat of the County HIV Coordination Unit while articulating the national policy and strategy direction in HIV response and coordination prevention activities. NACSOP through the CASCO and Sub-CASCOs provides technical support in HIV treatment and care.

Figure 4.1: County HIV coordination structure for delivery of the NCHASP

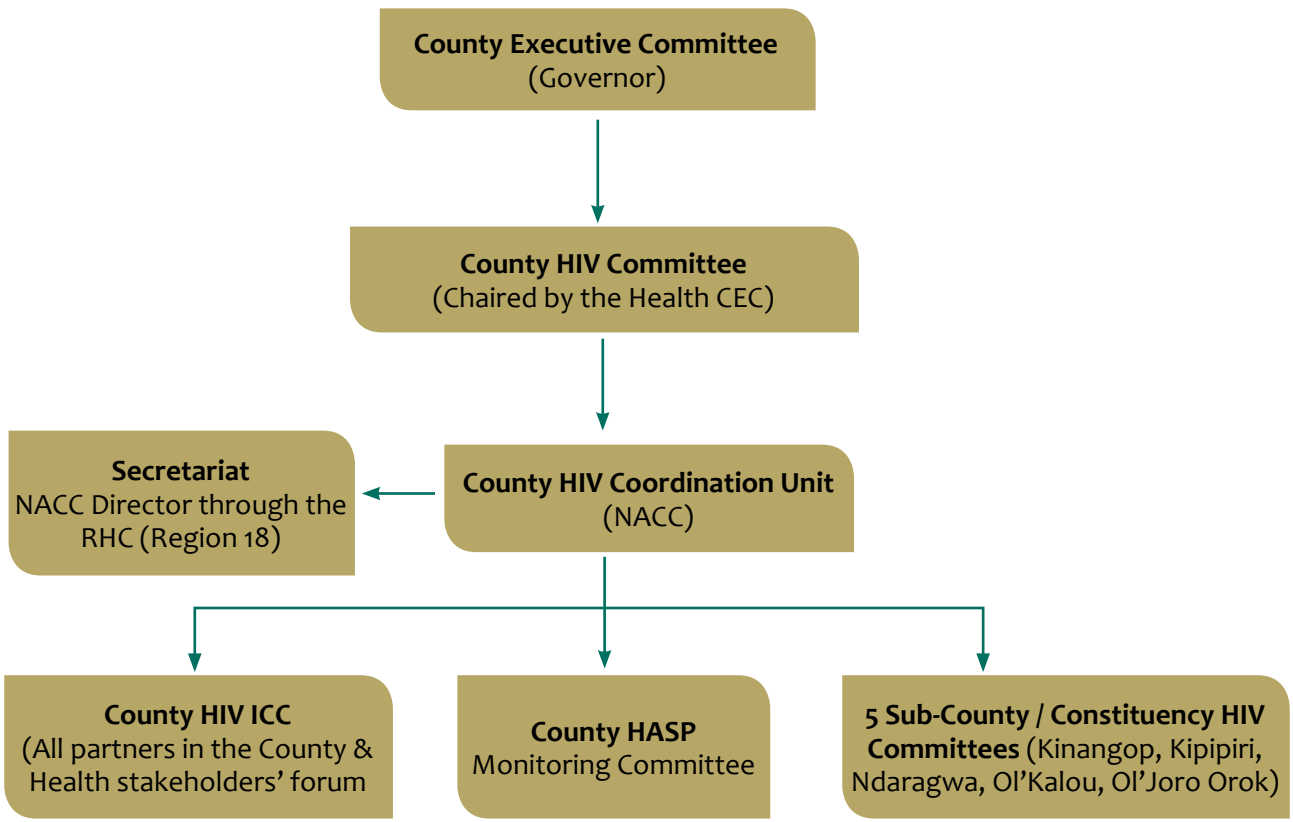

Table 4.10: Interventions for SDA 8

KASF Objectives: 1] Reduce new HIV infections by 75%; 2] Reduce AIDS related mortality by 25%; 3]Reduce HIV related stigma and discrimination by 50%; 4] Increase domestic financing of HIV response by 50%						
NCHASP Results	**Key Activities**	**Sub-Activity / Interventions**			**Geographical Location**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
NCHASP is well coordinated and progress monitored	County HIV units and committees convene and hold regular meetings.	Biomedical TWG meets on a quarterly basis.	Behavioural TWG meets on a quarterly basis.	County Executive Committee convened and holds regular meetings to review the progress of the NCHASP implementation.	Entire County	Governor CASCO NACC NASCOP CEC Health
				County HIV Committee constituted and holds quarterly review meetings.		
				County HIV Coordination Unit constituted and holds regular meetings.		
				County NCHASP Monitoring Committee convened and holds regular meetings.		
				Sub-County / Constituency HIV Committee constituted and holds regular meetings.		

