



NYERI COUNTY HIV & AIDS STRATEGIC PLAN

2015/2016 - 2018/2019

"HIV is everyone's business"





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Table of Contents

ACRONYMS AND ABBREVIATIONS	vi
FOREWORD	viii
PREFACE	ix
REMARKS	x
ACKNOWLEDGEMENT	xi
EXECUTIVE SUMMARY	xii
CHAPTER 1:	
NYERI COUNTY BACKGROUND	1
1.1 Introduction.	2
1.2 Location and Administrative Units	2
1.3 Demographics	3
1.4 Economic Activities	4
CHAPTER 2:	
SITUATION ANALYSIS	5
2.1 HIV Burden in Kenya	6
2.2 HIV Burden in Nyeri County	6
2.3 Key Programmatic Gaps and Challenges	7
2.4: Major Drivers of HIV in Nyeri County	9
2.5 HIV&AIDS partnership in the county	11
2.6 Strength, Weakness, Opportunities and Threats (SWOT) Analysis.	12
CHAPTER 3:	
RATIONALE, STRATEGIC PLAN DEVELOPMENT PROCESS AND THE GUIDING PRINCIPLES	13
3.1 Rationale	14
3.2 Strategic Plan Development Process	14
3.3 Guiding Principles	14
CHAPTER 4:	
VISION, MISSION, GOALS, OBJECTIVES & COUNTY STRATEGIC DIRECTIONS	16
4.1 Vision	17
4.2 Mission	17
4.3 Goals	17
4.4 Objectives of the County	17
4.5 Strategic Directions	17
CHAPTER 5:	
IMPLEMENTATION ARRANGEMENTS	38
CHAPTER 6:	
RESEARCH MONITORING AND EVALUATION OF THE PLAN	43
CHAPTER 7:	
RISK AND MITIGATION PLAN	47
ANNEXES	48

Acronyms and abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
ARV	Anti-Retroviral Drugs
BCC	Behaviour Change Communication
CASP	County AIDS Strategic Plan
CBO	Community Based Organization
CCC	Comprehensive Care Centre
CHEWs	Community Health Extension Workers
CHV	Community Health Volunteer
COBPAR	Community Based Program Activity report
CSO	Civil Society Organization
DHIS	District Health Information Software
DQA	Data Quality Audits
EID	Early Infant Diagnosis
EMTCT	Elimination of Mother to Child Transmission
FBO	Faith Based Organization
FP	Family Planning
FSW	Female Sex Worker
GBV	Gender Based Violence
SGBV	Sexual and Gender Based Violence
FSW	Female Sex Workers
GoK	Government of Kenya
HBC	Home Based Care
HCW	Health Care Worker
HIPORS	HIV Implementing Partners Online Reporting System
HIV	Human Immuno-Deficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HRIO	Health Records and Information Officer
HTS	HIV Testing Services
IDUs	Injection Drug Users
ICC	Inter-agency Coordinating Committee
IEC	Information, Education and Communication
IPC	Infection Prevention and Control
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework

KDHS	Kenya Demographic and Health Survey
KEMSA	Kenya Medical Supplies Agency
KEPH	Kenya Essential Package for Health
KNASP	Kenya National AIDS Strategic Plan
LMIS	Logistical/Laboratory Management Information System
MARP	Most at Risk Populations
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSM	Men who have Sex with Men
MSW	Male Sex Worker
NACC	National AIDS Control Council
NASCOP	National AIDS& STI Control Programme
NBTS	National Blood Transfusion Service
NCDs	Non-Communicable Diseases
NCASP	Nyeri County AIDS Strategic Plan
NCHSIP	Nyeri County Health Strategic & Investment Plan
NHIF	National Hospital Insurance Fund
OVC	Orphans and Vulnerable Children
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PITC	Provider-Initiated Testing and Counselling
PLHIV	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PwD	People/Persons with Disabilities
PWID	People Who Inject Drugs
CDH	County Director of Health Services
CASCO	County AIDS & Sexually Transmitted Infections coordinator
CHMT	County Health Management Team
CEC	County Executive Committee member for health
COH	Chief Officer Health
SCHMT	Sub County Health Management Team
SCACC	Sub county Aids Constituency Coordinator
CHS	Centre for Health Solutions
STI	Sexually Transmitted Infection
TB	Tuberculosis
RBA	Rights Based Approach
TWG	Technical Working Group
UON	University of Nairobi
RM&E	Research Monitoring and Evaluation

Foreword



The Constitution of Kenya (2010), under the Bill of Rights, considers health as an economic and social right noting that “every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health.” The Constitution further compels the state and every state organ to observe, respect, protect, promote, and fulfil the rights in the Constitution and to take “legislative, policy and other measures, including setting of standards to achieve the progressive realisation of the rights guaranteed in Article 43”. It is in this regard that the County Government of Nyeri has developed a strategic plan that aims at addressing the HIV and AIDS agenda in the county.

Nyeri County has made a lot of progress, with prevalence dropping to 4.3% while new infections among children almost halved. HIV and AIDS, however, continues to contribute significant morbidity and mortality rates, burdening households and straining county health systems. With this understanding, the Nyeri County AIDS Strategic Plan exemplifies the firm commitment by key stakeholders to support the County Government to deliver better health for all with a focus on cost effective and socially inclusive interventions to prevent and manage HIV and AIDS.

In this regard, therefore, the County Government is committed to facilitating achievement of the results articulated in this strategic plan. In doing so, we will build on the progress made so far through decades of hard work, unity of purpose, courage and commitment to step up the momentum towards ending AIDS. HIV and AIDS will be a performance contracting indicator in the delivery of county services across sectors in the spirit of multi-sector response. Responding to HIV&AIDS will continue being a part of the county’s planning and budgeting process through the County Integrated Development Plan (CIDP) and the related County Medium Term Expenditure Framework (MTEF) budgeting process.

We are committed to increasing domestic financing that includes enhancing private public partnership and in consultation with the County Assembly review the relevant by-laws to raise funds locally. In so doing we will leverage on the achievements and gains made so far, and continue to foster a multi sector approach while engaging the local community towards making Nyeri County free of AIDS. I finally wish to reaffirm the County Government’s commitment to its role in ensuring good health of its people.

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

H.E. Nderitu Gachagua
Governor, Nyeri County

Preface



Nyeri County AIDS Strategic Plan (2015/16-2018/19) marks a milestone in the county's response to the HIV epidemic. Article 43 of the Constitution of Kenya bestows on us the responsibility to ensure that every person enjoys the highest attainable standards of health including reproductive health. In keeping with the constitution as well as our vision, the County Government of Nyeri is fully committed to ensuring accessible, equitable, affordable and quality healthcare for all. This plan has been formulated to ensure that this is achieved by carefully laying down county specific objectives, activities and realistic targets with a logical framework for monitoring and evaluation.

The County Department of Health understands the importance of engaging all stakeholders in developing this plan and further understands the task ahead especially with the introduction of the new HIV guidelines ("Anza sasa") that calls for a paradigm shift in HIV prevention and management. The new HIV guidelines call for increased resources, better coordination and more capacity within the health workforce to meet the new demands aimed at getting to zero new HIV infections. Over the last decade, our partnership with various HIV stakeholders has shown marked progress in a number of critical areas in HIV response, key among them being increased access to HIV counseling, testing and treatment services.

This Strategic Plan requires that all actors in the HIV response granulate the HIV epidemic to intensify HIV prevention, care and treatment efforts to priority geographies and populations. This paradigm shift calls for the utilisation of social, behavioural, cultural, biomedical, scientific, technological and innovative interventions as inputs to make real progress in HIV prevention and treatment.

Let us all join hands with all our stakeholders including, government departments, state and non- state-actors, implementing and development partners and civil society organisations, to support the implementation of this plan. The plan aims to accelerate as well as coordinate plans for counselling and testing, treatment scale up, fighting stigma and discrimination and reducing HIV and AIDS related deaths among our mothers, fathers, children, youths, adolescents and young people.

If we pull together, our vision "a County free of new HIV Infections, stigma and AIDS related deaths" will be a reality.

A handwritten signature in black ink, appearing to read 'Charles Githinji', written in a cursive style.

Dr. Charles Githinji, PhD
CEC member Health

Remarks



The Nyeri CASP is a move by the County Government, with support from partners and National AIDS Control Council (NACC) towards providing a roadmap for the coordination and implementation of HIV and AIDs response in the county. In developing the County HIV and AIDS Strategic Plan, the county relied on the Kenya AIDS Strategic Framework (KASF 2014/15 – 2018/19) and Nyeri County Health Sector Strategic and Investment Plan (NHSSIP 2013/14-2017/18).

This strategic plan marks a milestone in the county's response to the HIV epidemic. It carefully lays down the objectives, activities and targets with a logical framework for monitoring and evaluation. The NCASP's vision is "A county free of new HIV infections, stigma, discrimination and zero AIDS related deaths" the overall goal is to contribute to the NHSSP objective of eliminating communicable diseases through universal access to comprehensive HIV

prevention, care and treatment.

Guided by the KASF, the County has outlined its objectives as follows:

1. Reduce new HIV infections by 50%.
2. Reduce AIDS related mortality by 15%.
3. Reduce HIV related stigma and discrimination by 25%.
4. Increase domestic financing of the HIV response to 5%.

The NCASP outlines the need for innovative and cost-effective strategies as well as advocating through the county Government for increased budgetary allocation for HIV and AIDS response. Successful implementation of this plan, therefore, calls for increased investment in HIV programming and increased access to universal healthcare for those living with HIV and AIDS especially in light of the new -test and treat policy (Anza Sasa). Increased domestic financing will be critical at a time when donor support in HIV response is dwindling in the county.

The strategic plan borrows on past successes and lessons learnt and provides an opportunity to provide the direction for our future. It will be implemented through eight strategic directions focusing on effective evidence-based interventions, which target priority populations while ensuring that all Nyeri residents are reached for improved health outcomes.

As a county we look forward to the engagement and contribution of all stakeholders for technical, materials and financial support. This will enhance achievement of county specific, national and global commitments. I seek to emphasise the need for continuous dialogue which will be very key toward achieving this endeavour.

A handwritten signature in black ink, appearing to read 'Munyua P. Macharia'. The signature is fluid and cursive, with a large loop at the end.

Dr. Munyua P. Macharia
Chief Officer for Health

Acknowledgement



The County Department of Health Services wishes to thank all those who contributed to the successful development and completion of the Nyeri County AIDS Strategic Plan (NCASP) 2015/16-2018/19. This was a multi-stakeholder effort with numerous consultative meetings, peer-review processes and repeated editions.

This strategy was produced after a series of consultative meetings, with the county health management, service providers, county leaders, PLHIV, religious organisations (FBOs), private sector groups, community members, non-governmental organisations (NGOs) and various partners supporting HIV and AIDS activities in the county. Special appreciation goes to the members of the drafting team that worked tirelessly to draft this document.

I would also like to thank the office of the County Executive Secretary of Health Services, Dr. Charles Githinji, County Assembly Committee on health and sanitation, NACC Regional office Nyeri, Nyeri CHMT and the various HIV and AIDS stakeholders and partners, for their engagement, goodwill and special support in the development process.

A special word of thanks goes to the National AIDS Control Council (NACC), Centre for Health Solutions and APHIA plus Kamili (our lead partners in HIV and AIDS activities) for funding the various activities and processes leading to the development, finalisation and launch of this strategy document. We specifically acknowledge the National AIDS Control Council for their technical support and in reviewing, editing and printing the document.

A handwritten signature in black ink, appearing to read 'Nelson Muriu', written in a cursive style.

Dr Nelson Muriu
County Director of Health Services

Executive Summary

The Nyeri County AIDS Strategic Plan (2015/16-2018/19) is the roadmap for the County's HIV response. The plan addresses the drivers of the HIV epidemic and builds on previous successes, partnerships and lessons learnt to achieve its goal of contributing to the country's Vision 2030. The document is aligned to the Kenya AIDS Strategic Framework (2015/16 – 2018/19) which envisions a paradigm shift in governance and management of the County's HIV and AIDS response.

This plan premised on Kenya's Vision 2030 description of HIV and AIDS as "one of the greatest threats to socio-economic development in Kenya" focuses on evidence and results-based multi-sectoral and decentralised planning. NCASP has also mainstreamed gender and human rights in all aspects of the response planning and service delivery through observing the principles of equity, social inclusion and non-discrimination. The plan provides strategic policy, planning and implementation guidance and leadership for a coordinated multi-sectoral response to HIV in Nyeri County. The document lays emphasis in 'health in all policies' in Nyeri County.

Our key strategic objectives in the next three years include the following:

1. Reduce new HIV infections by 50%.
2. Reduce AIDS related mortality by 15%.
3. Reduce HIV related stigma and discrimination to less than 25%.
4. Increase domestic financing of the HIV response to 5%.

The plan will be implemented through eight (8) strategic directions predominantly adopted

from the Kenya AIDS Strategic Framework (KASF) but customised to address county specific priorities through identified activities and interventions. The strategic directions include:

1. Reducing new HIV infections.
2. Improving health outcomes and wellness of all people living with HIV.
3. Using a human rights-based approach to facilitate access to services for PLHIV, key populations and other priority groups in all sectors.
4. Strengthening integration of health and community systems.
5. Strengthening research and innovation to inform the NCASP goals.
6. Promoting utilisation of strategic information for research and monitoring and evaluation (M&E) to enhance programming.
7. Increasing domestic financing for a sustainable HIV response.
8. Promoting accountable leadership for delivery of the NCASP results by all sectors and actors.

The successful implementation of this plan is dependent upon the collaborative efforts and synergies of all HIV and AIDS stakeholders and actors, through establishment of an effective partnership framework via new institutional and management arrangements. With the change in the overall governance architecture as a result of the Constitution, coordination of stakeholders and management of HIV and AIDS within a devolved system has become challenging and dynamic. There is, therefore, need for innovation, clarity of roles and responsibilities at all levels and among all actors in the County during the implementation process.

01.

NYERI COUNTY BACKGROUND

According to the 2009 Kenyan National Population and Housing Census, the county's population was 693,558 (339,725 males and 353,833 females) distributed within 201,703 households.