Chapter 5

Implementation Arrangements

5.1 Introduction

The NCHASP implementation shall be multi-sectorial comprising the public, private and civil society institutions. Measures shall be put in place to ensure all stakeholders are accountable both financially and programmatically. The county as shown in SDA 8 Figure 4.1 will have the following committees:

- County Executive Committee - Chaired by the Governor
- County HIV Committee - Chaired by the CEC Member for Health
- County HIV Coordination Unit - NACC structure with 3 coordination units:
  - County ICC
  - County KASF Monitoring Committee
  - Sub-County HIV Coordination Committees

All the committees and units will have distinct functions and terms of reference as follows:

5.2 County Executive Committee

This committee will be: -

- Chaired by the Governor of Nyandarua County.
- Responsible for the implementation of national and county legislation to the extent that the legislation require.
- Responsible for the delivery of a range of services, planning and prioritization of resource allocation to address HIV burden in Nyandarua County.

5.3 County HIV Committee

It shall be accountable to the Governor of Nyandarua 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 Executive with membership from the sub-county HIV committees, HIV partners, implementers, PLWHIV and other special interest groups in Nyandarua as appointed by the CEC Health.

Terms of Reference

The County HIV Committee shall be the custodian of the NCHASP and will:

- Hold meetings on a quarterly basis to review the implementation plan.
- Be responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of the SCHASP.
- Approve the county HIV targets and plan.
- Review and present the County HIV Budget.
- Set the County HIV agenda.
- Receive reports on SCHASP progress from the monitoring committee.
- Receive reports from the County ICC KCASP and the routine Monitoring Committee.

5.4 County HIV Coordination Unit

This unit will be the responsibility of the NACC Secretariat at the county level. The unit shall coordinate the day to day implementation of the strategic framework at county level, working closely with the County Health Management Team and the various line ministries department at the county level with a direct link with the NACC Secretariat at the national level.

Terms of Reference

- 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 and support for KASF delivery.
- Monitor County legislation to ensure all Bills are HIV discrimination compliant.
- County HIV ICC.

5.5 County KASF Monitoring Committee

- Shall comprise the sub-committees of the 4 strategic areas – Prevention, Treatment, Human Rights and System Strengthening. The sub-committees shall themselves be made up of the technical persons and institutions responsible for different areas.
- The Public Sector Working Group (education, agriculture, gender, law and order, transport, prison) shall facilitate and monitor the results.

Chapter 6

Monitoring and Evaluation of the NCHASP

The NCHASP ideally should cover the period 2014/2015 – 2018/2019 in line with the national KASF. However following a delay in the development and launch of this strategic plan its implementation will practically reflect on the period 2016 – 2020 covering 5 years.

The NCHASP will be monitored and evaluated as follows:

1. During the National Kenya AIDS Indicator Survey in 2016 that is undertaken countrywide by the NACC.
2. Mid-term Evaluation: this will be conducted in mid 2018 through a review of the set mid-term target as outlined in the M&E Annexure 1.
3. End term Evaluation will be undertaken at the end of 2020 against the set or revised target following the mid-term evaluation.

Both the mid and end term evaluations will be done though a desk review of the Nyandarua DHIS 2 and also the engagement of an independent consultant. During the review of the national KASF expected between 2018/2019, the NCHASP will also be aligned to the KASF and hopefully they will run concurrently in future.

Table 6.1: Monitoring & Evaluation Plan of the NCHASP

	Year 1 Jan to Dec 2016	Year 2 Jan to Dec 2017	Year 3 Jan – Dec 2018	Year 4 Jan to Dec 2019	Year 5 Jan to Dec 2020
KAIS	X				
Mid-term Evaluation			X		
End term Evaluation					X

Chapter 7

RISK MITIGATION PLAN

Risk Category	Risk Name	Status	Probability (1-5)	Impact (1-5)	Risk Average score	Response	Responsibility	When
Technological	Partners lack Capacity	Active- risk is being actively monitored	3/5	4/5		Mitigate- budget moneys for training	CHAC and Implementing partners	Y1
	Low integration of ICT into HIV programming	Active- risk is being actively monitored	3	3	3	Adopt and strengthen use of ICT in HIV programming	County Government, NASCOP ,Implementing partners	Y1-Y5
	Lack of some key indicators in the DHIS	Active- risk is being actively monitored	3	3	3	Fast track incorporating the missing indicators	County Government, NASCOP, Implementing partners	Y1-Y5
Financial	Limited financial resources for HIV programming	Active- risk is being actively monitored	3	4	3.5	Lobby with the county assembly for budgetary allocation	CoH, CHAC	Y1-Y5
Political	Weak Political accountability	Active- risk is being actively monitored	2	2	2	Demand political accountability	County Government, NACC	Y1-Y5
	Inconsistent and insufficient political good will.	Passive risk, its being actively monitored.	2/5	3/5		Reduce-by Constantly engaging the political class.	CEC health, CHAC	Y1- Y5

Risk Category	Risk Name	Status	Probability (1-5)	Impact (1-5)	Risk Average score	Response	Responsibility	When
Operational	Inconsistent and inadequate supply of HIV commodities.	Active- risk is being actively monitored	2	4	3	Right forecasting, quantification and procurement	County government, NASCOP, KEMSA, Implementing partners	Y1-Y5
	Inadequate care and treatment centers	Active- risk is being actively monitored	2	3	2.5	Increase the number of Care and treatment centers in the county to improve access	CASCO, Implementing Partners	Y1-Y5
	Youth and adolescent friendly services	Active- risk is being actively monitored	2	3	2.5	Integrate and strengthen youth / adolescent friendly services	CDH ,Implementing partners	Y1-Y5
	Inconsistent and inadequate supply of HIV commodities.	Active- risk is being actively monitored	2	4	3	Right forecasting, quantification and procurement	County government , NASCOP ,KEMSA ,Implementing partners	Y1-Y5
	Inadequate care and treatment centers	Active- risk is being actively monitored	2	3	2.5	Increase the number of Care and treatment centers in the county to improve access	CASCO, Implementing Partners	Y1-Y5
	Youth and adolescent friendly services	Active- risk is being actively monitored	2	3	2.5	Integrate and strengthen youth / adolescent friendly services	CDH ,Implementing partners	Y1-Y5

Risk Category	Risk Name	Status	Probability (1-5)	Impact (1-5)	Risk Average score	Response	Responsibility	When
Operational	Inadequate trained personnel to offer HIV services in the health facilities-All cadres	Active- risk is being actively monitored	2	3	2.5	Recruit new staff , deploy rightfully and offer continuous capacity building	CPSB,CoH ,CDH,CASCO	Y1-Y5
	Inadequate community mobilization activities towards HIV response	Active- risk is being actively monitored	2	2	2	Strengthen the community health strategy	County government, Implementing partners	Y1-Y5
	Lack of support for key population programs	Inactive –No monitoring in place	4	4	4	Initiate and sustain programs for key populations	County Government, Implementing partner	Y1-y5
	Inadequate trained personnel to offer HIV services in the health facilities-All cadres	Active- risk is being actively monitored	2	3	2.5	Recruit new staff , deploy rightfully and offer continuous capacity building	CPSB,CoH, CDH,CASCO	Y1-Y5
	Inadequate community mobilization activities towards HIV response	Active- risk is being actively monitored	2	2	2	Strengthen the community health strategy	County government, Implementing partners	Y1-Y5
	Lack of support for key population programs	Inactive –No monitoring in place	4	4	4	Initiate and sustain programs for key populations	County Government, Implementing partner	Y1-y5
	Inadequate trained personnel to offer HIV services in the health facilities-All cadres	Active- risk is being actively monitored	2	3	2.5	Recruit new staff , deploy rightfully and offer continuous capacity building	CPSB, CoH, CDH,CASCO	Y1-Y5

Risk Category	Risk Name	Status	Probability (1-5)	Impact (1-5)	Risk Average score	Response	Responsibility	When
Operational	Data quality / data utilization challenges	Active- risk is being actively monitored	2	3	2.5	Conduct regular DQAs and quarterly M/E review meeting	CoH, CASCO, CHRIO, Implementimg partners	Y1-y5
	Stigma and discrimination	Active- risk is being actively monitored	4	4	4	Conduct anti stigma campaigns	County government, Networks of PLHIV, Community, FBOs	Y1-Y5
	Knowledge gaps amongst HCWs (capacity building)	Active- risk is being actively monitored	2	3	2.5	Countinous capacity building and mentorship	CASCCO, Implementing partners	Y1 – Y5
Legislation	Lack of legislation on HIV related issues and stigma	Active – Risk NOT being actively monitored	2	3	2.5	Develop and operationalize the HIV related bills	Department of Health, Networks of PLHIV and County Assembly Committee on health	Y1-Y5
	Inadequate legislation to support (KP and vulnerable groups.	Active				Lobby (legislation) support from the	County Assembly and CEC Health	Y1 – Y5
	Lack of political goodwill, Lack of supportive policies – workplace and Key population	likely	4/5	4/5		Lobby and advocate to political class		Y1 – Y5