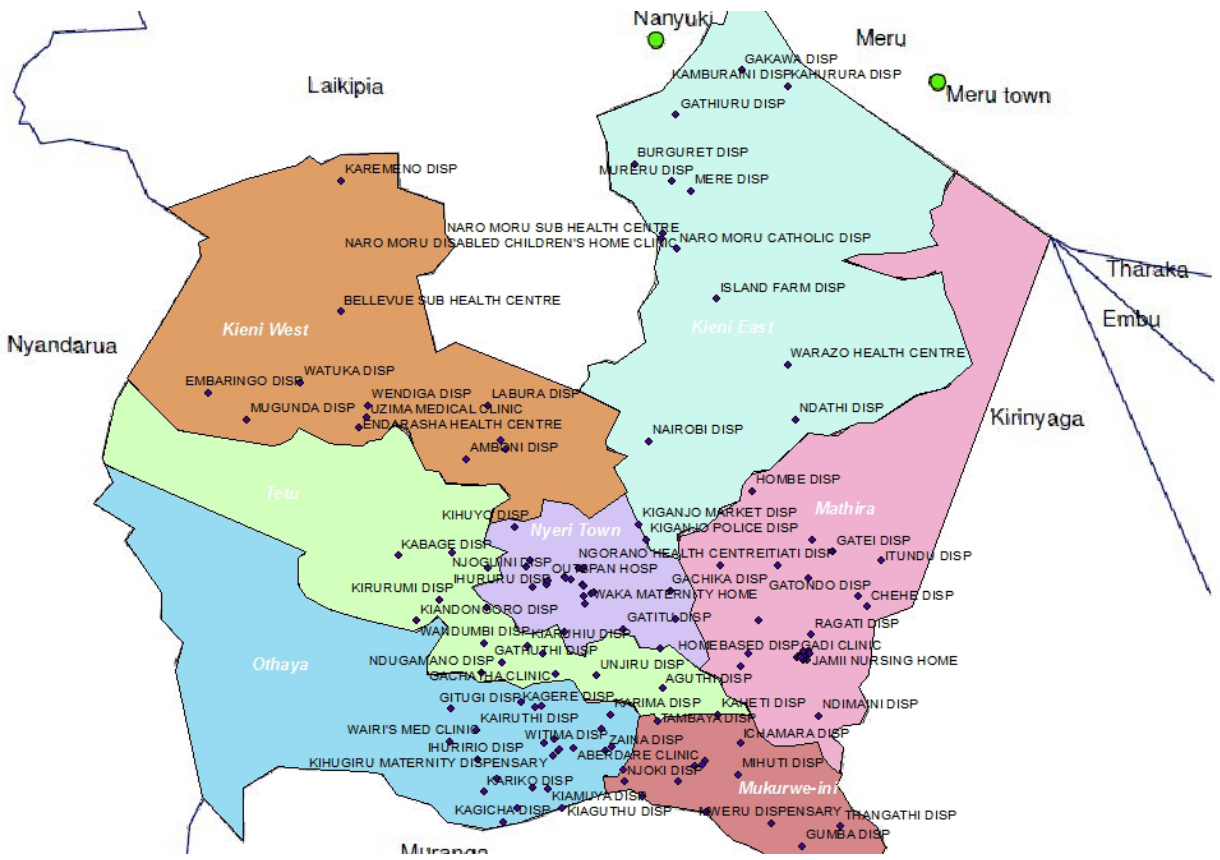
1.1 Introduction

Nyeri County is the 19th County under schedule 1 of the Constitution of Kenya (article 6) (1). It is strategically placed between two major water towers – the Mount Kenya and Aberdare Ranges. It is the home of Mau Mau freedom fighters’ movement and the iconic Mau Mau veteran Dedan Kimathi. Nyeri is also home to the first African Woman Nobel Prize winner the late Professor Wangari Mathai and the beatified Sister Irene Nyaatha. The scouting movement founder the late Lord Baden Powell and his wife were buried in Nyeri. The scouting movement worldwide pays pilgrimage to the site. The county is home to the 3rd president of the republic of Kenya retired H.E Mwai Kibaki and world marathon champion and 4 time Boston marathon winner Catherine Ndereba. Nyeri sits at the slopes of Mount Kenya to the West which is the 2nd highest mountain in Africa and indeed the 3rd in the world. The county is rich in the Kikuyu culture with a hard working people who embraced education and Christianity as early as 1902 with the coming of the white missionaries.

1.2 Location and Administrative Units

Nyeri County covers approximately 3,337 square kilometres and is situated between longitudes 36, 38” east and 37, 20” east and between the equator and latitude 0, 38” south. It borders Laikipia County to the North, Kirinyaga County to the East, Murang’a County to the South, Nyandarua County to the West and Meru County to the North East. Administratively, the county is divided into eight (8) sub Counties namely: Nyeri Central, Nyeri South, Tetu, Mukurweini, Mathira East, Mathira West, Kieni East and Kieni West. The County is further divided into thirty (30) electoral Wards within six (6) constituencies. These constituencies are: Mathira, Mukurweini, Nyeri Town, Kieni, Tetu and Othaya.

Figure 1.1: Map of Nyeri County



1.3 Demographics

According to the 2009 Kenyan National Population and Housing Census, the county's population was 693,558 (339,725 males and 353,833 females) distributed within 201,703 households. The 2016 projected population for Nyeri County based on the growth rate of 0.48 percent is 717,257 (349,304 males and 367,953 females) spread within 202,291 households as shown in Table 1.1. This population growth rate is against the national average of 3.0% and 1.6% for the region.

Table 1.1: Demographic indicators for Nyeri County(2016)

S/No	Description	Population Proportion	Estimated Number
1	Population total		717,257
2	Population Female	51.3%	367,953
3	Population Male	48.7%	349,304
4	Households	28.8%	202,291
5	Population under 1 year	2.2%	15,996
6	Population under 5 years	11.0%	78,943
7	Population under 15 years	33.8%	242,257
8	Population 15-24 years	18.4%	132,056
9	Population 25-59 years	38.5%	276,747
10	Population over 60 years	9.05%	64,919

Source: Projections of National Census 2009 and KNBS

1.4 Economic Activities

The main economic activity in Nyeri County is agriculture which is supported by the favourable climatic conditions in the County all year round. The main cash crops grown include tea and coffee. Subsistence agriculture is also widespread and crops cultivated are maize, beans and potatoes. The county also practices horticulture, dairy farming, poultry, goat and sheep rearing mainly on small scale.

Tourism is a significant industry aided by the many tourist attractions such as the Mt. Kenya, Mt. Kenya National Park, Aberdare Ranges and the Aberdare National Park. Hospitality industry is also thriving in the county with many hotels offering conference tourism and short upcountry holiday getaways.

In addition, the county hosts numerous industries such as Mount Kenya Bottlers, Maisha Flour Products, Highlands's mineral water bottling plant and tea processing factories among others.

02.

SITUATION ANALYSIS

HIV and AIDS is a leading cause of morbidity and mortality in the county with 20,797 people living with HIV and an estimated 1,307 new infections reported annually.

2.1 HIV Burden in Kenya

The world continues to grapple with the burden of HIV and AIDS since the emergence of the HIV virus in the early 1980s. The hard hit countries are predominantly the developing economies majorly in Africa. Studies by global multi-agency groups estimates a sound reflection on the existing nature of HIV burden in form of prevalence, new infections, HIV and AIDS orphans and related deaths; with HIV prevalence among adults (15-49 years) estimated at about 5.6% in 2014 with approximately 1.6 million people living with HIV in Kenya.

Kenya has succeeded in significantly reducing the epidemic through focused interventions. The epidemic in Kenya is generalised and mostly centralised in the key populations. Prevalence estimates by county show geographical variability of high burden across the country ranging from 0.2% to 25.1 % with nine (9) counties contributing 65% of the country's new HIV infections. HIV prevalence in the general population reached a peak of 10.5% among adults in 1995-1996. However, it declined by about 40% to reach approximately 6.7% in 2003. Since then, however, the epidemic has remained relatively stable with HIV prevalence among adults being 6% in 2006. The decline has been attributed to the scale up of HIV care and treatment as well as aggressive HIV advocacy and behaviour change communication. Reduction in the new infections has been low. The KAIS survey of 2012, reported that 44% of the new HIV infections were in married heterosexual couples while 21% were among the female sex workers (FSW).

The wide geographic variation in HIV burden requires us to double efforts and commitment to further reduce the burden of HIV and AIDS. The end term review of KNASP III identified new achievements, strength and weaknesses of the existing HIV response and the gaps relevant to HIV response. The report informed the development of KASF for the national level and CASP, which is the county level roadmap

guiding delivery of HIV services for the three year period covering (2015/2016-2018/2019). It gives guidance on the coordination and implementation of the HIV response in line with the Vision 2030, which underscores the importance of health as a key building block in transforming Kenya into a successful middle-income country. The Nyeri County Health Policy together with the County Health Strategic and Investment Plan (2013-2018), further prioritises the elimination of communicable diseases while combating HIV and AIDS effectively.

This calls for the county governments to develop strategies for scaling up high impact interventions towards the reduction of new HIV infections, HIV related mortality, HIV associated stigma, discrimination and a corresponding increase in domestic financing of the HIV response.

2.2 HIV Burden in Nyeri County

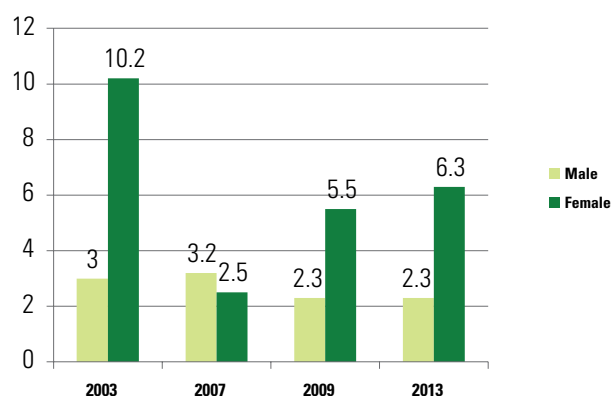
According to Kenya HIV Estimates (2014), Nyeri County has been classified under the medium incidence cluster. The Nyeri County Integrated Development Plan (2013-2017) indicates that HIV and AIDS is a leading cause of morbidity and mortality in the county with 20,797 people living with HIV and an estimated 1,307 new HIV infections reported annually (Kenya HIV County profiles 2014). Although HIV testing services (HTS) is a key intervention in prevention and treatment, approximately 30% of the population in the county do not know their HIV status.

The County has 126 facilities offering PMTCT services out of which 35 provide care and treatment services. The County's ART coverage is estimated at 99% and 68% for adults and children respectively (Kenya HIV County Profile - 2014). The total number of households with orphans is 19,948; with only 3,052 (15.3%) of these households receiving government cash transfer subsidy. Therefore, the County Government recognises that the burden of HIV and AIDS continues to impact negatively on the economic performance of the individual, family and community in the medium term.

Table 2.1: Nyeri County HIV Profile

Indicator	Status	Source
Total Population (2015)	713,823	KNBS
HIV adult prevalence (overall)	4.3%	KAIS 2012
HIV Prevalence among women	6.3%	Kenya HIV estimates 2014
HIV Prevalence among men	2.3%	Kenya HIV estimates 2014
Number of adults living with HIV	18,900	Kenya County HIV profiles 2014
Number of children living with HIV	1,897	Kenya County HIV profiles 2014
Total number of people living with HIV	20,797	Kenya County HIV profiles 2014
% of people tested for HIV	69%	Kenya HIV estimates 2014
No. of HIV pregnant women who delivered in a health facility between 2012-2015	1,434 (64%)	KAIS 2012
% of women tested for HIV during ANC	69.8%	KDHS 2014
New adult HIV infections annually	1,307	Kenya County HIV profiles 2014

Figure 2.1: Prevalence of HIV by Gender in Nyeri County, 2003 - 2013



Source: Kenya HIV Estimates 2014

2.3 Key Programmatic Gaps and Challenges

Knowledge of own HIV status: Fifty three (53%) percent of Kenyans living with HIV do not know their status (KAIS 2012). Approximately 30% of the population in Nyeri County does not know its HIV status, yet identification is a key step towards addressing the epidemic. Low identification of HIV positive patients has resulted to sub-

optimal linkage and enrolment (adults and paediatrics) affecting the achievement of the 90-90-90 targets. These targets aim at reaching 90% of the population in HTS, 90% of those identified as HIV positive linked to care and treatment while 90% of those on treatment get viral load suppression. Notably, paediatric (<15 years) linkage to care and treatment is low. The existing data indicates that to date approximately 20,000 adults have been enrolled to care compared to more than

2,000 children. This has partly been as a result of stigma and discrimination coupled with inadequate structures aimed at identifying children at various levels and points of care.

HIV Financing: The county is currently grappling with challenges in HIV funding given that over the years, the largest support in combating HIV and AIDS has been donor driven. Government budgetary support still remains low while county governments have only been in existence for only four years. A seamless transition to a county-led process is imperative with prevention being the priority. Treatment in the county has transformed HIV and AIDS into a chronic disease, as has been the experience elsewhere. It must be noted that implementing partners do not support all health facilities offering HIV services. This creates disparity in capacity of service providers, poor data harmonisation and coordination. In this resource-constrained context, efficiency gains are lost due to lack of a harmonised multidisciplinary approach in providing continuity of care, long-term adherence and social support.

Erratic/inequitable supply of testing kits, inadequate staffing levels and lack of adequately trained health workforce:

This has affected identification of clients and eventual linkage and enrolment. Currently, the county department of health does not have the capacity to conduct molecular diagnostics and all HIV samples for PCR and viral load testing are sent to KEMRI and the National HIV Reference Laboratory in Nairobi respectively. This has resulted to increased turn-around time of samples of up to three months which affects viral suppression and quality of care.

Mother to Child Transmission: The level of skilled delivery and the four (4) ante-natal visits stands at 88% and 61% respectively. In the hard to reach areas of the county such as Kieni (East and West) sub-counties, there has been significantly large number of home

deliveries. This has affected the elimination of mother to child transmission. However, the County Government has benefited from the beyond zero campaign van donated by the First Lady Mrs. Margaret Kenyatta which is likely to accelerate outreaches in such areas.

Policy and legislative framework: There is policy and legislative framework at the national level but none for the county level to support HIV and AIDS activities. This poses a challenge in implementing county-level priorities and interventions. This has necessitated Nyeri County to develop this County Aids Strategic Plan (CASP) to guide the process of HIV response.

Condom distribution: Despite the county receiving sufficient condom supplies, there is poor distribution of the same to the various points of use. Most condom dispensers previously installed in hotels, bars and other public places are vandalised while others have been stolen by scrap metal dealers with no replacements. This has made it difficult to ensure availability of continuous supplies in the intended areas which has affected HIV prevention and control. Moreover, the high level of stigma in the county has made it difficult for the youths and young men to access condoms from health facilities and other designated places. Behaviour change among the youth and adults is a challenge while condoms sold through retail market are expensive for target population.

Free condom supply in hotels has not had the desired effect reason being that the hoteliers prefer to stock and sell their condom merchandise for financial gains. This leaves the users with a feeling that condoms supplied through the government systems are inferior. The county will explore ways and means of working with such stakeholders for consensus building. Some Faith based organisations continue to challenge the distribution of condoms mostly affecting faith based sponsored institutions of higher learning and universities.

Monitoring and evaluation: The county monitoring and evaluation system is challenged by inadequate human and financial resources as well as lack of proper coordination mechanisms. There is low level of automation of Health Information System (HIS) in the County (Kenya HIV County Profiles, NACC, NASCOP, 2014). Capacity among the health workers in using the automated health information system still remains low hence there is need for capacity building. There is low utilisation of data for decision making while timely reporting remains a challenge. Most of the private clinics and health facilities do not report to the health information department leading to underreporting and eventual under-estimation of the disease burden. The current status of the County HMIS coupled with weak ICT systems makes it difficult for accurate, timely and reliable data for evidence-based decision making. The county health law (2015) provides for all health service providers to report and it is envisaged that with time, reporting by various actors will improve.