ANNEX 1

Monitoring and Evaluation Framework for the NCHASP

Strategic Direction 1: Reducing new HIV infections in Nyandarua County						
KASF objective: Reduce new HIV infections by 75%						
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
	Biomedical Interventions					
Reduce HIV infections by 50% in Nyandarua County	Increase access to HTS services to the key and vulnerable populations.	Increase in the percentage of key and vulnerable populations who know their HIV status.	50%	75%	90%	CACCs
	Increase access to HIV prevention commodities	Number of condoms distributed to key and vulnerable populations.	100,000	150,000	200,000	CACCs
	Behavioural Interventions					
	Increase access to HIV prevention messages.	Increase the percentage of people reached with HIV prevention messages.	20%	40%	60%	CACCs
	Structural Interventions					
	Increase access to HTS by the adolescents and young people through youth friendly clinics.	Number of functional youth friendly clinics established.	0	2	5	CECM Health
	Increase access to HIV prevention commodities through condom dispensers.	Number of condom dispensers installed at strategic points.	0	100	200	CACCs

Interventions for SDA 2: Improving health outcomes and wellness of all PLWHIV in Nyandarua County						
KASF objective: Reduce AIDS related mortality by 25%						
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
Increase enrolment to care within 3 months of HIV diagnosis from 64% to 90% for children, adolescents and adults	**Biomedical Interventions**					
	Increase the number of PLWHIV initiated on ART.	Increase in the % of PLWHIV initiated on ART.	64%	80%	90%	CASCO
	Improve the number of PLWHIV retained on care and treatment.	Increase in the % of one year retention of PLWHIV on care and treatment.	80%	85%	90%	CASCO
	Intensify TB case finding.	Number of PLWHIV screened for TB and initiated on treatment as per the guidelines.	70%	80%	90%	CASCO
	Provide nutritional assessment and support to all PLWHIV.	Number of PLWHIV on nutritional support.	53%	65%	90%	CASCO
	Behavioural Interventions					
	Develop and implement a communication guide for HIV treatment and care for PLWHIV.	Number of PLWHIV reached with a key message on HIV care and treatment.	0	40%	80%	CHPO
	Structural Interventions					
	Increase the number of ART sites to minimize referrals.	Number of functional ART sites established.	27	28	30	CDH
	Open 2 additional central ART sites.	Number of functional central ART sites in Nyandarua.	2	3	4	CDH

Strategic Direction 3: Reducing HIV related stigma and discrimination by 50%						
KASF objective: To reduce HIV related stigma and discrimination by 50%						
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
To reduce the stigma index from 38% (Moderate) to 19% (Low)	Biomedical Interventions					
	Increase access to HTS services to the priority groups.	Number of the targeted priority groups reached. with HTS.	0	10	20	CACCs
	Behavioural Interventions					
	Develop and implement a communication plan to promote the rights of PLWHIV in the community.	Percentage of the community reached with a key message on the rights of PLWHIV.	0%	40%	80%	CHPO
	Structural Interventions					
	Strengthen the existing and form more psychosocial support groups and literacy classes for PLWHIV.	Number of psychosocial groups strengthened and formed for PLWHIV.	0	20	40	CASCO
	Sensitize teachers on support and care of school children living with HIV.	Number of teachers trained on support and care of school children living with HIV.	0	40	80	KENAPOTE

Strategic Direction 4: Strengthening the integration of health and community systems						
KASF objectives: 1] Reduce new HIV infections by 50%; 2] Reduce AIDS related mortality by 25%; 3] Reduce HIV related stigma and discrimination by 50%; 4] Increase domestic financing of HIV response by 50%						
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
Increase access to HIV services by the community through CUs from 68 to 129 CUs	**Biomedical Interventions**					
	Train Community Volunteers on home based HIV care.	Number of PLWHIV receiving home based HIV care.	0	50	100	CACCs
	Behavioural Interventions					
	Develop and implement a HIV communication plan for scaling up access of health services to the community.	Increase in the % of the community reached with key HIV messages.	-	30%	40%	CHPO
	Structural Interventions					
	Strengthening the existing non functional CUs.	Number of non functional CUs revived.	-	39	68	CHP&P
	Establish more functional CUs.	Number of new CUs established.	68	80	100	CHP&P
	Conduct more outreach services using the Beyond Zero ambulance.	Number people reached through the Beyond Zero ambulance.	0	15000	30000	CHFH
	Lobby for the recruitment of more health workers.	Number of staff recruited.	0	100	300	CECM Health

Strategic Direction 5: Strengthening research, innovation and information management to inform the NCHASP goal						
KASF objectives: 1] Reduce new HIV infections by 50%; 2] Reduce AIDS related mortality by 25%; 3] Reduce HIV related stigma and discrimination by 50%; 4] Increase domestic financing of HIV response by 50%						
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
Three HIV studies conducted to inform on the HIV planning and programing in Nyandarua	**Biomedical Interventions**					
	Establish if MSM and PWID are a key population in Nyandarua County.	A study on the mode of transmission in Nyandarua County undertaken and results available.	0	1	1	CECM Health
	Behavioural Interventions					
	Understand the dynamic of FSWs in Nyandarua County.	Study on FSWs done in Nyandarua and results available.	0	1	1	CDH
	Structural Interventions					
	Establish a County HIV research agenda under the M&E TWG.	Research remains a key agenda in the M&E TWG and minutes available.	0			
	Estimate the condom requirement and distribution channels.	Study on the condom requirement and effective distribution channels done and results available.	0	0	1	CDH

Strategic Direction 6: Promote the utilization of strategic information for research, monitoring and evaluation of the NCHASP.						
KASF objectives: **1] Reduce new HIV infections by 50%;** **2] Reduce AIDS related mortality by 25%;** **3] Reduce HIV related stigma and discrimination by 50%;** **4] Increase domestic financing of HIV response by 50%**						
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
Data on HIV is available for use to inform on the NCHASP implementation	**Behavioural Interventions**					
	Build the capacity of health workers on data collection and reporting.	Number of health workers trained.	0	100	150	CHRIO
	Structural Interventions					
	Procure and distribute data collection tools		-	-	-	CHRIO
	Conduct periodic data quality audits					

Strategic Direction 7: Increasing domestic financing for a sustainable HIV response in Nyandarua County						
KASF objectives: Increase domestic financing of HIV response by 50%						
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
Increase domestic funding for HIV response in Nyandarua County by 10% by the year 2020	**Behavioural Interventions**					
	Lobby the County Assembly and the public to incorporate HIV activities during public participation forums using PLWHIV.	Number of meetings held between the County Assembly and Department of Health per year.	2	8	16	CECM Health
	Conduct advocacy meetings with the county leadership to build and sustain high level political commitment for HIV response.	Number of advocacy meetings held per year.	-	2	4	CECM Health
	Structural Interventions					
	Develop an accountability framework at county level to ensure alignment of resources for HIV response priority.	One framework developed.	-	1	1	COH
	Create strategic private public partnership for HIV resource mobilization.	One committee formed.	-	1	1	CECM Health
	Develop policy briefs to strengthen good governance of HIV response.	Number of policy briefs developed.	-	2	4	CECM Health

Strategic Direction 8: Promoting accountable leadership for delivery of the NCHASP by all sectors and actors						
KASF objectives: 1] Reduce new HIV infections by 75%; 2] Reduce AIDS related mortality by 25%; 3]Reduce HIV related stigma and discrimination by 50%; 4] Increase domestic financing of HIV response by 50%						
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
NCHASP is well coordinated and progress monitored	**Biomedical Interventions**					
	Biomedical TWG meet on a quarterly basis.	Number of biomedical TWG conducted and minutes available.	4	8	16	CASCO
	Behavioral Interventions					
	Behavioural TWG meet on a quarterly basis.	Number of behavioural TWG conducted and minutes available.	4	8	16	CASCO
	Structural Interventions					
	County Executive Committee convened and holds regular meetings to review the progress of the NCHASP implementation.	Number of County Executive Committee meetings conducted and minutes available.	0	2	4	Governor
	County HIV Committee constituted and holds quarterly review meetings	Number of County HIV Committee meetings conducted and minutes available.	1	8	16	CECM Health
	County HIV Coordination Unit constituted and holds regular meetings.	Number of County HIV Coordination Unit meetings conducted and minutes available.	0	4	12	CECM health
	County NCHASP monitoring committee convened and holds regular meetings.	Number of County NCHASP monitoring committee meetings conducted and minutes available.	0	4	12	CHRIO
	Sub-County / Constituency HIV Committees constituted and hold regular meetings.	Number of sub-county / constituency meetings conducted and minutes available.	0	20	40	CACCs