2.4 Major Drivers of HIV in Nyeri County

Stigma and discrimination: Stigma and discrimination is one of the major deterrents towards HIV and AIDS prevention and management. The county's stigma index is estimated at 50%. Stigma is experienced at various levels including; self among service providers, in schools, workplace, at the family and at community level. Updated facts about HIV amongst the population still remain a challenge. This has been found to prevent people from seeking HIV testing, care and treatment services leading to poor identification of clients, poor adherence to treatment, poor viral suppression and increased HIV associated mortality. The level of stigma is usually high among general population including orphans & vulnerable children in the society, youth, adolescents, physically-challenged, widows and key

populations. At the family level, there has been a challenge of HIV status disclosure among couples contributing to an increase of new HIV infections.

Alcoholism and drug abuse: Alcohol and substance abuse has been on the increase in the county especially among the adolescents, youth and young adults (40–55 years). Alcohol leads to impaired judgment and several studies have shown that intoxication results in increased tendency to engage in risky sexual behaviours such as failure or incorrect use of protection during sex as well as having multiple sexual partners. The emergence of the so called 'mpango wa kando' has given rise to multiple sex partners among the married individuals and is aggravated by rural / urban migration in search for income to support their families. The rural /urban migrations and those workers working far away from home are at risk of engaging in casual sex exposing them to HIV infection.

Limiting and inadequate application of laws: Existence of limiting and or inadequate laws can be a hindrance to HIV and AIDS prevention and control. The HIV prevention Act of 2006 criminalises spreading of HIV knowingly but lack support in enforcement and varied interpretation. Service providers are limited by the legal and ethical implications as relates to disclosure of HIV status to sexual partners. People who know their HIV status continues to infect others knowingly without a deterrent. Currently, it is not scientifically possible to determine the sequence of infection and most times the blame goes to the first partner to be identified. Unfortunately, in most relationships, the females are the first to know their status due to their good health seeking behaviour. People are afraid to get tested due to such unclear provisions in the law or when tested disclosure is often delayed.

Lack Comprehensive of HIV information: There is a significant proportion of the

population in the County that lacks updated information on HIV prevention and control despite the high literacy levels. There is still a level of ignorance on HIV and AIDS that makes people make uninformed decisions. This has been attributed to the belief that HIV and AIDS is no longer a problem in the county resulting in the existing information dissemination channels and structures paying little focus to HIV modes of spread. In the recent years, relevant, suitable and updated information communication material on HIV have not been available or are not adequate for the target population. This has affected communication exchange and information dissemination among some cohorts (youth, adolescents, key populations and the physically-challenged).

The lack of tailor-made and cohort-specific interventions for communication and information sharing has affected information dissemination. The county needs to consider technology as a tool for HIV prevention and control. The county strategic direction is to install visual technology that will promote health education at various waiting bays. Such information will be developed with help of County Health Promotion Unit in consultation with NASCOP and NACC.

Gender-Based Violence: The County receives a significant number of GBV cases at the health facilities. Sexual and gender-based violence cases are a key driver in the spread of HIV new infections. The Department of Health Services has been working with key stakeholders involved in gender-based violence such as the police department, Judiciary, social services and children department. Domestic violence is a challenge in the county as well as cases of incest.

Key population: Nyeri County has key populations ranging from female sex workers (FSWs) to men who have sex with men (MSM's) and injecting drug users (IDUs). The Centre for HIV Prevention and Research

(CHIVPR) MARPs project is a project by the University of Nairobi (UON) working with the most-at-risk groups. Transport industry especially long distance 'matatu' drivers and truck drivers for market supply within and outside the county are prone to casual sex thus the spread of HIV infections.

The Nyeri MARPS DICE (Drop-in Centre) was established in September 2010. The purpose of this project is to control the transmission of sexually transmitted diseases including HIV, among sex workers and their clients. This has proven to be a valuable and cost effective intervention to contain the spread of HIV. The project initiated interventions to address behaviour change as well as offer biomedical and structural support among key population groups laying more emphasis on information that is geared towards safer sex practices, screening of sexually transmitted infections and transmission of HIV.

The implementation of the interventions is geared towards long term community partnership and health system strengthening approaches aimed at achieving a zero-free HIV county by year 2020. Within the county, the UON-MARPs Project has enrolled 3,454 female sex workers. Out of these, 374 are HIV positive and are enrolled in health facilities of their choice for care and treatment. Likewise, 345 men who have sex with men have been enrolled into the project, 19 of whom are on care at the DICE. Enrolled also at the centre are 26 IDUs and 7 truckers.

Urbanization: Though a welcome economic gain, the growth of urban centres (Nyeri, Karatina, Othaya, Mukurwe-ini, Naromoru, Chaka and Mweiga) including fast growing peri-urban areas has negatively exposed residents to casual sex including thriving of sex workers hence the spread of HIV infections. The Nyeri County Integrated Development Plan (2013-2017) reports that HIV and AIDS prevalence rate is higher in

peri-urban areas of the county. Related to the growth of urbanisation is the issue of key population specifically the sex workers, Men who have Sex with other Men (MSM) and injecting drug users. The good road network and the growth of the hospitality industry in the county enable easy movement and attraction of people in and outside the county which most likely will encourage casual sex.

Early sexual debut among the teenagers and the young adults: This is a key challenge in HIV prevention in the county. According to the Kenya HIV County Profiles (2014), approximately 55% of individuals in the county engaged in sex for the first time before the age of 15 years. In addition, Nyeri County plays host to several institutions of higher learning and campuses in the urban areas such as the Kimathi University, Karatina University, Kenyatta University, University of Nairobi Extra-mural Centre, Kenya Methodist University, Nyeri Technical Institute, Kagumo Teachers Training College and Kamwenja Teachers Training College among others. This may result in an increase of the vulnerable population because of the challenge of growth and development and declining societal values.

2.5 HIV and AIDS Partnerships in the County.

In the past, the largest support in combating HIV in the county has largely been donor driven. Unfortunately, most of the partners supporting HIV and AIDS activities in the county are winding up. The lack of clear sustainability mechanisms mostly in the partner-funded projects will potentially interrupt or slow down continuity of service delivery after their exit. The question of the long-term financial sustainability of the HIV programs, given the decreased donor-funding and competing priorities remains among the main challenges for addressing the epidemic. The following are the key partners implementing HIV and AIDS activities in the county.

National AIDS Control Council (NACC): Support in policy and strategy formulation and mobilisation of resources to support HIV response in the county. NACC also provides technical support in monitoring of HIV response and in undertaking research related to HIV.

Centre for Health Solutions (CHS): Supports HIV care and treatment in thirty-four (34) facilities across the county. The organisation has been very supportive in employment of staff (94) in various cadres (clinical officers, nurses, health records officers, HTC counsellors) that complements the health workforce in service delivery across the county. The organisation also supports the county in capacity building of health care workers on HIV and AIDS, advocacy, monitoring and evaluation, supportive supervision and infrastructural development (renovation of buildings and purchase of medical equipment). However, due to the dwindling donor support, the project is expected to close in September 2016.

APHIA plus Kamili: Supports HIV care and treatment in eight (8) facilities across the county. The organisation also supports the county in employment of four (4) contractual staff, capacity building of staff on HIV and AIDS, monitoring & evaluation of HIV activities through supportive supervision and infrastructural development. The program closes in June 2016.

VIDHA: Supports the county in employment of two (2) contractual staff deployed in Comprehensive Care Centres and other HIV program related sites. This has gone a long way in strengthening our care and treatment program across the county. The continued support is not guaranteed in the near future.

Mothers2Mothers: Deals with mentor mothers on PMTCT. They provide psycho-social support to mothers living positively.

CHAK: Supports HIV and AIDS in two (2) mission hospitals: Consolata Mathari and Tumu Tumu hospitals.

ACTION AID: Deals with mitigating impact of HIV by improving the socio-economic status of people living with HIV and their dependents.

ITECH KENYA: Supports nine (9) facilities with Kenya EMR and Laboratory Information System. These systems are in use at the CCCs, MCH and TB clinics. Additionally, they also support capacity building.

Kenya Red Cross/NCCK: Supports Community Health Volunteers (CHVs) in regard to community HIV and AIDS activities in selected sub counties.

2.6 Strength, Weakness, Opportunities and Threats (SWOT) Analysis.

In developing this strategic plan, an assessment was performed on the HIV situation in the county and the successes and challenges identified to inform the direction of the HIV response in the county.

Table 2.2: SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • Presence of strong NACC/ NASCOP structures for coordination • The availability of skilled personnel • High levels of literacy and awareness on HIV and AIDS • Existence of the Kenya National AIDS Strategic framework (2014/15-2018/19) HIV response policies and guidelines • High uptake of PMTCT • Existence of community health units • Consistent supply of drugs from KEMSA • Improved uptake in HTS in ANC • Existence of mentor mothers program and a good network of FBOs and CBOs • Presence of beyond Zero mobile clinic 	<ul style="list-style-type: none"> • Shortage in staff trained on HIV issues, trained counsellors, care and treatment centres • Weak coordination in the HIV activities (manifested through parallel HIV reporting systems) • Donor and national government dependency in HIV financing • Inadequate data on OVCs in the county • High staff turnover in the CCC • Shortage of staff at the CCC • Low uptake HIV care services despite good awareness • Erratic supply of HIV diagnostic commodities (test kits) • Inadequate statistical data on HIV & AIDS in the county/ Sub County • Weak laboratory sample referral network • A weak M&E system • Inadequate infrastructure at CCC 	<ul style="list-style-type: none"> • Existence of the implementing partners on HIV response • Devolution which has brought the control of resources closer to the community and shortened decision making processes • Existence of community volunteers • Existence of other support institutions such as the NGOs, FBOs and CBOs in the war against HIV and AIDS • Presence of tertiary institutions that can support/ guide / conduct HIV research • A significant health workers trained HIV and AIDS management 	<ul style="list-style-type: none"> • High levels of alcohol and drug abuse & domestic violence • Poverty which may give rise to high risk behaviour • Alternative/ traditional therapy • Reducing donor funding • Inadequacy of early sex education in schools • Misappropriation of resources • Shifting of focus from HIV to other emerging diseases • High level of stigma and discrimination against PLHIV • Presence of migrant workers and casual sex

03.

RATIONALE, STRATEGIC PLAN DEVELOPMENT PROCESS AND THE GUIDING PRINCIPLES

The NCASP provides guidance for interventions and results for which multiple sectors and stakeholders are responsible.

3.1 Rationale

Article 43 of the Kenyan Constitution provides the right “to the highest attainable standard of health”. Following its promulgation in 2010, health services were devolved giving counties the responsibility of managing healthcare and disease burden including HIV prevention, care and treatment. It is in line with this that the Nyeri County Health Strategic & Investment Plan (NCHSIP) 2013/14- 2017/18 was developed. The plan defines the roadmap towards sustainable health services that are accessible, acceptable, available and affordable to its citizens with a major focus on HIV which is associated with high morbidity and mortality.

Vision 2030 underscores the importance of health as a key building block in transforming Kenya into a successful middle income country by 2030. KASF mirrors this as it was developed to guide the country’s delivery of HIV services in a bid to reduce new HIV infections, AIDS related mortality, HIV related stigma and discrimination and increase domestic financing of the HIV response. It is in this context that Nyeri County, with guidance from NACC, has developed a County AIDS Strategic Plan to respond to the emerging and ongoing HIV epidemic.

3.2 Strategic Plan Development Process

The Kenya Government through the National AIDS Control Council (NACC) developed the Kenya AIDS Strategic Framework (KASF) for the period 2014/15– 2018/19 which was launched on December 1, 2014. KASF dissemination for Nyeri County took place for two days in Nanyuki in October 2015 with the support of National AIDS Control Council. The process involved participation of all key actors including the County Health Management Team (CHMT), Sub-County Health Management Team (SCHMT), Sub-County Constituency AIDS Control Committee (SCACC), HIV implementing partners, religious leaders, County Assembly Health and

Sanitation Committee chairperson, community leaders, Faith and Community Based Organisations (F/CBOs), institutions of higher learning, private sector players, People Living with HIV (PLHIV) and Persons with Disability (PWD).

Consequently, a team of eleven (11) people was constituted to spearhead the development of the County HIV Strategic Plan that would guide the coordination and implementation of HIV and AIDS activities for the next three years. This plan was developed through in-depth analysis of available data and review of policy documents such as the KASF(2014/15 – 2018/19), Nyeri County Integrated Development Plan (2014), County HIV Estimates (2014), ART guidelines 4th edition (2011), Rapid Advise (2014), Nyeri County Health Strategic and Investment Plan (2015), the Kenya Research Agenda (2014/15 – 2018/19) and the M&E framework (2014/15 -2018/19).

3.3 Guiding Principles

Results based planning and delivery of CASP: HIV programming in the county shall be linked to the NCASP and demonstrate contribution towards results.

Evidence based high impact scalable interventions: Preference for resources and implementation shall be assigned to high-value, high-impact and scalable initiatives that are informed by evidence.

Multi-sectoral accountability: The NCASP provides guidance for interventions and results for which multiple sectors and stakeholders are responsible. It establishes accountability mechanisms that serve to increase resources and results acceleration. Every stakeholder will be expected to implement certain functions and be accountable to avoid duplication of activities and effort in a bid to improve key results areas. MOUs (Memorandum of Understanding) will be put in place for

NACC, county leadership and partners for the implementation.

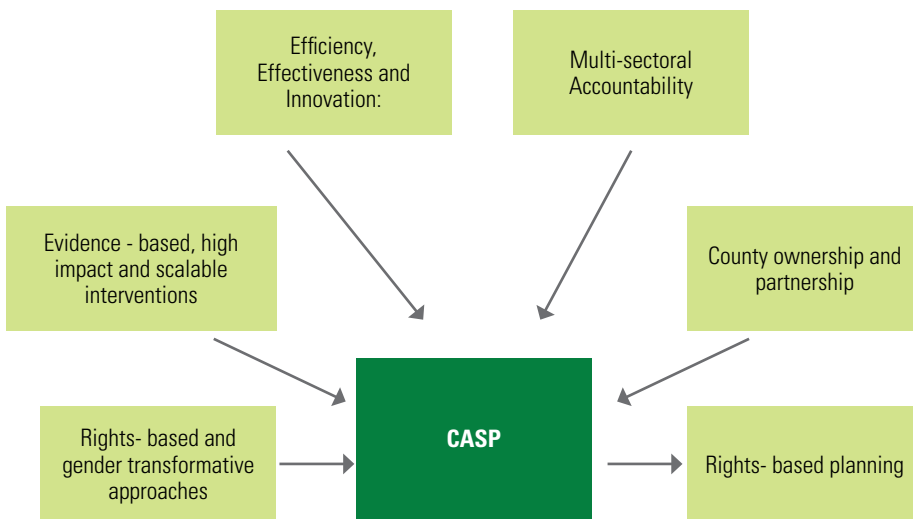
County ownership and partnership: All HIV stakeholders including the County Government, implementing partners, private sector, Faith Based Organisations, the community and persons living with HIV shall align their efforts towards the desired results.