ANNEX 2

Resource Needs

Resources required for implementing the NCHASP 2016/17-2018/19 (in KSH millions)					
SD	**2016/17**	**2017/18**	**2018/19**	**Total**	**% of resource allocated**
Strategic Direction 1	133.37	263.72	393.41	790.50	17.30%
Strategic Direction 2	905.29	1,123.82	1,337.50	3,366.61	73.66%
Strategic Direction 3	0.00	48.85	97.69	146.54	3.21%
Strategic Direction 4	3.65	51.21	81.19	136.05	2.98%
Strategic Direction 5	0.11	1.18	1.72	3.01	0.07%
Strategic Direction 6	11.28	27.39	35.98	74.64	1.63%
Strategic Direction 7	1.40	2.79	5.37	9.56	0.21%
Strategic Direction 8	6.87	11.60	24.92	43.39	0.95%
Total	**1,061.97**	**1,530.56**	**1,977.77**	**4,570.30**	**100.00%**

Strategic Direction 1: Reducing new HIV infections in Nyandarua County					
KASF Objective: Reduce new HIV infections by 75%					
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**
Reduce HIV infections by 50% in Nyandarua County.	Increase access to HTS services to the key and vulnerable populations.	Increase in the percentage of key and vulnerable population who know their HIV status	18,025,000	27,037,500	32,445,000
	Increase access to HIV prevention commodities	Number of condoms distributed to key and vulnerable population	618,000	927,000	1,236,000
	Increase access to HIV prevention messages	Increase the percentage of people reached with HIV prevention messages.	105,540,349	211,080,698	316,621,047
	Increase access to HTS by the adolescent and young people through youth friendly clinic	Number of functional youth friendly clinics established.	0	6,000,000	15,000,000
	Increase access to HIV prevention commodities through condom dispensers.	Number of condom dispensers installed at strategic points.	0	500,000	1,000,000
		Subtotal	**124,183,349**	**245,545,198**	**366,302,047**
		Program management costs 7.4%	**9,189,567.84**	**18,170,344.67**	**27,106,351.51**
		Total	**133,372,917**	**263,715,543**	**393,408,399**

Interventions for SDA 2: Improving health outcomes and wellness of PLWHIV in Nyandarua County					
KASF objective: Reduce AIDS related mortality by 25%					
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**
Increase enrolment to care within 3 months of HIV diagnosis from 64% to 90% for children, adolescent and adults	Increase the number of PLWHIV initiated on ART	Increase in the % of PLWHIV initiated on ART	529,014,922	661,268,652	743,927,234
	Improve the number of PLWHIV retained on care and treatment	Increase in the % of one year retention of PLWHIV retained on care and treatment.	39,228,201	52,099,954	62,060,240
	Intensify TB case finding.	Number of PLWHIV screened for TB and initiated on treatment as per the guidelines	53,632,306	61,294,064	68,955,822
	Provide nutritional assessment and support to all PLWHIV	Number of PLWHIV on nutritional support.	189,541,250	232,456,250	321,862,500
	Develop and implement a communication guide for HIV treatment and care for PLWHIV.	Number of PLWHIV reached with a key message on HIV care and treatment.	500,000	5,268,932	10,537,864
	Increase the number of ART sites to minimize referrals	Number of functional ART sites established	27,000,000	28,000,000	30,000,000
	Open 2 additional central ART sites	Number of functional central ART sites in Nyandarua	4,000,000	6,000,000	8,000,000
		Subtotal	**842,916,679**	**1,046,387,852**	**1,245,343,659**
		Program management costs 7.4%	**2,375,834.21**	**77,432,701.08**	**92,155,430.79**
		Total	**905,292,513**	**1,123,820,554**	**1,337,499,090**

Strategic Direction 3: Reducing HIV related stigma and discrimination by 50%					
KASF objective: To reduce HIV related stigma and discrimination by 50%					
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**
To reduce the stigma index from 38% (Moderate) to 19% (Low)	Increase access to HTS services to the priority groups	Number of the targeted priority groups reached with HTS	0	287,370	574,740
	Develop and implement communication plan to promote the rights of PLHIV in the community	Percentage of the community reached with a key message on the rights of PLWHIV	0	42,556,592	85,113,185
	Strengthen the existing and form more psychosocial support groups and literacy classes for PLWHIV.	Number of psychosocial groups strengthened and formed for PLWHIV	0	2,142,400	4,284,800
[1] Priority group include PLWHIV, PLWD, OVCs	Sensitize teachers on support and care of school children living with HIV	Number of teachers trained on support and care of school children living with HIV	0	494,400	988,800
	Subtotal		**0**	**45,480,762**	**90,961,525**
	Program management costs 7.4%		**- 0**	**3,365,576.42**	**6,731,152.84**
	Total		**0**	**48,846,339**	**97,692,678**