Rights based and gender transformative approaches: The success of the HIV response is dependent on protecting and promoting the rights of those who are discriminated, socially excluded, marginalised and vulnerable. NCASP aims at addressing the provisions of the Kenyan Constitution 2010 under the Bill of Rights- Article 43 (1) (a) which states that

every person has the right to the highest attainable standard of health. These rights include the right to health care services comprising reproductive health care.

Efficiency, effectiveness and innovation: Kenya is now ranked as a lower middle-income country and this has led to a decline in donor funding including support for HIV programs further exacerbating the HIV funding situation. The NCASP has taken active steps to explore and operationalize sustainable domestic funding options through improved efficiency in service delivery and innovative approaches aimed at achieving more at reduced cost without compromising on quality.

Figure 3.1: Nyeri CASP Principles



04.

VISION, MISSION, GOAL, OBJECTIVES AND STRATEGIC DIRECTIONS

*Vision: A County free of new HIV
infections, stigma and AIDS related deaths.*

4.1 Vision

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

4.2 Mission

To promote healthy living by combating and halting the effects of HIV and stigma towards zero new infections in Nyeri County.

4.3 Goals

Contribute to achieving Vision 2030 through universal access to comprehensive HIV prevention, care & treatment.

4.4 Objectives of the County

1. Reduce new HIV infections by 50%.
2. Reduce AIDS related mortality by 15%.
3. Reduce HIV related stigma and discrimination by 25%.
4. Increase domestic financing of the HIV response to 5%.

Following the Kenya AIDs Strategic Framework, these objectives will be delivered through the following eight (8) strategic directions:

1. Reducing new HIV infections.
2. Improving health outcomes and wellness of all people living with HIV.
3. Using a human rights-based approach to facilitate access to services for PLHIV, key populations and other priority groups in all sectors.
4. Strengthening integration of health and community systems.
5. Strengthening research and innovation to inform the NCASP goals.
6. Promoting utilisation of strategic information for research, monitoring and evaluation (M&E) to enhance program.
7. Increasing domestic financing for a sustainable HIV response.
8. Promoting accountable leadership for delivery of the NCASP results by all sectors and actors.

4.5 Strategic Directions

Strategic Direction 1: Reducing new HIV infections

HIV prevalence among adults in Nyeri County is 4.3% (6.3% for women and 2.3% for men). To date, a total of 20,797 people are living with HIV; 19,700 are adults while 1,691 are children. The percentage of pregnant women accessing PMTCT and ANC is 92% and 61% respectively, while skilled deliveries are at 88%. The county is classified as medium incidence cluster (KASF 2014/15 – 18/19) and is among the 28 counties that contribute 34% of new HIV infections in Kenya annually. The county, also, has key populations (MSMs, SWs and IDUs) who contribute to the new infections.

Nyeri is predominantly an agricultural county. The main cash crops include tea, coffee and dairy farming. Most of the casual workers are recruited from different counties including those neighbouring Nyeri. These migrant workers may engage in casual sex since some have left their partners back home.

Strategic Direction 1 aims at reducing new HIV infections in the county by 50 %, reducing AIDS related mortality and morbidity by 15% and HIV related stigma and discrimination by 25% and increasing the domestic financing of the HIV response to 5%.

This will be achieved by;

- Initiating all HIV positive clients to ART and enrolling them on care “Anza Sasa”.
- Promoting utilisation of strategic information from research, monitoring and evaluation (RM&E) reports to enhance programming.
- Targeted HIV prevention to priority populations.
- Leverage opportunities through creation of synergies and integration of services with other sectors in HIV and TB prevention.
- Maximising on the effectiveness and efficiency of an intergrated HIV, TB/SRH prevention response

Strategic Direction 1: Reduce new HIV infections

KASF Objective	NCASP Results	Key Activity	Interventions		
			Biomedical	Behavioural	
Reduce new HIV infections by 75%	Reduced annual new HIV infections by 50%	Scale up HTS	Community based testing Provide HTS in institutions of higher learning	HTS for young women and men between age 15-49yrs who are sexually active	
			Scale up and emphasise on facility based PITC	Disclosure of HIV status	
		Promotion of blood safety and donor notification	Screening donated blood for HIV and other diseases	Counselling and psychosocial support for those testing HIV positive	
		Promotion of condom use and related commodities	Behaviour change and advocacy	Promote correct consistent condom use among general and key populations	
		Provide PEP and Occupational safety	Advocate and sensitise health workers and community on use of PEP	Training, sensitisation and mentorship of health workers including CHVs	

		Target Population	Geographic Areas	Responsibility
	Structural			
	Ensure reliable & regular supply of test kits and commodities	General population	Nyeri County	Level one health services coordinator, Partners, CACCs, community health assistants, community health extension workers and partners
	Capacity building, sensitisation and supervision of learning institutions			
	Integrating health services in the community using churches, 'nyumba kumi' initiatives and any other organised groups			
	PWID mainstreaming in HIV prevention			
	Stigma reduction campaigns	General population	Nyeri County	CASCO and partners
	Psycho social support			
	Advocacy and awareness creation			
	Strengthen mentorship, supervision and task shifting			
	Boda boda riders to display HIV messages on reflector jackets			
	Scale up integration of FP/RH and HIV services			
	Scale-up work place policy on HIV prevention	Adults		
	Introduce systematic blood donor results disclosure and follow-up	18yrs -64yrs	Nyeri County	Blood donor services coordinator, Red cross
	Advocacy and awareness creation			
	Defining roles and responsibility in distribution and refill of condoms	General population & Key populations	Nyeri County	CDH & CPHO and partners
	Procurement and placement of condom dispensers in strategic places	Health workers		
	Create awareness on PEP amongst healthcare workers and the community	SGBV & General population	Nyeri County	Facility In charges, county health workers
	Promote and strengthen IPC in all facilities to reduce work place injuries			
	Promote and strengthen IPC in all facilities to reduce work place injuries	Healthcare workers	Health facilities	Facility IPC Coordinator
	Capacity building, sensitisation and supervision of learning institutions			
	Scale-up work place policy on HIV prevention			
	Strengthen psychosocial support groups and identify HIV champions for increased advocacy			
	Scale up integration of FP/RH and HIV services			

KASF Objective	NCASP Results	Key Activity	Interventions		
			Biomedical	Behavioural	
Reduced new HIV infections by 75%	Reduced HIV transmission rates from mother to child from 6.3% to less than 2 %	Scale up EMTCT activities in all health facilities	Promote partner and family testing	Male involvement on safe mother hood	
			Scale up testing of all pregnant and lactating mothers	Promote at least 4 ANC visits; and skilled delivery	
			Promote linkage and early initiation of ART and follow-up	Stigma reduction campaigns through psychosocial support groups	
			Promote and scale up EID services in all health facilities	Promote positive attitude, skills and knowledge of health workers through mentorship	
			Scale up EID testing for all HIV exposed infants	Testing at birth of all HIV exposed infants	
		Increase access to HTS infrastructure	Offer HTS	Increase access to HIV education	
		Monitor contractors to ensure they abide to corporate social responsibility (CSR) in respect to HIV response	HIV counselling and testing services	Strengthen partnership	

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

Early identification and initiation to ART and care of HIV infected persons is key to the success of fighting HIV. This approach will promote the health of the infected persons and reduce new HIV infections. The Kenya AIDS Strategic Framework- 2014 (KASF) aims at enrolling 90% of HIV infected adults on ART. However, Nyeri County aims to put all HIV positive clients (100%) on treatment. To achieve the desired results, there is need to prioritise timely identification, linkage and retention to care and treatment for HIV infected persons. There is also need to scale up HIV counselling and testing in the county, reduce the loss in the cascade of care through defaulter tracing and appropriate and timely referrals. This strategic direction focuses on

the cascade of care, geared towards ensuring the identified clients are linked to care, initiated on treatment, retained on treatment and achieve maximum viral suppression in order to reduce HIV associated morbidity and mortality amongst PLHIV.

Expected Results

The main results will be:

- Scale up linkage to care within 3 months of HIV diagnosis to 100 % of all age groups.
- Scale up ART coverage to 100% of all identified HIV positive clients.
- Ensure there is 90 % retention for 12 months for all age groups.

		Target Population	Geographic Areas	Responsibility
	Structural			
	Male partners	Male partners and family members	Nyeri County	CRH Coordinator Beyond zero coordinator
	Pregnant Women	Pregnant and lactating women	Nyeri County	CRH Coordinator Beyond zero coordinator
	Scale up PMTCT services in all health facilities	Health Facilities	Nyeri County	Facility In charges Beyond zero coordinator
	General populations	HIV positive pregnant and lactating women	Nyeri County	CASCO, CACCs
	Strengthen the capacity of health workers on EID	Health care workers	Health Facilities	MCH in charge, county health workers
	Scale up uptake of FP/RH among HIV positive women	HIV positive Women	Health Facilities	Facility RH coordinators
	Strengthen and promote involvement of HIV champions	PLHIV	Nyeri County	County health workers
	Focus on supervision of private facilities in PMTCT	Private facilities	Nyeri County	CDH, CASCO, CACCs
	All HIV exposed infants	HIV exposed infants	Health Facilities	County health workers
	Establish and strengthen psychosocial support groups	Prisoners and prison warders	King'ong'o GK prison	CASCOs, CACCs, and County Government
	Contractors to design and display HIV information in bill boards	Contractors	County	County government

- Increase viral suppression to 90% in children, adolescents and adults on ART.
- To achieve this, it will be important to identify the points of loss within the cascade of care.
- Work with national government in establishing a county/regional Viral Load laboratory.

Gaps

The existing gaps include:

- Lack and late identification of PLHIV.
- Poor linkage and referral systems for PLHIV.
- Stigma and discrimination for PLHIV which is estimated at 38.9% for the county according to the Kenya Stigma Index Survey (2013) is a barrier to uptake of care and treatment services.
- Low retention of PLHIV in healthcare.

Strategic Direction 2: Improving Health outcomes and wellness of all People Living with HIV

KASF Objective	NCASP Results	Key Activity	Interventions		
			Biomedical	Behavioural	
Reduce AIDS related mortality by 25%	Reduced AIDS related mortality by 15%	Strengthen referral and linkage to care and treatment	Scale up HTS services; Early initiation to ART for all HIV positive clients	Strengthen clients-service provider relationship	
	Attaining 100% linkage to care after HIV diagnosis				
	100% ART coverage	Initiate all HIV positive clients to ART	Initiate all TB/HIV co infected clients on ARV within 2-8 weeks	Stigma reduction and advocate for adherence	
90% retention at 12 months	Monitoring and follow-up of clients enrolled	Pharmacovigilance	Adherence counselling and follow-up		
				Stigma reduction campaigns	
				Strengthen community based support groups	
				Scale up health education to mitigate against false advocacy and religious beliefs	
				Utilise youth friendly technology to create awareness on HIV and general life skills	

		Target Population	Geographic Areas	Responsibility
	Structural			
	Strengthen follow-up and minimise loss in the cascade of care	General Population	Nyeri County	CASCO
	Improve documentation			
	Strengthen data collection			
	Reporting and data audit			
	Improve on the client's discharge plan and follow-up			
	Revitalise MDTs	Health care workers	Nyeri County	Facility in charges
	Strengthen CMEs and scale up supervision in all facilities GoK or otherwise			
	PWID and key populations mainstreaming in HIV prevention, care and treatment	PWID & Key Populations	Nyeri County	CASCO
		TB/HIV co infected	Nyeri County	CASCO, CTLC
	Improving access to ART sites from 35 to 50 in 3 years	Health Facilities	Nyeri County	CASCO
	Scale up defaulter tracing			
	Emphasis on facility target setting and evaluation on performance			
	Strengthen CMEs and scale-up supervision and updates	Health Care Workers	Nyeri County	CDH and partners
	Continuous capacity building of health workers on ART			
	Strengthen COHORT analysis	Health Facilities	Nyeri County	Healthcare workers
	Leverage on technology for timely defaulter identification and tracking			
	Strengthen targeted treatment literacy and patient support mechanisms; flexibility of timing of care	General populations	Nyeri County	County Health Promotion Officer
	Establish comprehensive youth and adolescent services	Youth & adolescents	Nyeri County	CDH and partners
	Capacity building, sensitisation and supervision of learning institutions			
	Conduct peer educator forums in tertiary institutions			
	Establish and strengthen support groups in tertiary institutions			

KASF Objective	NCASP Results	Key Activity	Interventions		
			Biomedical	Behavioural	
Reduce HIV&AIDS related mortality by 25%	Monitoring and follow up of clients enrolled	Monitoring and follow-up of clients enrolled	Pharmacovigilance	Utilise youth friendly technology to create awareness on HIV and general life skills	
		Promote behaviour change and communication	Psychosocial support	Integrate alcohol and drug dependence reduction strategies into HIV care and treatment services	
				Community empowerment on effects of alcohol and substance interactions with drugs	
				Stigma reduction campaigns	
	Strengthen health promotion				
	Attain 90% viral suppression	Initiate early ARVs uptake	Adherence to clinical and treatment guidelines	Empowering clients on need for adherence to treatment for viral suppression	
		Improve wellness in clients with co-infections	Screening HIV positive clients for TB and other co morbidities		
Strengthen laboratory surveillance systems and pharmacovigilance		Scheduled viral load monitoring of all clients on ART			

Strategic Direction 3: Using a human rights approach to facilitate access to services for PLHIV, key populations and other priority groups in all sectors.

The Constitution of Kenya 2010 guarantees every citizen the right to the highest attainable standard of health. Article 27 of the Constitution outlaws discrimination on the basis of one's health status and provides for equality between men and women. Stigma and discrimination of PLHIV may directly impact on access to HIV care and treatment.

According to Kenya Stigma Index Report (2013) reported discrimination of PLHIV by a health professional through disclosure of Sero-

status without their consent was significantly high. The report also shows that female PLHIV face more discrimination compared to infected males.

An enabling legal and policy environment is, therefore, necessary for a robust HIV response at the county level to ensure access to services by persons living with HIV. Stigma and discrimination remain one of the biggest impediments to HIV response in Nyeri.

This strategic direction aims at creating an enabling and free for all environment in the county to ensure access to services by PLHIVs especially the priority populations.

		Target Population	Geographic Areas	Responsibility
	Structural			
	Strengthen school health programs	General population	Nyeri County	CBH and partners
	Development and distribution of IEC materials; Networking and linking clients to Civil societies for economic empowerment	General Population	Nyeri County	County Health Promotion Officer, County government and partners
	Introduce biometric client identification to reduce multiple registration in CCCs			
	Rename/Change location of CCCs to encourage service uptake in the facilities	PLHIV	Nyeri County	County Health Promotion Officer, County government and partners
		PLHIV	Nyeri County	Chief Officer Health
	Strengthen clients information updates and files	Healthcare workers	Health Facilities	CASCO/HRIO/ Facility In charge
	Establish facility quality improvement committees	Healthcare workers	Health Facilities	County government
	Strengthen supply chain management	Health Facilities	Nyeri County	CEC/ County Pharmacist, Laboratory Officer in charge
	Lobby with the national government to establish a regional Viral Load testing site			

Gaps

The existing gaps are:

- High levels of self-reported stigma and discrimination for PLHIV in the county.
- Barriers to access of HIV, sexual & reproductive health information in public and private entities.
- Stigma and discrimination including poor implementation of the school health policy.
- Inadequate cohort analysis for effective interventions.
- Lack of county specific legal and policy frame work for protection and promotion of the rights of PLHIV.
- Lack of mechanisms to monitor stigma and discrimination, social exclusion and gender-based violence. Further impediments to access of legal, social justice, protection from stigma and discrimination in the public and private sector.

Strategic Direction 3: Using a human rights-based approach to facilitate access to services for PLHIV, Key populations and other priority groups in all sectors

KASF Objective	NCASP Results	Key Activity	Interventions	
			Behavioural	
Reduce HIV related stigma and discrimination by 50%	Reduced self-reported stigma and discrimination related to HIV & AIDS by 25%	Sensitise service providers on stigma and discrimination	Reduce negative attitude towards people living with and affected by HIV	
		Conduct community empowerment on human rights as relates to HIV & SGBV	Strengthen self-esteem and acceptance	
		Empower Key Populations	To improve the health seeking behaviour	
	Reduced levels of sexual and gender based violence for people living with HIV, key populations, and general population	Social behaviour change & communication	Sensitise community on harmful gender norms, negative stereotypes and concept of masculinity	
	Increased protection of human rights, and improved access to justice for people living with HIV, key populations and other priority groups	Sensitising populations affected and infected on their rights and empower service providers	Know your rights campaigns for change of attitude	
Increased uptake/use of HIV tribunal	Create awareness about HIV tribunal	Sensitise service providers, people affected and infected HIV clients on HIV tribunal to address stigma and discrimination issues		

Strategic Direction 4: Strengthening integration of health and community systems

Nyeri CASP aims to build a strong and sustainable system for HIV service delivery in the county through specific health and community systems approach. This includes actions and interventions to support the HIV response; enhancing effective & efficient HIV prevention and care and treatment through

integration of health systems at community level. The county has identified two priority areas:

1. Provision of a competent and adequately staffed Human Resource for Health (HRH) to deliver HIV services integrated in the essential health package.
2. Strengthen health service delivery at all levels in the county using an integrated approach.

		Target Population	Geographic Areas	Responsibility
	Structural			
	<ul style="list-style-type: none"> Ensure rotation in CCCs for service providers; Strengthen and institutionalise CMEs; Mentorship and supervision; Distribute and disseminate revised service charters that includes RBA Train community health volunteers as paralegals to address human rights issues 	Health Workers and CHV	Nyeri county	County government and partners
	Promote acceptance of key populations as part of the community	General Population	Nyeri County	Community Health Services Coordinator
	Train peer educators for key populations	Key Populations	Nyeri County	CASCO and partners
	Strengthen collaboration and encourages HIV champions in different sectors including learning institutions	Key populations	Nyeri County	PLHIV networks, CDH and partners
	Sensitisation through use of existing administrative structures and community health systems	General Population and PLHIV	Nyeri County	GBV coordinator
	Establish SGBV desks & leverage on hotlines for ambulances	Health facility	Nyeri County	CDH, Partners, SCACCS
	Promote and support innovative in-service learning for healthcare workers			
	<ul style="list-style-type: none"> Sensitising learning institutions management and staff on RBA to SGBV Establish support groups for adolescents living with HIV in learning institutions 	Staff and managers adolescents	Learning Institutions	SGBV coordinator and partners
	Linking the PLHIV, key populations, survivors of SGBV and other minority groups to the judicial systems, civil societies and health facilities	Key Populations, PLHIV, SGBV survivors	Nyeri County	SGBV coordinator and partners
	Empower CHVs on basic counselling skills, the rights of PLHIV, key populations, survivors of SGBV and other minority groups for early referral Wide distribution and dissemination of related IEC materials	CHVs	Nyeri County	County Community strategy coordinator, and partners
	Strengthen working relationship between law enforcers and health care providers to promote non-discriminatory approach to survivors of SGBV	Law enforcers and Healthcare workers	Nyeri County	CDH
	Strengthen linkage with the tribunal and advocate for clients' rights	HIV tribunal	Nyeri county	County government, NACC

Gaps

The existing gaps are:

- Inadequate number of technically competent and skilled personnel and skewed distribution of health workers with skills and knowledge on HIV and AIDS.
- Inability of most existing health facilities to offer comprehensive HIV services including treatment.

- Weak integration of HIV services in the essential package for health and facilities.

Strategic direction 4: Strengthening integration of communities and health systems

KASF Objective	NCASP Results	Key Activity	Interventions	
			Behavioural	
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 to 50%	Improved Healthcare workforce for HIV response by 40%	Empower the Health workforce in HIV and AIDS response	Staff motivation	
			Strengthen HRH/HIV positive for counselling and effective deployment	
	Increased number of health facilities ready to provide KEPH defined HIV and AIDS services	Scale up the number of health facilities providing KEPH defined HIV and AIDS services	Advocacy for increased resources for HIV response	
	Strengthened HIV commodity management through effective and efficient management of medicines and medical products	Scheduled procurement and distribution of test kits and laboratory reagents	Improved supply chain management, proper focussing and qualifications and establish commodity security PWGS	
			Conduct continuous quality improvement	Promote use of guidelines and SOPS
	Strengthened community level AIDS competency	Strengthen community strategy and training on community level HIV module	Community ownership of the level one services	
			Strengthen and harmonise data collection and reporting	Strengthen community data collection and reporting

		Target Population	Geographic Areas	Responsibility
	Structural			
	Capacity building, support supervision, training and mentorship of HRH on HIV and AIDS, placement of staff based on skills and competencies	health managers	Nyeri County	COH/CDH
	<ul style="list-style-type: none"> Improve the staff population ratio in line with staffing norms Track all expectant mothers to ensure 100% facility delivery 	Trained health workers, expectant mothers	Nyeri County	County government, CDH, RHC
	Support HRH through HIV work place policy and support groups	Public service	Nyeri County	County Secretary
	Rotation of HRH in HIV service delivery points to create awareness and skills transfer	health workers	Health facilities	COH/CDH
	<ul style="list-style-type: none"> Carry out an audit of all facilities providing and reporting on HIV and AIDS services Provide and distribute condoms in institutions of higher learning and bus terminals 	HIV actors, learning institutions, general population	Nyeri County	CDH
	Strengthen the supply chain management	Health managers	Nyeri County	COH/CDH and KEMSA
	Introduce budgetary allocation on lab reagents under the HIV/TB sub program			
	Establish commodity security TWG			
	Promote use of guidelines and SOPs for efficient utilisation of available medicines and medical products	Health managers	Health facilities	County government
	Intensify supervision and mentorship on commodity management			
	Operationalize 251 commissioned CUs	CHVs	Nyeri County	Community Health strategy coordinators and partners
	Motivation of the CHVs			
	Strengthen linkage from community and facility			
	Strengthening community counselling by leveraging on retired health workers and other trained volunteer counsellors			
	<ul style="list-style-type: none"> Integrating health services in the community using churches, 'nyumba kumi' initiatives and any other organised groups Involve religious leaders in HIV and AIDS activities Lobby hotels and lodges to provide condoms in the basic lodge package of soap, towel, tissue 	General Population	Nyeri County	Community Health strategy coordinators, county government, partner
	Strengthen community data collection and reporting	CHVs	Nyeri County	Community Health strategy coordinators, NASCOP, NACC
	Empower CHVs on client tracing to minimise missed opportunities			

Strategic Direction 5: Strengthening research, innovation and information management to meet NCASP goals

HIV and AIDS interventions in Nyeri County have largely been informed by national surveillance studies such as KAIS and KDHS. There are research gaps in understanding drivers of the epidemic in different populations at the county level and translation of the research findings into programming. Hence, there is need for more evidence based programming operationalised by establishing a research hub in the county. This will leverage on the skills of existing institutions of higher learning in the county as well as operational researches. On the other hand, establishing a research committee will help in evaluating effectiveness of different interventions to

guide the efforts of various stakeholders towards achieving a county free of HIV infections, stigma and AIDS related deaths.

There are research gaps in understanding drivers of the epidemic in different populations at the county level and translation of the research findings into practice. These will be addressed by:

- Development of the county research agenda.
- Increasing funding for the HIV and TB related research. Currently, most research is influenced by the funding partners' agenda.

Strategic Direction 5: Strengthening research, innovation and information management to meet NCASP goals

KASF Objective	NCASP Results	Key Activity
<ol style="list-style-type: none"> 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 to 50% 	Increase capacity to conduct HIV research at county level by 10%	Invest in the county capacity for sound research
	Increased implementation of research on identified county related HIV priorities by 50%	Identify county HIV research priorities
	Increased evidence based planning, programming, budgeting and policy changes by 50%	Disseminate and translate research findings to inform programming
	Increased evidence based information on HIV spread	Conduct operational researches

- Stakeholder involvement in the development of the research agenda and joint programming to ensure developed programmes take into consideration available information and county data.

The following are some of the research priorities identified:

1. Impact of alcohol on HIV prevention by different populations in Nyeri County.
2. Determine effective models to increase uptake of HTS and linkage of OVCs to care and treatment.
3. Determine the impact of HIV workplace programmes towards prevention of new

infections among organised populations who do not know their HIV status.

4. Effectiveness of structural interventions on early sexual debut in preventing new HIV infections and re-infections.
5. Uptake of correct and consistent condom use among key populations (FSWs & MSMs).
6. Determine the impact of poverty-related factors hindering access care and treatment.
7. Adolescents and children ART adherence.
8. ARV drug resistance and suspected treatment failure in Nyeri County.

Interventions (Structural)	Target Population	Geographic Areas	Responsibility
Capacity building of health workers on operational and other research priorities	Health care workers	Nyeri County	CDH, learning institutions and partners
Establish county HIV data repository			
Establish county research ethics committee			
Strengthen county research unit			
Conduct surveys and strengthen HIV surveillance systems	HIV stakeholders	Nyeri County	CDH and partners
Establish county HIV research data base			
Recognise research work for publication, presentation and or peer review	CDH	Nyeri County	CEC and partners
Submission of abstracts for publication			
Dissemination and utilisation of research findings to influence policy			
Conduct a research on the role of boda boda riders on the increase in new HIV infections in schools	BodaBoda riders and students	Nyeri County	CDH and partners
Establish a research committee	Learning institutions, CHMT and partners	Nyeri County	CDH and partners
Establish a research hub	Data managers, M&E department	Nyeri County	CDH

Strategic Direction 6: Promote utilisation of strategic information for research, monitoring & evaluation

Quality data is necessary for evidence-based decision making at all levels. There is, a need for adequate M&E capacity to generate and consume quality data in a timely manner. Monitoring of the HIV epidemic in Nyeri County relies on various data systems; - facility level (DHIS), community level (COPBAR) and private sector (Sector system) supported by different stakeholders.

However, the M&E system has been faced with various challenges hampering use of meaningful data for decision making. The county shall strengthen the M&E TWG responsible for implementing the M&E plan at the county level. Similar M&E units at the sub county shall be formed and assume the same responsibility at that level while ensuring timely provision of accurate and relevant feedback to users.

Strategic Direction 6: Promote utilisation of strategic information for research, monitoring & evaluation

KASF Objective	NCASP Results	
<ol style="list-style-type: none"> 1. Reduce 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 to 50% 	Increased availability of strategic information to inform HIV response at all levels	
	Planned evaluations, reviews, service implemented and results disseminated in a timely manner	
	Comprehensive information package on key NCASP indicators provided for decision making	
	M&E information hub established at county level	

Key Activity	Interventions (Structural)	Target Population	Geographic Areas	Responsibility
Harmonise timely comprehensive routine and non-routine monitoring systems to provide quality HIV data	Provision of updated data capturing and reporting tools	Health facilities	Nyeri County	M&E coordinator and partners
	Promote use of common harmonised reporting system by all HIV stakeholders			
Strengthen M&E activities	Mentorship and supervision	Health facilities, HCW	Nyeri County	M&E coordinator, county government, partners
	Sensitisation of health workers on new tools and guidelines			
	Quarterly data quality audit, monthly data review meetings and performance review meetings			
	Capacity assessment and revitalising TWG			
	Strengthen use of DHIS 2 at facility level and build the capacity of managers to use it Provide computers to health facilities that do not have to avoid data loss			
Investments in health information strengthening	Provide computers to health facilities that do not have to avoid data loss	Health facilities	Nyeri County	HMIA and research department
Establish multi-sectoral and integrated real time HIV platform to provide updates on HIV epidemic response accountability at all levels	Create and strengthen M&E Information hubs at county and sub-county level	CHMT, SCHMT	Nyeri County	COH, CDH
	Embrace and strengthen use of IT, and capacity building of health workers			
	Reliable internet services; promote electronic medical records systems			
	Promote use of common harmonised reporting system by all HIV stakeholders	HIV stakeholders	Nyeri County	CDH

Strategic Direction 7: Increasing Domestic Financing for Sustainable HIV Response

Since the discovery of HIV in 1984, Kenya has largely depended on donor support in the fight against the scourge. HIV was declared a national disaster by the president with a view to mobilising resources towards the fight against HIV and AIDS which had reached an alarming rate of more than 10% with worsening mortality rates.

A multi-sectoral approach was adopted through the coordination of NASCOP and NACC. However, over the years, financing towards HIV care and treatment has largely been donor supported with limited financing by the government despite the increasing cost of HIV and AIDS response. The global funding is on the decline and available resources are being channelled to counties with a higher HIV disease burden. This has raised concerns for the overall sustainability of the national response while maintaining and improving on

the gains made this far. Declining funding may compromise gains made in prevention of new HIV infections, adherence and uptake of ART, EMTCT and treatment of HIV/TB co-infections that may lead to an increase in MDR. The recent policy change of test and treat (Anza Sasa) requires that all HIV positive clients be put on ARVs. This shift in policy will further require increased resources coming at a time when donor support is dwindling.

The Kenyan Constitution devolved health services to the 47 county governments. It is worth noting that the allocation to health from the national budget has been less than 8%. This budgetary provision is far below the national average financial resources required to provide health and health care services.

Nyeri County is alive to the fact that partner support in the provision of health care is crucial but not sustainable in the long run. Towards this end, increased domestic financing for HIV and AIDS response is critical

Strategic Direction 7: Increasing domestic financing for sustainable HIV response

KASF Objective	NCASP Results	Key Activity
<ol style="list-style-type: none"> 1. Reduce 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 to 50% 	<p>Increase domestic financing to 5%</p>	<p>Promote allocative efficiency and effective use of available resources</p>

especially when the country is witnessing reduced donor support for HIV programs and a bias towards Counties with relatively higher HIV disease burden. Nyeri County is struggling with HIV burden of 4.3% (KAIS 2012) at such a time that main partners are winding up in the coming few months. The county commits to put emphasis on three key intervention areas namely:

- Maximise efficiency of existing service delivery options.
- Promote innovative and sustainable domestic HIV financing options.
- Align resources/ investment to strategic framework priorities.

In order to realise increased funding, the county will employ the following strategies:

- Advocate for MoH budgetary allocation for the HIV and AIDS unit at the central

and county level through the Governor’s Summit.

- Promote allocative efficiency of county budgets through deliberate financing of HIV and AIDS response in sector wide approach.
- Engage with private sector and industry stakeholders to develop co-financing strategies for some HIV activities through PPP e.g. the manufacture and production of HIV consumables, advocacy initiatives and HCWs capacity-building initiatives.
- Sensitise county-level, sub-county, community and facility-level health managers to include HIV and AIDS budget line items during their regular planning and budgeting processes.
- Strengthen coordination of partner- and donor- supported HIV initiatives to enhance resource maximisation.

Intervention (Structural)	Target Population	Geographic Areas	Responsibility
Clarify HIV partners mandate and their task in NCASP goals & give clear guidelines on what needs to be done and by who to avoid duplication of efforts	HIV stakeholders	Nyeri County	CEC, CDH, COH
Emphasise joint planning, budgeting and joint performance monitoring and evaluation between all stakeholders in the county	HIV stakeholders		CDH
Map out all awarded contracts in various sectors in the county towards contributions to HIV interventions	County contractors		CEC Health & CEC Finance
Innovative and more cost effective approaches to HIV financing	HIV stakeholders		COH, CDH, CEC
Allocate a % of FIF funds to HIV activities at health facilities	Hospitals		COH, CDH
Develop and enact legislation to drive county HIV financing and implementation agenda	HIV stakeholders		CEC, MCAs
PPP involvement e.g. Nyeri HIV marathon, walk, football etc.	HIV stakeholders		COH, CDH
Scale up of NHIF social health insurance and community based health care financing	General Population		CDH, NHIF
Lobby through advocacy for county assembly to allocate a certain percentage of annual county budget funds to fight HIV and AIDS across all sectors with bias towards the health sector as the main player	County Assembly		CEC, COH, MCAs

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

The Constitution of Kenya and the legislative framework provides the environment for the HIV and AIDS response. Article 10 (2) and 73 define the fundamentals of good governance and leadership while Article 21 (3) assigns all public institutions the responsibility to address the needs of the vulnerable groups in the society. Such groups include those infected and affected by HIV and AIDS.

The County Government Act 2012 describes the role of county governments which include planning, prioritisation, monitoring, resource allocation and budgeting for programs and interventions under the devolved functions. Thus county governments are under Constitutional and legal obligation to provide their citizens quality health services including HIV related services on prevention, care and treatment.

Key interventions for accountable leadership and governance include:

1. Build and maintain high level political commitment.
2. Strengthen HIV and AIDS coordination mechanism at the county and between the two levels of government.
3. Entrench good governance and strengthen multi-sector, multi-partner and stakeholder accountability towards implementation of the NCASP.

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

KASF Objective	NCASP Results	
<ol style="list-style-type: none"> 1. Reduce 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 to 50% 	An enabling legal and regulatory framework for multi-sectoral HIV response fully aligned to the Constitution of Kenya 2010	
	Effective and well-functioning stakeholder coordination and accountability mechanism in place and fully operationalized at all levels	
	Good governance practices and accountable leadership entrenched for the multi-sectoral AIDS at all levels	
	Reduced stigma and deliberate HIV spread, increased status disclosure	

Key Activity	Intervention (Structural)	Target Population	Geographic Areas	Responsibility
Participate in policy development and legislation	Implement existing policy and legislation on leadership and governance	County health administration (CDH, COH)	Nyeri County	Council of Governors, NACC
	Promote advocacy for high level political commitment and ownership for HIV response	CEC		
Establish a functional HIV coordinating mechanism at all levels	Coordinating stakeholders and implementing organisations reporting at county level for accountability based on targets and results	HIV stakeholders & implementing organisations		CDH and partners
	Conduct biannual stakeholders performance review			
	Promote PPP in showcasing and talent demonstrations during World AIDS days			
	-Involve ward administrators and national government coordinators at sub county and ward level in HIV and AIDS activities -Promote leaders as HIV champions	Administrative leadership	County Government	
	Initiate county health week to promote HIV and AIDS integrated health services	General population	CDH	
Formulate stigma, disclosure and deliberate spread policy	Legislate HIV and AIDS act to address stigma, disclosure and deliberate spread of HIV	County assembly	MCAAs	

05.

IMPLEMENTATION ARRANGEMENTS

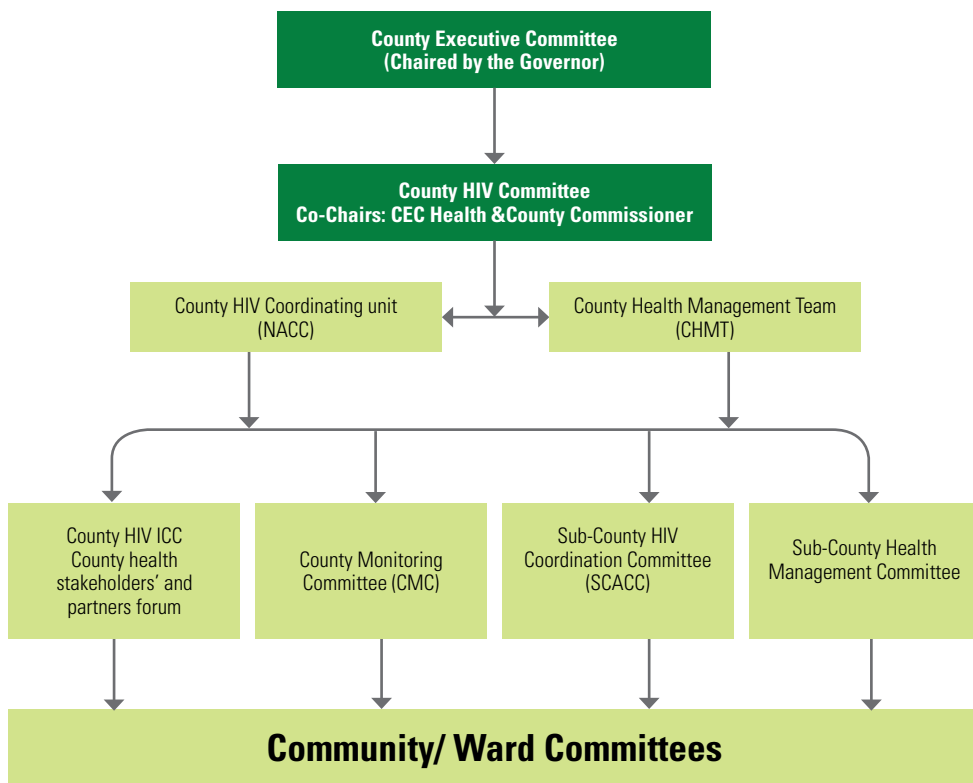
The NCASP seeks to review, strengthen and establish effective and well-functioning stakeholder coordination and mechanisms aimed at improving efficiency and effectiveness to promote equality, strategic partnership, public participation and stakeholder accountability results.

The successful implementation of this plan is dependent upon the collaborative efforts and synergies of all HIV and AIDS stakeholders and actors, through establishment of an effective partnership framework via new institutional and management arrangements. Coordination of stakeholders and management of HIV and AIDS within a devolved system has become challenging and dynamic. This is as a result of change in the overall national governance structure as per the Kenyan Constitution. This demands innovation, clarity of roles and responsibilities at all level including county, sub-county, inter county, inter-governmental and sector level.

The NCASP seeks to review, strengthen and establish effective and well-functioning stakeholder coordination mechanisms aimed at improving efficiency and effectiveness to promote equality, strategic partnership, public participation and stakeholder accountability for results.

The county shall adopt a multi-sectoral approach in the HIV response comprising of the public and private sector, and civil society. Appropriate measures, financial and programmatic, shall be put in place to ensure all stakeholders are accountable to the people of Nyeri County.

Fig.5.1: Nyeri County HIV Coordination Structure



As indicated under Figure 5.1 above, the County will have the following committees:

- County Executive Committee- Chaired by the Governor.
- County HIV Committee- Chaired by the CEC Member for Health and co-chaired by the county commissioner.
- County HIV Coordination Unit (NAC coordination units).
- CHMT.
- County ICC.
- County KASF monitoring committee.
- Sub County HIV coordination committees.
- SCHMT.
- Community committees.

County Executive Committee

Will be chaired by the Governor. It shall oversee the implementation of the county HIV legislation. It will spearhead prioritisation of resource allocation to address HIV burden in Nyeri County. It shall lobby for HIV resources from development partners

County HIV Committee

It shall be accountable to the Governor for the performance of their functions relating to HIV. It shall be responsible to identify the gaps in HIV matters in the county. It will be responsible for developing proposals to solicit funds from development partners.

Membership

It shall be chaired by the Health CEC with the NACC RHC as the secretary. Other members include; County commissioner, representatives of county assembly (from

health, budget, planning committees), Chief Officer Health, director health, director social services, director planning and finance, representative of PLHIV, representative of private sector, CACCs (2) sub-counties, faith communities-(1), CASCO, Partners (2).

The County HIV committee shall:

- Hold meetings on a quarterly basis to review implementation of the NCASP.
- Responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of the NCASP.
- Approve the county HIV targets and plan.
- Review and present county HIV Budget.
- Set the county HIV agenda.

County HIV Coordination Unit

This will be the responsibility of the NACC Secretariat at the County level. The unit shall coordinate the day to day implementation of the KASF at the county level. It will work closely with the County Health Management Team and the various line ministries at the county level.

The HIV coordination unit shall

- Ensure quarterly county ICC HIV meetings are held and follow through on county ICC HIV actions.
- Regular engagement of all state and non-state actors within the county in planning, prioritisation, implementation and monitoring and evaluation of HIV and AIDS programmes.
- Strengthening linkages and networking among stakeholders and providing

technical assistance, facilitation and support for NCASP delivery.

- Monitor county legislation to ensure all Bills are HIV compliant.

Monitoring & Evaluation Committee

The committee shall consist of persons with M&E expertise drawn from across all sectors and partners- public, private and civil society including key affected population and PLHIV in the county. The role of the Monitoring and Evaluation Committee shall include;

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

The County HIV ICC Committee:

This shall be accountable to the governor for the performance of their functions and the exercise of their powers on matters relating to HIV. This shall be the primary forum for deliberating on AIDS issues in the county. It shall be chaired by the CEC health and the NACC county HIV coordinator will be the secretary. It will comprise of senior

representatives in the county government, civil society, private sector and development partner, various stakeholder working groups representing the various constituencies e.g. CSOs, FBOs, Youth, PwD and PLHIV. The committee will convene at least four meetings annually to report on NCASP implementation progress, planned activities and future priority areas.

Roles

- Ensure linkages, harmonisation, coordination and resource mobilisation and allocation and tracking of progress of HIV programmes within sub counties.
- Facilitate information sharing within and across partners in the county.
- Reviewing programmes and projects supporting NCASP implementation.
- Responsible for the effective delivery of the HIV response at the county level.
- Oversee the development of a collaborative and comprehensive strategy to rollout NCASP and subsequently monitor its implementation.

Sub-County/Constituency HIV committees

There will be six (6) constituency/sub-county committees in Nyeri County. The chair will be elected at the first meeting where SCACCs are secretaries to the committee. It shall comprise of; National government official at the sub County level- deputy county commissioner; one person nominated from among the active civil society organisations; representative of PLHIV; representative of PWD; one person representing interest of women; representative of youth; SCACC and sub-county MOH.

Roles

- Stakeholder mobilisation to respond to HIV issues in the community.
- Monitor community response to HIV issues and submit biannual reports to HIV committee.
- Receive and disseminate appropriate national and county policies, guidelines and strategies on HIV and AIDS.
- Ensure linkages, harmonisation, coordination and resource mobilisation and allocation, and tracking of progress in AIDS programmes within sub counties.
- Facilitate information sharing within and across partners in the county.

County Health Management Team

The team oversees the overall implementation of health programs in the county. It draws its membership from the county health department officials including the CEC for health, Chief Officer of Health and the County Health Director.

Sub County Health Management Team

In the health sector, the Sub County Health Management Team (SCHMT) is the second tier of management after the CHMT. They are charged with coordination, monitoring and supervision of health services at the sub county level in the health sector. This level of management ensures coordination and smooth implementation of programs and activities relating to HIV at facility levels.

Ward/ Community HIV Committees:

This committee shall be charged with the responsibility of planning, budgeting, coordination and monitoring of all HIV interventions at the community level. The community units will be headed by a Community Health Extension Worker (CHEW) of the facility where the unit is linked to.

06.

MONITORING AND EVALUATION

Monitoring and evaluation of the implementation of the NCASP and assessment of the outcome is essential based on the availability of accurate, relevant and timely data.

Monitoring and evaluation of the implementation of the NCASP and assessment of the outcome is essential based on the availability of accurate, relevant and timely data. This will influence decision making on HIV related issues at the various levels.

Health facilities, both public and private, shall submit data to the sub county on monthly basis while community units and CSOs will report through the link facility. The sub-county health system delivery indicators' data will be captured in the DHIS while the community system indicators shall be reported through the COBPAR.

Similarly, the county shall use the Logistical Management Information System (LMIS) to track the supply chain for pharmaceuticals and other health commodities to the health facilities. This LMIS shall provide data on HIV commodities stocks and supply to the health facilities.

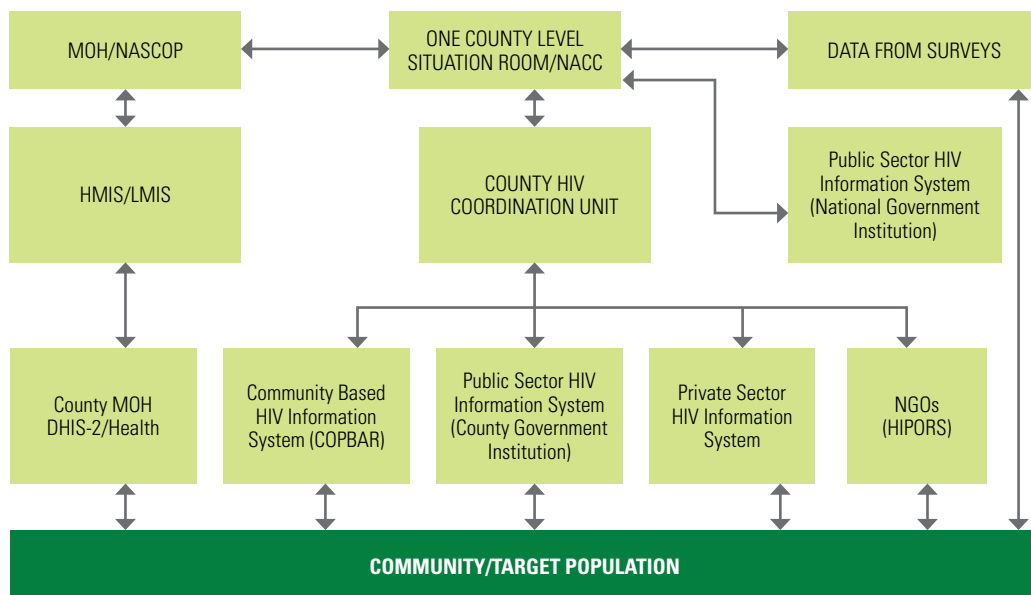
The county plans to develop a county integrated information system, which will facilitate

interaction between sub-counties and county levels. This system shall be used to report on the NCASP biomedical indicators. In addition, the County shall build the capacity of the HRIOs including provision of necessary infrastructure.

The monitoring and evaluation shall involve:

- Development, dissemination and distribution of data collection and reporting tools.
- Data collection at service delivery point at facility and community level.
- Data compilation and analyses at facility and management level.
- Data validation at all management levels.
- Data dissemination to management, stakeholders and community.
- Feedback mechanism and supportive supervision.

Fig. 6.1: M&E data and information flow



Data Collection

1. Community Level/ Target Population:

The data collected is passed to various sectors e.g. community (COBPAR), public sector, private sector, NGOs (HIPORS) and health facilities. This data includes condom distribution, number of PLHIV supported, HTS etc.

2. Facility Level: The data collected is mainly as a result of interventions from healthcare workers. These interventions include HTS, HIV care & treatment among others. This data is summarised and submitted to the sub county level.

3. Sub County Level: Summarised data from the facility and community level is verified and entered into the DHIS and other databases as appropriate.

4. County Level: Validated data from the sub county is submitted for review and onward submission to the national level. There may be other data sources such as research/ survey findings/ reports.

5. National Level: The data collected informs decision-making and policy formulation thus the need for quality data.

Evaluations

To assess the effectiveness, impact and sustainability of NCASP, mid-term, end-term and programmatic evaluations shall be conducted.

Programme Evaluation

Programme evaluation shall be used to establish the effectiveness and efficiency of the various HIV programmes. An evaluation agenda for NCASP will be developed to come up with programme-specific assessments during the period of NCASP implementation.

Mid-Term Evaluation of NCASP

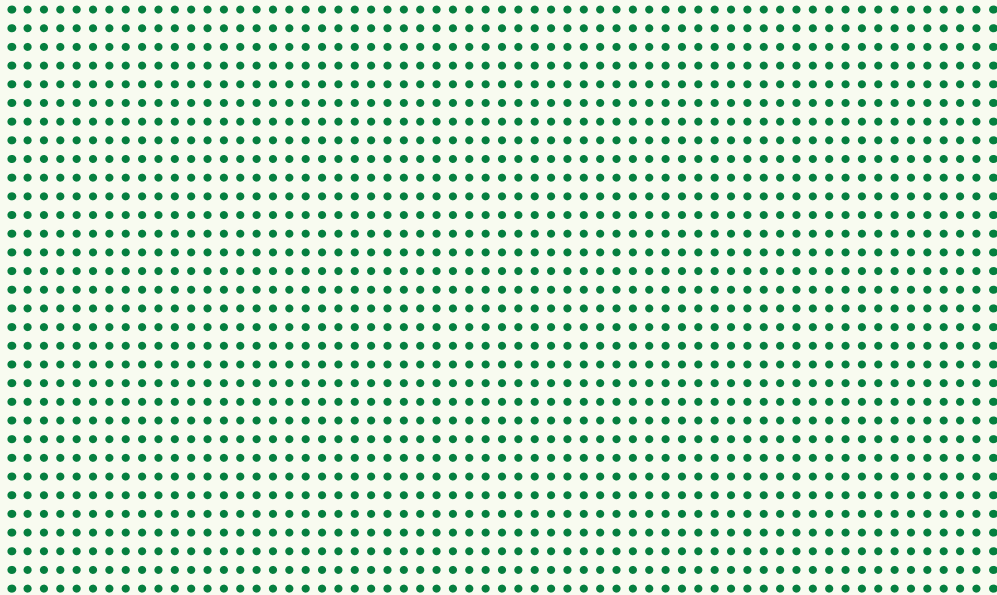
Mid-term evaluation is expected towards end of 2017 and shall be undertaken by external independent experts. The evaluation shall assess the relevance, effectiveness and efficiency of the strategic plan. A detailed evaluation protocol shall be developed to ascertain the achievements against what was planned.

End-Term Evaluation of NCASP

End term evaluation shall be conducted by independent experts who will focus on the extent to which the NCASP expected outcome and related impact have been achieved over the implementation period. The evaluation shall be conducted in 2019, and the outcome shall inform the development of the next strategic plan.

07.

RISK AND
MITIGATION PLAN



Risk Category	Risk Name	Status	Probability (1-5)	Impact (1-5)	Risk Average score	Response	Responsibility	When
Political	Lack of political goodwill	Inactive –No monitoring in place	3	3	3	Sensitisation and awareness	CDH	Continuous
	Low knowledge level of leaders	Active – risk not being actively monitored	4	4	4	Sensitisation of the leaders on HIV and sustainable financing	COH/ NACC	Continuous
	Low prioritisation of the HIV agenda and activities	Active- risk is being actively monitored	3	3	3	Lobby for leaders' commitment and continued prioritisation of the HIV agenda	COH, NACC, Partners	Continuous
Environmental	Rising number of informal settlements	Active- risk is being actively monitored	3	3	3	Community sensitisation	CDH, NACC, Dept. of Interior Coordination	Continuous
	Migrant workers	Active- risk is being actively monitored	2	2	2	Awareness, sensitisation and develop/ implement work place policy	CDH, NACC	Continuous
	Alcohol and drug substance abuse	Active- risk is being actively monitored	3	3	3	Awareness and sensitisation	CDH, NACC	Continuous
	SGBV	Active- risk is being actively monitored	2	2	2	Community sensitisation	Religious leaders, National & County govt.	Continuous
Technological	Low implementers' capacity	Active- risk is being actively monitored	3	3	3	Capacity assessment, capacity building	CDH	Continuous
Economic	Unequal distribution of financial resources	Active- risk is being actively monitored	3	3	3	Empower the youth on resource mobilisation and income generation	County government	Continuous
	Inadequate financial resources for HIV related activities	Active- risk is being actively monitored	4	4	4	Lobby for more resources from the county government, explore innovative financing,	COH, County government, NACC	Continuous
Legislative	Weak legislation favourable for HIV related issues	Active- risk is not being actively monitored	4	4	4	Customise and operationalise the HIV prevention and control act 2006 and other related Bills	NACC, CDH	Continuous
Leadership	Poor governance, weak partnership framework	Active – risk not being actively monitored	3	3	3	Entrench good governance and strengthen multi-sectoral approach for delivering NCASP results	CEC, NACC	Continuous

ANNEXES

Annex 1: Results Framework

Strategic Direction 1: Reducing new HIV infections

KASF objective	CASP Results	Key Activity	Indicators
Reduce new HIV infections by 75%	Reduced annual new HIV infections by 50%	Scale up HTS	% of population tested for HIV
		Scale up blood donation notification	No. of blood donors notified of their HIV results
		Promotion of condom use and related commodities	Number of condoms supplied
		Legislate in the County assembly for all lodges and hotels to include condoms in their basic room package	Percentage of hotels and lodges with condoms in their basic room package
		establish youth and PWD friendly HIV services	Number of facilities offering PWD and youth friendly services
		DICs increased from 1 to 4	Number of established and functional DICs
		PEP and occupational safety	Number of health facilities providing PEP services
	Reduced HIV transmission rates from mother to child from 6.3 % to less than 2 %	Scale up EMTCT activities in all health facilities	No. of pregnant women who know their HIV status Percentage of pregnant and lactating mothers receiving HAART Percentage of HIV exposed infants with negative result from positive pregnant and lactating mothers

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

KASF objective	CASP Results	Key Activity	Indicators
Improving Health outcomes and wellness of all people living with HIV	Attain 90% linkage to care after HIV diagnosis	Strengthening referral and linkage to care and treatment including home based care	percentage of HIV positive clients linked to care within 3 months
	90% ART coverage	Increase uptake of ART	No. of eligible HIV clients on ARVs
	90 % retention at 12 months	Monitoring and follow-up of clients enrolled	Defaulter Tracing Biometric registration of ART patients to eliminate double registration and defaulting
	Attain 90% viral suppression	Early initiation to ARVs	No of HIV (+ve) clients with viral load suppression at 12 months after initiation of ARVs
		Screening all HIV clients for TB	No of HIV clients screened for TB
		Strengthen Laboratory surveillance systems Pharmacovigilance	Proportion of viral load results received on time

	Baseline	Source	Mid Term Target	End Term Target	Responsibility
	73%	KAIS 2012	75%	80%	CASCO
	0	NBTS	4000	9457	CMLT
	908,343	DHIS 2013/14	1,500,000	2,000,000	CDH
	0	DHIS 2013/14	50	80	CDH, County assembly, Partners
	1	DHIS	4	7	County Government, partners
	1	DHIS	2	4	County Government , partners
	126	DHIS	132	140	CDH
	16069	DHIS	16954	17846	PMTCT Focal Person, partners

	Baseline	Source	Mid Term Target	End Term Target	Responsibility
	1553	DHIS	1903	2141	County Government
	13,906	DHIS	-	21391	CDH
	2830	DHIS	2390	3043	County Government, partners
	0%		40%	80%	
	11875	NASCOP	18,0000	23,000	County Government
	14231	DHIS	14521	15221	CTLC
	80	NASCOP-EID	90	100	CMLT

Strategic Direction 3: Using a human rights approach to facilitate access to services for PLHIV, Key populations and other priority groups in all sectors

KASF objective	CASP Results	Key Activity	Indicators	
Reduce HIV related stigma and discrimination	Reduce self-reported stigma and discrimination related to HIV & AIDS by 25%	Sensitising service providers on stigma and discrimination	Percentage of women and men aged 15-49 years expressing accepting attitudes towards PLHIV	
		Community empowerment on human rights as relates to HIV & SGBV	Number of community dialogue days held as relates to HIV & SGBV	
		Empowering Key Populations	No of sessions held with key populations	
	Increase protection of human rights, and improved access to justice for people living with HIV, key populations and other priority groups	Packaging preventive HIV programs for key populations	Number of program developed for PLHIV	

Strategic direction 4: Strengthening integration of communities and health systems

KASF objective	CASP Results	Key Activity	Indicators	
Improved access to HIV and AIDS services	Increase healthcare workforce for HIV response by 40%	Empowering the health workforce in HIV and AIDS response	No of HRH trained for HIV and AIDS response	
	Increased number of health facilities ready to provide KEPH defined HIV and AIDS services	Scale up the number of health facilities providing KEPH defined HIV and AIDS services	No of health facilities providing early infant diagnosis	
	Strengthened HIV commodity management through effective and efficient management of medicines and medical products	Scheduled procurement and distribution of test kits and laboratory reagents	No of HIV testing health facilities that report stock outs at least once in 3months	
			Continuous quality improvement	Number of functional QIC
Strengthened community level AIDS competency	Strengthen Community Strategy and training on Community level HIV module	Number of community units implementing AIDS competence guidelines		

Strategic Direction 5: Strengthening Research, innovation and information management to meet CASP goals

KASF objective	CASP Results	Key Activity	Indicators	
Identification and implementation of high impact research priorities, innovative programming and capacity strengthening to conduct research	Increase capacity to conduct HIV research at county level by 10%	Investing in the county capacity for sound research	Number of health workers trained on research/ scientific writing	
	Increased implementation of research on identified county related HIV priorities by 50%	Identify county HIV research priorities	No of planned research conducted in line with county HIV agenda	
	Increased evidence based planning, programming, budgeting and policy changes by 50%	dissemination and translation of research findings to inform programming	Number of research reports disseminated to inform policy, planning and programming	

	Baseline	Source	Mid Term Target	End Term Target	Responsibility
	TBD	KDHS/Stigma Index Report	50%	80 %	CDH, CACCs
	32	DHIS	144	251	Community Strategy Focal Person, CACCs
	12	Nyeri DIC Reports	12	12	CASCO, CACCs, partners
	1	Departmental inventory	1	1	CDH

	Baseline	Source	Mid Term Target	End Term Target	Responsibility
	452	HRH Records	800	1200	CDH
	126	DHIS	132	140	CDH
	4	HCMP	0	0	CMLT
	0	Facility inventory	11	36	CDH
	32	DHIS	144	251	Community Strategy Focal Person, CACCs

	Baseline	Source	Mid Term Target	End Term Target	Responsibility
	20	HRH records	50	100	CDH
	0	County Research Repository	1	3	CDH
	0	County Research Repository	1	3	CDH

Strategic Direction 6: Promote utilisation of strategic information for research, monitoring & evaluation

KASF objective	CASP Results	Key Activity	Indicators	
Strengthening M&E systems in the department	Increased availability of strategic information to inform HIV response at all levels	Harmonise timely comprehensive routine and non-routine monitoring systems to provide quality HIV data	Number of complete reports submitted	
	Planned evaluations, reviews, service implemented and results disseminated in a timely manner	Strengthen M&E activities	No. of quarterly planned M&E meetings, surveys, DQAs held	
	Comprehensive information package on key CASP indicators provided for decision making	Investments in health information strengthening	No. of quarterly & timely, complete reports received	
	M&E information hub established at county level	Establish multi-sectoral and integrated real time HIV platform to provide updates on HIV epidemic response accountability at all levels	functional county dashboard	

Strategic Direction 7: Increasing domestic financing for sustainable HIV response

KASF objective	CASP Results	Key Activity	Indicators	
Sustainable HIV investments	Increase domestic financing to 5%	Promote allocative efficiency and effective use of available resources	Percentage of County Government financing to HIV	
		Joint planning, budgeting and joint performance monitoring and evaluation between all stakeholders in the county	Percentage of HIV funding coming from private sector and households	
		mobilising funds from key stakeholders towards NCASP priorities	Percentage of funds allocation to NCASP priorities	

Strategic Direction 8: Promoting Accountable leadership for delivery of NCASP Results by all sectors and actors

KASF objective	CASP Results	Key Activity	Indicators	
Servant leadership	An enabling legal and regulatory framework for multisectoral HIV response fully aligned to the Constitution of Kenya 2010	Developing a county policy and legal framework for HIV response	Number of policies and legal frameworks developed	
	Create an enabling environment for multisectoral response	Stakeholder engagement and involvement	Number of forums held	
	Effective and well-functioning stakeholder coordination and accountability mechanism in place and fully operationalized at all levels	Establishing a functional HIV coordinating mechanism at all levels	Number of functional HIV committees	
	Good governance practices and accountable leadership entrenched for the multi sectoral HIV and AIDS at all levels	Establishing a functional HIV coordinating mechanism at all levels	Number of advocacy meetings held with key stakeholders	

Baseline	Source	Mid Term Target	End Term Target	Responsibility
4	M&E reports	4	4	CDH
4	M& E records	4	4	CDH
4	M& E records	4	4	CDH
0	M&E reports	1	1	County Government PAIC

Baseline	Source	Mid Term Target	End Term Target	Responsibility
2,700,000	current health accounts did not provide for this information	5,000,000	10,000,000	Chief officer of Health
establish baseline data	current health accounts did not provide for this information	Lobby partners to assist in financing of Nyeri County Health accounts	Established baseline information	Chief Officer
62,575,000 (CHS & APHA Plus)	Departmental financial reports	80,000,000	100,000,000	Chief officer of Health Services

Baseline	Source	Mid Term Target	End Term Target	Responsibility
1	Departmental inventory	2	2	County Government/Legal Office
4	Departmental inventory	4	4	CDH
4	Departmental inventory	4	6	CDH
2		3	4	CDH

Annex 2: Implementation Plan

Key Activity	2014/15	2015/16	2016/17	2017/18	2018/19
Scale up HTS	✓	✓	✓	✓	✓
Promotion of blood safety and donor notification	✓	✓	✓	✓	✓
Promotion of condom use and related commodities	✓	✓	✓	✓	✓
Provide PEP and occupational safety	✓	✓	✓	✓	✓
Scale up EMTCT activities in all health facilities	✓	✓	✓	✓	✓
Increase access to HTS	✓	✓	✓	✓	✓
Monitor contractors to ensure they abide to corporate social responsibility (CSR)	✓	✓	✓	✓	✓
Strengthen referral and linkage to care and treatment	✓	✓	✓	✓	✓
Increase uptake of ART	✓	✓	✓	✓	✓
Monitoring and follow-up of clients enrolled	✓	✓	✓	✓	✓
Promote behaviour change and communication	✓	✓	✓	✓	✓
Initiate early ARVs uptake	✓	✓	✓	✓	✓
Establish facility quality improvement committees	✓	✓	✓	✓	✓
Strengthen laboratory surveillance systems pharmacovigilance	✓	✓	✓	✓	✓
Sensitise service providers on stigma and discrimination	✓	✓	✓	✓	✓
Conduct community empowerment on human rights as relates to HIV & SGBV	✓	✓	✓	✓	✓
Empower Key Populations	✓	✓	✓	✓	✓
Establish SGBV desks & leverage on hotlines for ambulances			✓		
Establish support groups for adolescents living with HIV in learning institutions			✓	✓	✓
Empower CHVs on basic counselling skills, the rights of PLHIV, key populations, survivors of SGBV and other minority groups for early referral	✓	✓	✓	✓	✓
Create awareness about or on HIV tribunal			✓	✓	✓
Empower the health workforce in HIV and AIDS response			✓	✓	✓
Scale up the number of health facilities providing KEPH defined HIV and AIDS services			✓	✓	✓
Conduct continuous quality improvement			✓	✓	✓
Lobby hotels and lodges to provide condoms in the basic lodge package of soap, towel, tissue			✓	✓	✓
Strengthen and harmonise data collection and reporting			✓	✓	✓
Invest in the county capacity for sound research			✓		
Identify county HIV research priorities			✓		
Disseminate and translate research findings to inform programming			✓	✓	✓
Conduct operational researches			✓	✓	✓
Harmonise timely comprehensive routine and non-routine monitoring systems to provide quality HIV data			✓	✓	✓
Strengthen M&E activities			✓		
Establish multi-sectoral and integrated real time HIV platform to provide updates on HIV epidemic response accountability at all levels			✓		
PPP involvement e.g. Nyeri HIV marathon, walk, football etc.			✓	✓	✓
Scaling up of NHIF social health insurance and community based health care financing			✓	✓	✓
Develop and enact legislation to drive county HIV financing and implementation agenda			✓		
Map out all awarded contracts in various sectors in the county towards contributions to HIV interventions			✓		
Participate in policy development and legislation			✓	✓	✓
Establish a functional HIV coordinating mechanism at all levels			✓		
Conduct biannual stakeholders performance review			✓	✓	✓

Annex 3: Nyeri CASP Budget (Costing Plan)

Strategic Direction 1: Reducing new HIV infections

CASP Results	Key Activity	Indicators	Year 1	Year 2	Year 3
Reduced annual new HIV infections by 50%	Scale up HTS	% of population tested for HIV	785,396,415	806,914,125	860,708,400
	Scale up blood donation notification	No of blood donors notified of their HIV results	-	6,000,000	14,185,500
	Promotion of condom use and related commodities	Number of condoms supplied	5,613,560	9,270,000	12,360,000
	PEP and Occupational safety	Number of health facilities providing PEP services	27,902,700	29,231,400	31,003,000
Reduced HIV transmission rates from mother to child from 6.3% to less than 2%	Scale up eMTCT activities in all health facilities	No. of pregnant women who know their HIV status	31,447,033	33,178,978	34,924,622
Subtotal			850,359,708	884,594,503	953,181,522
Program management costs 7.4%			63,776,978	66,344,588	71,488,614
Total			914,136,686	950,939,091	1,024,670,136

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

CASP Results	Key Activity	Indicators	Year 1	Year 2	Year 3
attain 90% linkage to care after HIV diagnosis	Strengthening referral and linkage to care and treatment including Home based care	% of HIV positive clients linked to care within 3 months	15,530,000	19,030,000	21,410,000
90% ART coverage	Increase uptake of ART	No of eligible HIV clients on ARVs	803,530,398	1,019,783,276	1,236,036,153
90 % retention at 12 months	Monitoring and follow-up of clients enrolled	Defaulter Tracing	2,830,000	2,390,000	3,043,000
attain 90% viral suppression	Early initiation to ARVs	No of HIV (+ ve) clients with viral load suppression at 12 months after initiation of ARVs	6,654,294	8,153,974	9,173,757
	Screening all HIV clients for TB	No of HIV clients screened for TB	76,221,236	77,774,476	81,523,676
	Strengthen Laboratory surveillance systems Pharmacovigilance	Proportion of viral load results received on time	300,000	400,000	500,000
Subtotal			905,065,928	1,127,531,726	1,351,686,586
Program management costs 7.4%			67,879,945	84,564,879	101,376,494
Total			972,945,873	1,212,096,605	1,453,063,080

Strategic Direction 3: Using a human rights approach to facilitate access to services for PLHIV, Key populations and other priority groups in all sectors

CASP Results	Key Activity	Indicators	Year 1	Year 2	Year 3
Reduce self reported stigma and discrimination related to HIV & AIDS by 25%	Sensitizing service providers on stigma and discrimination	% of women and men aged 15-49 years expressing accepting attitudes towards PLHIV	23,175,000	24,720,000	26,265,000
	Community empowerment on human rights as relates to HIV & SGBV	Number of community dialogue days held as relates to HIV & SGBV	1,600,000	7,200,000	12,550,000
	Empowering Key Populations	No of sessions held with key populations	900,000	900,000	900,000
Reduce levels of sexual and gender based violence for people living with HIV, key populations, women, men, boys and girls by 50%	Social behaviour change & communication	No of PLHIV who experience sexual and GBV	1,000,000	1,500,000	2,000,000
Increase protection of human rights, and improved access to justice for people living with HIV, key populations and other priority groups	Packaging preventive HIV programs for key populations	Number of program developed for PLHIV	2,000,000	2,000,000	2,000,000
Subtotal			28,675,000	36,320,000	43,715,000
Program management costs 7.4%			2,150,625	2,724,000	3,278,625
Total			30,825,625	39,044,000	46,993,625

Strategic direction 4: strengthening integration of communities and health systems

CASP Results	Key Activity	Indicators	Year 1	Year 2	Year 3
Improved Health care workforce for HIV response by 40%	Empowering the Health Workforce in HIV and AIDS response	No of HRH trained for HIV and AIDS response	22,600,000	40,000,000	60,000,000
Increased number of health facilities ready to provide KEPH defined HIV and AIDS services	Scale up the number of health facilities providing KEPH defined HIV and AIDS services	No of health facilities providing early infant diagnosis	9,863,280	10,332,960	10,959,200
Strengthened HIV commodity management through effective and efficient management of medicines and medical products	Scheduled Procurement and distribution of test kits and laboratory reagents	No of HIV testing health facilities that report stock outs at least once in 3 months	100,000	100,000	100,000
	Continuous Quality improvement	Number of functional QIC	0	1,650,000	0
Strengthened community level AIDS competency	Strengthen Community Strategy and training on Community level HIV module	Number of community units implementing AIDS competence guidelines	1,600,000	7,200,000	12,550,000
Subtotal			34,163,280	59,282,960	83,609,200
Program management costs 7.4%			2,562,246	4,446,222	6,270,690
Total			36,725,526	63,729,182	89,879,890

Strategic Direction 5: Strengthening Research, innovation and information management to meet CASP goals

CASP Results	Key Activity	Indicators	Year 1	Year 2	Year 3
Increase capacity to conduct HIV research at County level by 10%	Investing in the County capacity for sound research	Number of health workers trained on research/scientific writing	1,000,000	2,500,000	5,000,000
Increased implementation of research on identified County related HIV priorities by 50%	Identify County HIV research priorities	No. of planned research conducted in line with County HIV agenda	0	500,000	1,500,000
Increased evidence based planning, programming, budgeting and policy changes by 50%	dissemination and translation of research findings to inform programming	No. of research reports disseminated to inform policy, planning and programming	0	200,000	600,000
Subtotal			1,000,000	3,200,000	7,100,000
Program management costs 7.4%			75,000	240,000	532,500
Total			1,075,000	3,440,000	7,632,500

Strategic Direction 6: Promote utilization of strategic information for research, monitoring & evaluation

CASP Results	Key Activity	Indicators	Year 1	Year 2	Year 3
Increased availability of strategic information to inform HIV response at all levels	Harmonize timely comprehensive routine and non-routine monitoring systems to provide quality HIV data	Number of complete reports submitted	400,000	400,000	400,000
Planned evaluations, reviews, service implemented and results disseminated in a timely manner	Strengthen M&E activities	No. of Quartely planned M&E meetings , surveys,DQAs Held	1,600,000	1,600,000	1,600,000
Comprehensive information package on key CASP indicators provided for decision making	Investments in health information strengthening	No. of quarterly & timely , complete reports received	400,000	400,000	400,000
M&E information hub established at County level	Establish multi-sectoral and integrated real time HIV platform to provide updates on HIV epidemic response accountability at all levels	functional County Dash Board	0	500,000	200,000
Subtotal			2,400,000	2,900,000	2,600,000
Program management costs 7.4%			180,000	217,500	195,000
Total			2,580,000	3,117,500	2,795,000

Strategic Direction 7: Increasing domestic financing for sustainable HIV response

CASP Results	Key Activity	Indicators	Year 1	Year 2	Year 3
increase domestic financing to 5%	Promote allocative efficiency and effective use of available resources	% of County Government financing to HIV	500,000	500,000	500,000
	Joint planning, budgeting and joint performance monitoring and evaluation between all stakeholders in the County	% of HIV funding coming from private and households	480,000	480,000	480,000
	mobilizing funds from key stakeholders towards CASP priorities	% of funds allocation to CASP priorities	300,000	300,000	300,000
Subtotal			1,280,000	1,280,000	1,280,000
Program management costs 7.4%			96,000	96,000	96,000
Total			1,376,000	1,376,000	1,376,000

Strategic Direction 8: Promoting Accountable leadership for delivery of CASP Results by all sectors and actors

CASP Results	Key Activity	Indicators	Year 1	Year 2	Year 3
An enabling legal and regulatory framework for multisectoral HIV response fully aligned to the Constitution of Kenya 2010	Developing a County policy and legal framework for HIV response	Number policies and legal frameworks developed	1,000,000	1,500,000	1,800,000
Create an enabling environment for multi-sectoral	Stakeholder engagement and involvement	Number of forums held	480,000	480,000	480,000
Effective and well functioning stakeholder coordination and accountability mechanism in place and fully operationalized at all levels	Establishing a functional HIV coordinating mechanism at all levels	Number of functional HIV committees	600,000	600,000	900,000
Good governance practices and accountable leadership entrenched for the multi sectoral HIV and AIDS at all levels		Number of advocacy meetings held with key stakeholders	300,000	450,000	600,000
Subtotal			2,380,000	3,030,000	3,780,000
Program management costs 7.4%			178,500	227,250	283,500
Total			2,558,500	3,257,250	4,063,500
Grand total			1,962,223,210	2,276,999,628	2,630,473,731

Summary

Strategic Direction 1 sub-total	914,136,686	950,939,091	1,024,670,136
Strategic Direction 2 sub-total	972,945,873	1,212,096,605	1,453,063,080
Strategic Direction 3 sub-total	30,825,625	39,044,000	46,993,625
Strategic Direction 4 sub-total	36,725,526	63,729,182	89,879,890
Strategic Direction 5 sub-total	1,075,000	3,440,000	7,632,500
Strategic Direction 6 sub-total	2,580,000	3,117,500	2,795,000
Strategic Direction 7 sub-total	1,376,000	1,376,000	1,376,000
Strategic Direction 8 sub-total	2,558,500	3,257,250	4,063,500
Total	1,962,223,210	2,276,999,628	2,630,473,731

Annex 4: Drafting team

1. Dr Nelson Muriu Director of Health Services- Nyeri County
2. Nancy Nyambura Muraguri Deputy Director M&E
3. Jennifer Kiruri County AIDS and Sexually transmitted infections Coordinator
4. Gitonga B. Kamenya Coordinator of Diagnostic Imaging Services, planning and budgeting
5. Dr John Ndegwa Deputy Director Health Commodities
6. Mary Njuguna County Nursing Officer
7. Miriam Rukurwaro County Clinical Officer
8. Gladwell Muthoni Program Officer Centre for Health Solutions
9. James Kamande Population Service (K)
10. James Kariuki County Medical Laboratory Coordinator
11. Christine Mumbi HRIO Tetu Sub County
12. Joseph Muriithi Sub County AIDS Coordinator - Nyeri Central

Annex 5: Technical review team

1. Christine Njogu NACC
2. Njeri Gachiri NACC
3. John N. Maara Chuka University
4. Bryan Okiya NACC

Annex 6: References

Government of Kenya, 2010. Kenya Health Policy, 2012-2030. Nairobi, Kenya.
<http://www.eahp.or.tz/policies/view/kenya-health-policy-2012-2030>.

Kenya constitution 2010

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

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

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

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

NACC (2014) Kenya National AIDS Spending Assessment for financial years 2009/10 – 2011/12. NACC: Nairobi
NACC and NASCOP. National HIV Indicators for Kenya: 2011. Nairobi, NACC and NASCOP, March 2012.

NACC, 2014. Kenya Aids Strategic Framework, 2014/15- 2018/19

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

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

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

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

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

The County Government Act, No. 17 of 2012

The National HIV and AIDS Stigma and Discrimination Index Summary report, NACC, 2015
UNAIDS (2014) 90-90-90. An ambitious treatment target to help end the AIDS epidemic, UNAIDS