Strategic Direction 4: Strengthening the integration of health and community systems.					
KASF Objectives: 1] Reduce new HIV infections by 50% 2] Reduce AIDS related mortality by 25% 3] Reduce HIV related stigma and discrimination by 50% 4] Increase domestic financing of HIV response by 50%					
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**
Increase access to HIV services by the community through CUs from 68 to 129 CUs	Train Community Volunteers on Home Based HIV care	Number of PLWHIV receiving home based HIV care.	0	2,500,000	5,000,000
	Develop and implement a HIV communication plan for scaling up access of health services to the community.	Increase in the % of the community reached with key HIV messages	0	31,917,444	42,556,592
	Strengthening the existing nonfunctional CUs	Number of nonfunctional CUs revived	0	1,950,000	3,400,000
	Establish more functional CUs	Number of new CUs established	3,400,000	4,000,000	5,000,000
	Conduct more outreach services using the beyond zero ambulance	Number people reached through the beyond zero ambulance	0	2,317,500	4,635,000
	Lobby for the recruitment of more health staff force.	Number of staff recruited	0	5,000,000	15,000,000
	Subtotal		**3,400,000**	**47,684,944**	**75,591,592**
	Program management costs 7.4%		**251,600.00**	**3,528,685.88**	**5,593,777.84**
	Total		**3,651,600**	**51,213,630**	**81,185,370**

Strategic Direction 5: Strengthening research and innovation to inform the NCHASP.					
KASF Objectives: 1] Reduce new HIV infections by 50% 2] Reduce AIDS related mortality by 25% 3] Reduce HIV related stigma and discrimination by 50% 4] Increase domestic financing of HIV response by 50%					
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**
3 HIV studies conducted to inform on the HIV planning and programing in Nyandarua	Establish if MSM and PWID are a key population in Nyandarua County	Study on the mode of transmission study in Nyandarua County undertaken and results available	0	500,000	500,000
	Understand the dynamic of FSW in Nyandarua County	Study on FSW done in Nyandarua and results available	0	500,000	500,000
	Establish a County HIV research agenda under the M&E TWG	Research remains a key agenda in the M&E WG and minutes available.	100,000	100,000	100,000
	Estimate the condom requirement and distribution channels	Study on the condom requirement and effective distribution channels done and results available	0	0	500,000
	Subtotal		**100,000**	**1,100,000**	**1,600,000**
	Program management costs 7.4%		**7,400.00**	**81,400.00**	**118,400.00**
	Total		**107,400**	**1,181,400**	**1,718,400**

Strategic Direction 6: Promote the utilization of strategic information for research, monitoring and evaluation of the NCHASP.					
KASF Objectives: 1] Reduce new HIV infections by 50% 2] Reduce AIDS related mortality by 25% 3] Reduce HIV related stigma and discrimination by 50% 4] Increase domestic financing of HIV response by 50%					
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**
Data on HIV is available for use to inform on the NCHASP implementation.	Build the capacity of health workers on data collection and reporting	Number of health workers trained	0	10,000,000	15,000,000
	Procure and distribute data collection tools		10,000,000	15,000,000	18,000,000
	Conduct periodic data quality audits		500,000	500,000	500,000
	Subtotal		**10,500,000**	**25,500,000**	**33,500,000**
	Program management costs 7.4%		**777,000.00**	**1,887,000.00**	**2,479,000.00**
	Total		**11,277,000**	**27,387,000**	**35,979,000**

Strategic Direction 7: Increasing domestic financing for sustainable HIV response in Nyandarua County.					
KASF Objectives: Increase domestic financing of HIV response by 50%					
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**
Increase domestic funding for HIV response in Nyandarua County by 10% by the year 2020	Lobby the county assembly and the public to in cooperate HIV activities during public participation forums using PLWHIV.	Number of meetings held between County assembly and department of health per year	400,000	1,600,000	3,200,000
	Conduct advocacy meetings with the county leadership to build and sustain high level political commitment for HIV response.	Number of advocacy meetings held per year	200,000	400,000	800,000
	Develop an accountability framework at county level to ensure alignment of resources for HIV response priority.	One framework developed	500,000	100,000	100,000
	Create strategic private public partnership for HIV resource mobilization.	One committee formed	100,000	100,000	100,000
	Develop policy briefs to strengthen good governance of HIV response.	Number of policy briefs developed	100,000	400,000	800,000
	subtotal		**1,300,000**	**2,600,000**	**5,000,000**
	Program management costs 7.4%		**96,200.00**	**192,400.00**	**370,000.00**
	Total		**1,396,200**	**2,792,400**	**5,370,000**

Strategic Direction 8: Promoting accountable leadership for delivery of the NCHASP by all sectors and actors					
KASF objectives: 1] Reduce new HIV infections by 75% 2] Reduce AIDS related mortality by 25% 3]Reduce HIV related stigma and discrimination by 50% 4] Increase domestic financing of HIV response by 50%					
NCHASP result	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**
NCHASP is well coordinated and progress monitored	Biomedical TWG meet on a quarterly basis	Number of biomedical TWG conducted and minutes available	800,000	1,600,000	3,200,000
	Behavioral TWG meet on a quarterly basis	Number of Behavioral TWG conducted and minutes available	800,000	1,600,000	3,200,000
	County Executive committee convened and holds regular meetings to review the progress of the NCHASP implementation.	Number of County Executive committee meetings conducted and minutes available	400,000	400,000	800,000
	County HIV Committee constituted and hold quarterly review meetings,	Number of County HIV Committee meetings conducted and minutes available	800,000	1,600,000	3,200,000
	County HIV Coordination unit constituted and hold regular meetings	Number of County HIV Coordination unit meetings conducted and minutes available	800,000	800,000	2,400,000
	County NCHASP monitoring committee convened and hold regular meetings	Number of County NCHASP monitoring committee meeting conducted and minutes available	800,000	800,000	2,400,000
	Sub County / Constituency HIV committee constituted and hold regular meetings	Number of sub county / constituency meetings conducted and minutes available	2,000,000	4,000,000	8,000,000
	Subtotal		**6,400,000**	**10,800,000**	**23,200,000**
	Program management costs 7.4%		**473,600.00**	**799,200.00**	**1,716,800.00**
	Grand total		**1,061,971,230**	**1,530,556,065**	**1,977,769,737**

ANNEX 3

References

1. Kenya AIDS Strategic Framework which outlines country's strategies in addressing HIV and AIDS.
2. Vision 2030, which identifies health as a key building block for the transformation of Kenya into a successful middle income country.
3. Health Sector Strategic plan (HSSP): NCHASP outlines that health and community systems development priorities ensure effective health service delivery.
4. Monitoring and evaluation framework. 2014/15-2018/19
5. Regional HIV frameworks that contribute to the objectives of regional objectives including IGAD, East African Community, African Union Global Commitment on HIV, Tuberculosis and Malaria.
6. Global commission on human right and law
7. Kenya fast-track plan to end HIV & AIDS among adolescents and young people
8. The National HIV and AIDS stigma and discrimination index

ANNEX 4

List of the County Drafting and Technical Teams

Drafting Team

1. Dr. Joram Muraya - County HIV/AIDs and Sexually Transmitted Diseases Coordinator
2. Dr. Mbugua Peter Kungu - County Executive Committee Member - Health
3. Philomena Atsiaya - LEAD-TB
4. Samwel Kago - County Health Records and Information Officer
5. Dr. Irungu Mwangi - Chief Health Officer
6. Anne Wambui Njoroge - PLWHA (Kenya Network of Positive Teachers (KENEPOTE) HIV and AIDS)
7. Dorcas Nyambura Kihara - MCA Member - Health
8. Mr. Samson Njiiri - Director of Social Services
9. Samwel Kimiti - County Commissioner
10. Gichuki Kariuki - County Director of Health
11. Patrick Kamwana - Sub-County AIDS Community Coordination, Ol'Kalou
12. Osborn Kiptoo - APHIA plus Kamili
13. Ben Kimutai - Centre for Health Solutions
14. Wachira Kariuki - Sub-County AIDS Community Coordination, Ndaragwa sub-county

15. Moses Bakari - Sub-County AIDS Community Coordination, Kinangop sub-county
16. Paul Githiga - Sub-County AIDS Community Coordination, Ol'Jjoro Orok sub-county
17. Mwangi Peter - Sub-County AIDS Community Coordination, Kipipiri sub-county

Technical Review Team

18. Sang Chebet Gladys - National AIDS Control Council
19. Bryan Okiya - National AIDS Control Council
20. Ben Tisnanga Adika - Independent Consultant
21. Moses Mathu - National AIDS Control Council, Member of TST
22. Njeri Gachiri - National AIDS Control Council

maisha!
NATIONAL AIDS CONTROL COUNCIL

Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria