SAMBURU COUNTY

HIV and AIDS Strategic Plan

SCHASP 2015/16 – 2019/2020

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National AIDS Control Council

GOD
OUR PEOPLE, OUR LAND

COUNTY GOVERNMENT OF SAMBURU

HIV AND AIDS STRATEGIC PLAN

SCHASP 2015/16 – 2019/2020

"Taking HIV Response Closer to the People"

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
ARV	Anti-Retroviral (drugs)
BCC	Behaviour Change Communication
BMI	Body Mass Index
CD4	Cluster Differentiation 4
CHW	Community Health Worker
KDHS	Kenya Demographic and Health Survey
EMTCT	Elimination Mother-to-Child Transmission of HIV
FSW	Female Sex Workers
GBV	Gender-Based Violence
GF:	Global Fund
GIPA:	Greater Involvement of People living with HIV and AIDS
HTC:	HIV Testing and Counseling
HIV:	Human Immunodeficiency Virus
HMIS:	Health Management Information System
ICT:	Information Communication Technology

IDU	Injecting Drug Users/Intravenous Drug Users
IEC	Information, Education, Communication
MC	Male Circumcision
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MOT	Mode of Transmission
MSM	Men who have Sex with Men
NGO	Non-Government Organizations
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counseling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PWD	People with Disability
SCIDP	Samburu County Integrated Development Plan
SCHASP	Samburu County HIV & AIDS Strategic Plan
WAD	World AIDS Day

Foreword

Samburu County is one of the 47 counties created after the promulgation of the Kenya Constitution in 2010. The county is located in the northern part of the Great Rift Valley. It is bordered by Turkana to the North West, Baringo to the South West, Marsabit to the North East, Isiolo to the East and Laikipia to the South. The county is predominately inhabited by the Samburu community and also hosts a large proportion of the Turkana community. However, due to massive infrastructure development, the County is now host to various migrant workers from all parts of Kenya.

The county lies within the semi-arid and arid region of Kenya often affected by drought making it a recipient of relief food during such times. The county is well endowed with a rich natural heritage of wild animals, beautiful scenery within the Rift Valley hence a tourist attraction that has seen it host the Samburu National Game Reserve and the Maralal National Sanctuary. The County is popular for hosting the annual Maralal International Camel Derby held every August of the year.

With all these foregoing statements, new HIV infections in the county are a reality and I am glad that this HIV and AIDS Strategic Plan has been developed as a multi-sectoral approach to respond to the HIV pandemic. I note that the Samburu County Integrated Development Plan 2013 – 2017 has singled HIV as a cross cutting issue that affects the sustained development of Samburu County. As we continue to tackle the cultural issues around HIV, my Government will ensure that the necessary infrastructure and commodities are availed for HIV response.

Towards this end, I pledge the suuport of my County Government support to the implementation of the Samburu County HIV and AIDS Strategic Plan by mobilising the necessary resources through the County Assembly and I call upon all the elected leaders, Members of the County Assembly, Members of Parliament, the Senator and Women Representatives, partners in the private or public sector and individuals to join me in the fight against HIV in Samburu County.

H.E Moses Kasaine Lenolkulal
Governor, Samburu County

Preface

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

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

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

In conclusion, I would like to thank the technical working group that spearheaded this process and call upon our implementing partners, donors and stakeholders to continue providing both technical and financial support to the County Government of Samburu in ensuring the successful implementation of this strategic plan.

Mary Ekai Kanyaman

CEC, Health - Samburu County

Acknowledgement

Samburu County Government would like to take this opportunity to express its deep appreciation and sincere thanks to all who participated in the development of the SCHASP 2015/16 - 2019/20.

While many individuals and partners have provided direct and indirect support towards developing this SCHASP, I wish to specifically thank the Governor of Samburu County, H.E. Hon. Moses Kasaine Lenonkulal for providing an enabling environment that allowed the technical team to concentrate in delivering this strategic plan and for the financial support to the process. The County Executive Committee Member for Health, Mary Akai Kanyaman for accommodating the technical team to concentrate on developing the strategic plan against a backdrop of competing health priorities in the county, the County Director of Health, Dr Martin Thuranira for providing technical support to the drafting team steered by Bosco Lemarkat (CASCO), Dr Kabinga (Physician), James Saina (CHRIO) and other members of the drafting team.

Special thanks are also acknowledged to National AIDS Control Council (NACC) for providing the policy and strategic directions through the Kenya AIDS Strategic Framework 2014/2015 – 2018/2019 that was disseminated to the county team to facilitate adoption of the same to the Samburu context and also providing financial and logistical support to enable the technical team meet, not to mention the technical support through the Regional HIV Coordinator, Gladys Sang and a member of the NACC Technical Support Team, Ben Adika.

Thanks are also due to our partners that have continued to provide technical and financial support including AMREF/APHIA Plus Imarisha through Miriam Chege, World Vision, Child Fund, Council of Imams, Youth and Women representatives, Prisons Department, Ministry of Education, Science & Technology and the different departments of the Ministry of Health for participating in the validation process and preparing a county communiqué of the final strategic plan.

Finally, I thank the National AIDS Control Council through its Director, Nduku Kilonzo and the national team for the peer technical review, final approval, editing and printing of 200 copies. To all we promise that we shall ensure the progressive implementation and monitoring of the SCHASP in realizing its desired goal of reducing HIV morbidity and mortality through a comprehensive HIV prevention, treatment and care program in Samburu. Thank you.

Josephine Lenasalia

Chief Officer of Health - Samburu County

Executive Summary

The Samburu County HIV and AIDS Strategic Plan 2015/2016 – 2019/2020 provides a strategic framework for the planning, implementation and coordination of HIV response in Samburu County. The strategic plan has been developed in line with the Kenya AIDS Strategic Framework 2014/2015 – 2018/2019.

The strategic plan provides a general insight of the Samburu County as a devolved Government following the promulgation of Kenya's Constitution in 2010, with health being one of the devolved functions that the county is directly implementing. HIV and AIDS is one of the health priority areas that has been singled out in the Samburu County Integrated Development Plan (2013 – 2017) as an issue that affects sustained development in the County.

The county, with a HIV prevalence rate of 5% against a population of 274,079, means that there are an estimated 13,073 PLWHIV of which only 6,883 know their status leaving over 6,190 PLWHIV who do not know their HIV status. Data from the comprehensive care centres indicates that there are 954 PLWHIV enrolled on ART (Samburu DHS 2015) against 2,934 in need of ART which is 32% of those in need and this is worse among paediatrics with 621 in need of ART and only 55 enrolled (8%). Stigma and discrimination of PLWHIV remains real the county having a stigma index of 46% that is rated high at the national level.

It is with this background that the county, with support from the NACC embarked on domesticating the KASF into the Samburu context. The strategic plan has examined and discussed the drivers of HIV and profiled the key and vulnerable populations to target, reviewed the past HIV control activities, and undertaken a program gap analysis in tailoring its interventions.

The goal of the strategic plan is "to contribute to Samburu County Health Sector Strategic Plan through a comprehensive HIV prevention, treatment and care program" and the objectives are: [1] Reduce new HIV infections by 50% by 2020 [2] Reduce AIDS related mortality by 40% by 2020 [3] Reduce HIV related stigma and discrimination by 50% by 2020 [4] Increase domestic financing of HIV response by 40% by 2020.

The strategic plan has outlined 8 Strategic Direction Areas (SDAs) in HIV response as:

SDA 1	Reduce new HIV infections
SDA 2	Improve the wellness and outcome of PLWHIV
SDA 3	Using a human rights approach to access and provision of services to PLWHIV, key populations and other priority groups
SDA 4	Strengthening the integration of community and health systems
SDA 5	Strengthening research and innovation to inform the Samburu County HIV Strategic Plan
SDA 6	Promoting the utilization of strategic information for research, monitoring and evaluation to enhance programming
SDA 7	Increasing domestic financing for a sustainable HIV response
SDA 8	Promoting accountable leadership for delivery of the Samburu County HIV Strategic Plan

Chapter 1

Background Information

1.1 Location and Size of the County

Samburu County lies within the arid and semi-arid parts of Kenya and covers an area of 21,022.1 sq. km. It is situated in the northern part of the Great Rift Valley. Samburu is bordered by Turkana to the North West, Baringo to the South West, Marsabit to the North East, Isiolo to the East and Laikipia to the South. The County lies between latitudes 0°30 and 2° 45' north of the equator and between longitudes 36°15' and 38° 10' east of the Prime Meridian.

Figure 1.1: Location of Samburu County in Kenya

1.2 Administrative Units

The county is administratively divided into three sub-counties, 7 divisions, 39 locations and 108 sub-locations as shown in Table 1.1 below.

1.3 Population Size and Composition

According to the 2009 Population and Housing Census, the population of Samburu County was 223,947. Given a population growth rate of 4.45 percent per annum, the County population was expected to have risen to 255,931 persons in 2012, 292,484 in 2015 and 319,708 in 2017. These changes represent a 24.9 percent population rise between 2012 and 2017.

This increase is significant and calls for commensurate expansion of basic amenities in the County. Further, there is need to increase investment in economic activities in order to make the County self-reliant in food security and creation of employment opportunities.

1.4 Political Units

Politically, the County comprises three constituencies, namely: Samburu West, Samburu North, and Samburu East which corresponds to the number of sub-counties in the County hence 3 elected Members of Parliament (MPs). It has 15 county wards as indicated in Table 1.2 each represented by an elected Member of the County Assembly (MCA).

Table 1.1: County Administrative Units

Sub-County	Division	Area (Km)	Number of locations	Number of sub-locations
Samburu Central	Lorroki	1,399.30	6	17
	Kirisia	1,237.70	5	18
	Malasso	1,300.30	3	11
Samburu East	Wamba	4,670.80	8	19
	Waso	5,378.90	4	10
Samburu North	Baragoi	4,670.40	7	17
	Nyiro	3,010.70	**6**	**16**
Total		**21,022.10**	**39**	**108**

Source: County Commissioner Officer's Office, Samburu, 2012

Table1. 2: Samburu County Political Units and Wards

Sub-county	Number of wards	Wards
Samburu West	5	Lodokejek Suguta Marmar Maralal Loosuk Porro
Samburu North	6	El-barta Nachola Ndoto Nyiro Angata-nanyokie Baawa
Samburu East	4	Waso Wamba East Wamba West Wamba North
Total	15	

Source: Independent Electoral and Boundaries Commission, 2013

1.5 Health Access and Nutrition

1.5.1 Health Access

The county has three hospitals, Maralal County Referral Hospital, Baragoi Sub-County Hospital, and Wamba Mission Hospital. The total number of doctors in the entire county is eight, distributed in Maralal and Wamba. Baragoi Sub-County Hospital does not have a doctor. This gives a doctor patient ratio of 1: 31,991. The distance to the nearest health facility ranges between 20 – 40 km thus restricting accessibility of healthcare services in the county.

1.5.2 Morbidity

The top five diseases in the county according to the Samburu County DHIS 2015 are shown in Table 1.3 below.

1.5.3 Nutritional Status

The nutrition status is stable and improving as depicted by the proportion of children at risk of malnutrition which stands at 17.8%. The improvement is a result of proper breastfeeding, availability of milk in most households and successful implementation of supplementary feeding programs. More than one in three children (30 %) in the County is stunted or too short for their age compared to 35% nationally. Dietary diversity among majority of the pastoralists has persistently remained poor with communities consuming one meal consisting of cereals and oil compared to the normal 2 to 3 meals consisting of all nutritional requirements.

Table 3: List of the top five diseases in Samburu County

No.	Disease	Number of cases
1	Other diseases of respiratory system	60,150
2	Diarrhea	12,280
3	Pneumonia	9,969
4	Diseases of the skin	9,181
5	Eye infections	4,086

Source: DHIS 2015 Samburu County

1.5.4 Immunization Coverage

The immunization coverage among children at 1 year stands at 68% (Samburu DHIS). This has been increasing although it is still slightly lower compared with the national figure of 80%. Improved health seeking behaviour amongst pastoralist communities and the increased provision of outreach services are the contributing factors to this rate of immunization.

1.6 Tourism

1.6.1 Main tourist attractions

The county is endowed with a variety of natural sceneries like the plateaus, escarpments, valleys and wildlife which could be tapped to promote tourism in the county. Currently, Samburu National Reserve hosts various lodges and game sites which are mainly in Samburu East sub-county and is the greatest revenue earning tourist attraction in the County.

The locals also have indigenous knowledge and cultural artifacts that could be tapped to promote cultural tourism. The annual International Camel Derby tourist promotion event has been attracting both local and foreign tourists leading to income generation in the county.

1.6.2 Wildlife

The county boasts of having the largest number of wildlife outside the game reserves. Some of the wild animals found in the county include giraffes, the endangered bevy zebra, lions, elephants, and buffaloes in addition to other small wildlife.

1.6.3 Tourist Class Hotels/ Restaurants, Bed Occupancy

There are thirteen (13) tourist class hotels in the county with a total bed capacity of five hundred and sixty six (566). Most of these hotels are located near tourist attraction centres such as Samburu Game Reserve and Maralal Game Sanctuary (Source: SCIDP).

"The county boasts of having the largest number of wildlife outside the game reserves."

Chapter 2

Situational Analysis

2.1 Background

Samburu County is rated among the 29 medium HIV prevalence counties in Kenya. It has an adult prevalence rate of 5% according to the County HIV Profile, 2014 - the Samburu County HIV Profile is summarized in Table 2.1 below.

Table 2.1: HIV burden in Samburu County

Indicator	Number or percentage
Projected population (2015) growth rate 3.9%	274,079
HIV adult prevalence	5 %
Number of adults living with HIV	6,000
Number of children living with HIV	883
Total number of people living with HIV	**6,883**

Source: Kenya HIV County Profiles, 2014

The HIV prevalence among women in Samburu County is higher (7.1%) than that of men (4.3 %). Over the years, the women living in the County have been more vulnerable to HIV infection than the men.

2.2 Geographical Prioritization

Among the 3 sub-counties, Samburu Central contributes the highest number of PLWHIV enrolled on ART according to the Samburu DHIS March 2016.

Table 2.2: Sub-county number of PLWHIV enrolled on ART

No.	Sub-County	Number of PLWHIV enrolled on ART
1.	Samburu Central	1,647
2.	Samburu East	629
3.	Samburu North	179
	Total	**2,455**

Source: Samburu DHIS March 2016

2.3 Drivers of HIV in Samburu County

The HIV prevalence rate in Samburu County can be attributed to a number of social, economic and cultural factors related to marriage, circumcision, poverty and insecurity. Among the Samburu community, having multiple sexual partners even among married people is a common practice leading to generational sex.

A married person having extra-marital affairs is referred to as "*Sintani*" in Samburu language (Source: SCIDP).

Other drivers of HIV in the county include:

a) Male circumcision: Though male circumcision is a bio-medically recommended intervention for HIV prevention, the traditional practice of male circumcision where one knife is shared during circumcision is thought to contribute to the spread of HIV infections in the County. While this is the case, female genital cutting also happens in the county though this is done through a "one razor blade one girl cutting" hence assumed to be a sterile cutting. However, there is need for more in-depth research and information on this mode of transmission.

b) Non-circumcising community: Samburu County plays host to a population of a non-circumcising community, the Turkana who mainly reside in Samburu North and even occupy an entire ward – Nachola with an elected Member of the County Assembly. Their population is estimated to be 14,867 persons, but others are scattered in the various urban areas as residents, migrant workers and traders of which 49% (7,289) are men. The county, as part of its HIV response has managed to introduce Voluntary Medical Male Circumcision (VMMC). During the year 2015, 421 VMMC (5.7 %) were conducted in Samburu North and East - 415 and 6 respectively (Source – Samburu DHIS).

c) Poverty / sex tourism: Driven by poverty and the need to make a living, Female Sex Workers (FSWs) have moved into the major urban centres of the county mainly Wamba, Archer's Post, Baragoi, South Horr and Maralal for sex work and this is contributing to new HIV infections. One of the major attractions for the FSWs is the presence of both local security and international military training camps. The county also plays host to the annual International Maralal Camel Derby that attracts both domestic and international tourists hence attracting FSWs who anticipate on making more income.

d) Low condom use: A low condom uptake among the men has been noted and this means unprotected sex is being practised. The misuse of the female condom when they were last distributed within the County has also been observed, the local women using the binding ring as a beauty hand ornament thus rendering the lubricant non-functional. Despite this, the female condoms remain in short supply within the county.

e) Insecurity: Linked to the culturally accepted generational sex practices, the Samburu community during incidents of banditry and cattle rustling retreat to safer grounds and live in communal settlements (manyatta) referred to as "Lorora" in Samburu and Arumrum in Turkana where the culturally accepted generational sex continues among age sets

Other social cultural practices that contribute to new HIV infections are:

- Early child marriages where a girl can be beaded by more than one moran and this is a symbol of pride to her. However, once circumcised, the beads come off; the girl is now a 'young woman' and will not continue with the Moran. The possibility of getting pregnant especially when engaging in unprotected and unsafe sex is often very high, thus it is not unusual to see girls as young as nine or ten getting pregnant.
- Wife inheritance and polygamy are also culturally accepted practices and the society is patriarchal hence women have no say and are less empowered and unable to negotiate for sex.
- Child delivery through un-skilled birth attendants (66% home deliveries) remains high with quite a number of traditional birth attendants (TBAs) living with HIV (Source: DHIS Samburu).

It is also anticipated that the HIV infection will increase with the on-going road construction being undertaken by the national government, the Lamu Port-South Sudan Ethiopia (LAPSSET) corridor that passes through the county and the Kenya Electricity Transmission Company (KETRACO) windmill project. Both will give rise to increased population and economic growth attracting migrant workers including FSWs. Currently the road is covering part of Laikipia County and there are plans to tarmac it and cover approximately 40 kms leading to Maralal town while the planned LAPSSET is yet to reach Samburu.

2.4 Priority Population

The KASF has clustered the priority population into 2 groups: the key populations and the vulnerable populations. Key population is defined as a group of persons who engage in risky sexual behaviours and this includes men having sex with men (MSM), people who inject drugs (PWID), and female sex workers (FSWs). In the Samburu County context, little or no information exists on MSM and PWID as key population but FSWs exist in the County due to high poverty levels, lack of employment opportunities, and sex tourism in the major town centres of Wamba, Archer's Post, Baragoi and Maralal.

Table 2.3: Key HIV populations in Samburu County

Key population	Profile
Female Sex Workers (FSWs)	Mainly found in the major towns of Maralal, Baragoi, Wamba, South Horr and Archers Post, driven by poverty and attracted by the large number of local and international security forces including training camps. Their total number is unknown.

Vulnerable population is defined as a group of persons whose social context increase their

vulnerability to HIV risks. They include young girls and women (15 – 24 years), people in prison settings, truck drivers, PLWHIV, children and pregnant women living with HIV. In the Samburu County context, Table 2.4 lists the vulnerable populations to be targeted and their profiles.

Table 2.4: Vulnerable HIV populations in Samburu County

Vulnerable population	Rural	Urban
Young and adolescent girls/ women	(11 – 24 years): In the rural areas the age bracket is slightly lower since young girls are married off at an early age of 11 years, they are likely to have undergone FGM, mostly dropped out of school hence illiterate, do not have access to reproductive health awareness, less empowered and are likely to be in a polygamous relation.	Within the urban areas the national age bracket (15 – 24years) is applicable, likely to be in school or attending an institution of higher learning - Samburu County hosts a constituent of Laikipia University, Wamba Nursing School and a teachers' training college. This means they are literate and empowered, adopting a modern culture thus NOT likely to have undergone FGM.
Young and adolescent boys/men	**Rural:** They are likely to be morans, out of school and engaged in beading of girls, having unprotected sex.	**Urban:** Likely to be in or out of school, engaged in the boda boda or taxi business are exposed to alcohol.
PLWHIV	Samburu County has about 6,000 PLWHIV (County Profile, 2014) but given a prevalence of 5% within a population of 254,997 (12,749), that number of PLWHIV is thought to be an under-estimation that calls for increased HTS to reach the number of people who do not know their HIV status.	
Pregnant women and children	There were 344 HIV-positive pregnant women and 883 children living with HIV (County Profile, 2014). However with the high number of women unable to access MCH services and delivering through unskilled TBAs, this figure is not representative.	

Vulnerable population	Rural	Urban
OVCs	There are 7,538 OVC in the county, some whose parents could have died from HIV. Currently through APHIA plus Imarisha they are supporting 6,538 OVC.	
Traditional birth attendants	With only 34% of the deliveries conducted through a health facility, it means 66% of the deliveries are conducted by unskilled TBAs. As indicated, there is an observed high prevalence of TBAs living with HIV hence increasing the risk of transmission during delivery.	
Truck drivers	Samburu County is a semi-arid and arid county hence it normally receives relief food delivered in trucks. It therefore regularly accommodates a number of truck drivers and loaders which will increase with the completion of the planned Rhumuruti – Maralal Road (40 km stretch) and the LAPSSET corridor that will traverse through the county.	
Prisoners	Samburu County has a Government of Kenya prison located in Maralal which has a current population of approximately 126 convicts (Source: Marala GoK Prison, April 2016). It accommodates both male and female convicts.	
Non- circumcising community	As discussed on the drivers of HIV, the county hosts members of a non-circumcising community that are at greater risk of HIV infections.	
Migrant workers	With upcoming projects: KETRACO, the biggest wind farm project aimed at generating 310 MW from Lake Turkana that will traverse through South Horr and Baragoi in Samburu County; the LAPSSET corridor that will traverse through Kisima and Suguta Mar Mar; the Rhumuruti and Maralal road constructions, the county will attract a large number of migrant workers who are a vulnerable population. The mentioned townships will therefore become marked hotspots for HIV infections.	

2.5 Programmatic Analysis

2.5.1 Past HIV Coordination & Partners

Before the implementation of devolution in 2010, Samburu County had been implementing HIV activities aimed at prevention, treatment and care as a district with support from the National AIDS Control Council and National AIDS STI Control Program (NASCOP). Following the establishment of the County Government the activities have continued. While there was 1 District AIDS STI Coordinator (DASCO) and 2 Constituency AIDS Coordinators we now have 1 County AIDS STI Coordinator (CASCO), 3 sub-counties AIDS STI Coordinators and 3 Constituency AIDS Coordinator. The AIDS Population and Health Integrated Assistance (IMARISHA) program funded by USAID has remained the key partner supporting HIV response activities mainly through system strengthening – data collection and reporting, capacity building and occasionally distribution of HIV commodities. Quite a number of Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) also

County Mobile Truck, Source CHMT, Samburu

implement HIV response activities within the county mainly community activities and run a number of health facilities offering HIV treatment and care.

2.5.2 Program Gap Analysis

2.5.2.1 Program Strengths

HIV prevention, treatment and care activities have been on-going in the county hence the availability of trained health workers at facility and community levels is a key strength. The county has also continued to receive HIV commodities over time and the supply has been regular including the supply of essential drugs, ARTs and even condoms for HIV prevention. The structures for HIV activities coordination are still in place previously as District Technical Committees, DASCOs and CACCs to now CASCO, CACCs and even Sub-County AIDS and STI Coordinators (SASCOs). The County has 1 Comprehensive Care Centre for HIV, a number of health facilities and PMTCT sites. The county has benefited from the Beyond Zero Ambulance courtesy of Kenya's First Lady that has been allocated to serve Samburu Central. In addition, the County has procured 2 mobile trucks to cater for the other 2 sub-counties (Samburu East and Samburu North) that can facilitate reach to the "hard to reach" population. The fact that the local and dominant community practices male circumcision is a strength in HIV control.

2.5.2.2 Program Weaknesses

Cultural practices like free generational sex, early girl child marriages, beading of girls and polygamy plays a significant role in the spread of HIV. Ignorance on the dangers of unskilled birth attendance coupled with the long distances covered to reach health facilities (up to 20 km), poor road network and means of transport hinder access to HIV services. Inadequate health facilities and health personnel are other weaknesses in the delivery of HIV services.

2.5.2.3 Program Opportunities

Devolution of health services from the national level to the county level has seen a marked improvement and expansion of new health facilities constructed by the County Government, and also through the Constituency Development Fund the health facilities are managed by boards and committees that form a good entry point into the community if their capacity on HIV is built. The presence of partners in the county such as the TOWA World Bank funding that supported community based HIV prevention and care activities is another opportunity. As of now the World Bank is providing result based financing onto which scaling up of HIV services can ride on. The county has conducted numerous campaigns on HIV that

HIV prevention, treatment and care activities have been on-going in the County

can be a launching pad for scaling up HIV interventions and it has 2 community radio stations, Watchman FM and Serian FM that can be used to increase community awareness on HIV.

2.5.2.4 Program Threats

Inadequate and competing resource allocation in the health sector remains a challenge against other development agendas for the county to focus on though HIV and AIDS remain a threat to development. Continued attachment to the cultural practices and insecurity are potential threats to HIV control activities. Growing drug resistance to certain opportunistic infections, e.g. multi-drug resistant TB, inbuilt stigma against HIV positive patients and the high defaulting rates by HIV and AIDS patients due to weak tracking mechanisms and poor communication network. The communities' preference for traditional medicine, low level of education with 73% of the community being illiterate, high poverty levels and rapid urbanization due to upcoming major projects like the LAPSSET, road construction and the KETRACO windmill project pose a threat to the HIV response.

Chapter 3

Rationale and Strategic Development Process

3.1 Purpose

The SCHASP has been developed to:

1. Provide a strategic framework that will guide and inform the planning, coordination, implementation, monitoring and evaluation of the county's multi-sectoral and decentralized HIV and AIDS response with the aim of achieving zero new infections, zero discrimination and zero AIDS related deaths.
2. Support the SCIDP that has singled out HIV and AIDS as one of the cross cutting issues that affects sustained development in the county hence the need to provide a strategic direction to support the county in achieving its development agenda.
3. Articulate the county's HIV priorities, results and targets that all stakeholders and partners will contribute to.
4. Provide the basis for consolidating strategic partnerships and alliances especially with civil society organizations, the public and private sectors and development partners.
5. Outline the system and structures for coordinating the HIV response in Samburu County under a devolved system of governance.
6. Establish the basis for the county to consolidate its efforts in developing sustainable financing mechanisms for HIV and AIDS response.

3.2 Process of developing SCHASP

The process of developing the SCHASP has been participatory with the involvement of a wide range of stakeholders from the public sector institutions, private sector, and civil society organizations (NGOs, FBOs and CBOs) to organizations of PLWHIV, and communities themselves. It started with the development, launch and dissemination of Kenya AIDS Strategic Framework (KASF) 2014/15-2018/19 in which five county ToT were oriented on the KASF in Naivasha. This was then followed by the appointment of a ten-member drafting committee that set the stage for drafting the Samburu County HIV and AIDS Strategic Plan. The County Government provided support through the engagement of a local consultant who packaged the first draft strategic plan.

With support from the NACC, the technical support team (TST) members provided the overall leadership in facilitating the 10 members' technical team to fine tune the strategic plan on 4th to 9th April 2016 giving rise to a 2nd draft that was validated on 20th and 21st April 2016. The final draft and communiqué was submitted to the NACC for approval, editing, final design, layout and printing of 200 copies.

3.3 Guiding Principles of the SCHASP

1. Respect and fulfillment of basic human rights: Efforts will be made to ensure that duty bearers and other service providers respect and fulfill their obligations to provide quality and comprehensive services to all people. Rights holders (beneficiaries) will be empowered to access and utilize such services.

2. Equity: During the implementation SCHASP, will ensure equitable distribution, availability and access to services by all people especially key and vulnerable populations.

3. Evidence-based planning and results-based management: The planning and management of the county HIV response will be informed by empirical qualitative and quantitative evidence, and implementation will focus on measurable impact, outcome and output results.

4. Integrated service delivery: The SCHASP will support services integration as a strategy to improve synergy between interventions, complementarity and optimized use of resources including TB, laboratory and nutrition services for PLWHIV.

5. Meaningful involvement of people living with HIV (MIPA): Involvement of PLWHIV in decision making will be paramount in improving services uptake while addressing the challenge of stigma and discrimination. This is to ensure the preservation of positive health, dignity and prevention (PHDP).

6. Good practices: Stakeholders will be encouraged to replicate the practices that have proven effective. The "Three Ones" Principle where Samburu County will continue having one county coordinating authority, one county strategic plan and one monitoring and evaluation system.

7. Gender sensitivity and responsiveness: SCHASP strategies will address gender inequality of county HIV and AIDS response including services uptake.

8. Creating an enabling environment: An enabling environment is premised on the existence of appropriate and effective policies, laws, operational guidelines and standards.

Chapter 4

Vision, Goal, Objectives & Strategic Directions

4.1 Vision

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

4.2 Goal

Contribute to the Samburu County Health Sector Strategic Plan through the provision of comprehensive HIV prevention, treatment and care services.

4.3 Objectives

1. Reduce new HIV infections by 50% by 2020
2. Reduce AIDS related mortality by 40% by 2020
3. Reduce HIV related stigma and discrimination by 50% by 2020
4. Increase domestic financing of HIV response by 10% by 2020

4.3.1 Specific Objectives

1. To increase the number of facilities that offer HTS from 42% to 90% by 2020.
2. To increase the percentage of people with knowledge on HIV from 60% to 95%.
3. To increase the percentage of people who know their HIV status from 20% to 90%.
4. To increase the number of PLWHIV enrolled on ART from 32% to 90% .
5. To increase the number of male circumcised as part of the minimum package of male circumcision for HIV prevention from 5.7% to 90%.
6. To increase the number of PLWHIV receiving nutritional support from 15% to 90% by 2020.
7. To increase the number of PLWHIV receiving a full package of laboratory services from 25% to 90%.
8. To increase the number of PLWHIV screened for TB from 18% to 90%.
9. To conduct at least 2 biomedical and behavioural studies by 2020.
10. To increase the number of psychosocial groups from 28 to 55.
11. To reduce the HIV stigma and discrimination rate from 46% to between 30% – 44% (moderate) by 2020.
12. To increase domestic financing of HIV by 10% by 2020.

4.4 Summary of Key Interventions & Strategic Directions

Guided by the KASF, the SCHASP has adopted the 8 Strategic Directions Areas (SDAs) in implementing HIV response activities in the county as shown in Table 4.1 below.

Table 4.1: Strategic Direction Areas for the SCHASP

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

4.4.1 Strategic Direction 1: Reducing New HIV Infections

4.4.1.1 HIV Testing and Services

Samburu County has continued to offer HTS through its health facilities. Currently Voluntary Counseling and Testing is offered in 77% of the health facilities (57 out of 74). According to Kenya HIV County Profile 2014, Samburu County has a HIV prevalence rate of 5 %. This means that approximately 13,708 people could be living with HIV against the recorded 6,883 hence the need for scaling up HTC to reach over 6,800 PLWHIV who do not know their status.

In an effort to increase HTC, the county has been adopting various concepts like the **Umati concept** where HTC is carried out targeting social gatherings, the **Boma model** where HTC is conducted in community settlements and in the maternal shelters. The county has benefitted from the Beyond Zero Clinic Ambulance that was donated by Kenya's 1st Lady as an initiative of preventing mother to child HIV transmission. In addition the county has procured 2 mobile ambulances that also offer HTS in the hard to reach locations as an integrated mobile health service. To date, through the Beyond Zero Ambulance they have been able to conduct xx HTC .

Other innovative approaches of delivering HIV services are as follows:

- Conducting HTS and distributing condoms during the annual Maralal International Camel Derby in 2014 where about 350 clients were tested with one found to be positive.
- Offered HTS and condom distribution during the 2015 Samburu Cultural Festival and as part of commemorating the International Women's Day (2016) - 1,055 people were tested (Source APHIA Imarisha report).
- Conducted HTS during the commissioning of the Samburu East Beyond Zero truck on 6th March 2016 where 29 persons were tested, all were negative for HIV (Source: SCASCO Report, Samburu East).

Through the NGO Community Health Trust Africa, mobile VCT has been conducted using a camel to reach nomadic populations in Laikipia and Samburu. Generally HTS is accepted though physical access to HTS sites, staff shortage and erratic supplies hinder service provision.

4.4.1.2 Condom Distribution

This is one of the activities that the county has been implementing aimed at reducing new HIV infections. The condoms are supplied on a quarterly basis as ordered by the County Pharmacist through the NASCOP who in turn deliver the condoms through the

Kenya Medical Supplies Agency (KEMSA) directly to the health facilities. Between 2015 to April 2016 the county received and distributed 194,400 condoms (Source: County Pharmacist). Community members are expected to receive their condom supply through the health facilities. It has been observed that the uptake and consistent use of the male condom remains low and there are no distribution guidelines hence an ineffective system of reaching the target for condom use. Previously condoms were also distributed through condom dispensers that were placed in strategic public places and the stock replenished periodically. This however was not sustained over time and the dispensers were vandalized though this method is thought to be effective.

Female condoms were last supplied to the County over a year ago and have remained out of stock. It was however found out that there was misuse of the female condom where the local women would remove the ring and use it to make ornaments (arm bracelet). The female condoms are popular among FSWs though its supply remains a challenge.

4.4.1.3 HIV Education and Promotion

As part of HIV prevention, HIV education and promotion activities have been conducted at opportune times and billboards displayed with HIV messages placed at strategic locations in the town centres. The county has also been distributing IEC materials received from the national goverment. However, with a literacy level of 27% (Source SCIDP), it means that 73% of the local community cannot read and write hence the need to invest in alternative traditional communication methods including inter-personal communication, local vernacular radio among other effective communication channels to be identified when developing a county specific HIV communication guideline.

4.4.1.4 eMTCT

According to the County HIV Profile 2014, there were 344 pregnant women living with HIV in 2014. As at April 2016, there were 79 pregnant women enrolled on HAART. The county offers PMTCT services through the facilities indicated in Table 4.2.

Table 4.2: Number of facilities offering eMTCT services

	Number of facilities offering eMTCT	Facilities offering treatment
Samburu Central	31	3
Samburu North	19	7
Samburu East	17	12
Total	**67**	**32**

Source of information:

County PMTCT Coordinator, April 2016

To supplement the provision of PMTCT service is the Beyond Zero Ambulance and 2 County Government procured mobile trucks. The main challenge in offering PMTCT services is high defaulter rate by clients due to inadequate access to health facilities based on distance coverage and lack of transport. From the Table 4.2, there is also a discrepancy in the number of facilities offering eMTCT services vis-a-vis those that offer treatment which means referral of those testing positive to treatment sites is inevitable. The other observation made is that some clients feel stigmatized when referred from the MCH to collect their prescriptions through the pharmacy or CCC hence drop off. There is need therefore to consider that all the facilities that can offer eMTCT to also provide HAART and the MCH staff capacity built on the administration of HAART. Within the county there is only 1 support group for HIV positive pregnant and breastfeeding mothers which is inadequate.

Table 4.3: Intervention for SDA 1: Reducing new HIV infections

TARGET POPULATION: FEMALE SEX WORKERS						
KASF objective – Reduce new HIV infections by 75%						
SCHASP results	**Key activities**	**Sub- activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase the percentage of people who know their HIV status from 25% to 90%	To identify and target FSW for HIV services	Provide HTS	Encourage them to improve their health seeking behavior	Form a FSW support group	Urban areas – Wamba, Maralal, Baragoi, Archer's post	MoH, Ministry of Trade and Commerce, Bar owners associations
		Provide HIV commodities including female condoms		Develop a mechanism for regular provision of HIV commodities		

TARGET POPULATION: YOUNG GIRLS AND WOMEN (11 – 24 YEARS) IN THE RURAL AREAS						
KASF Objective – Reduce new HIV infections by 75%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase the percentage of people who know their HIV status from 25% to 90%	To identify and target young girls and women for HIV services. Support initiative aimed at promoting girl child education	Provide HTS	Promote HTS before marriage campaign	Conduct mobile outreaches in the rural areas including use of the Beyond Zero Ambulance	Urban areas of Samburu County	MoH Ministry of Gender, Culture & Social Services, Ministry of Education, community , and spiritual leaders
		Provide HIV commodities including female condoms	Increase access to HIV and reproductive health information	Advocate for girl child education in relevant forums	Entire County	

TARGET POPULATION: YOUNG GIRLS AND WOMEN (15 – 24 YEARS) IN URBAN AREAS						
KASF Objective – Reduce new HIV infections by 75%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase the percentage of people who know their HIV status from 25% to 90%	To identify and target young girls and women for HIV services	Provide HTS in the institutions	Promote abstinence, condom use and HIV testing	Provide adolescent and young people (youth friendly) HIV services at public health facilities and institutions	Urban areas of Samburu County	MoH, MoE, Institutions of higher learning
	To avail HIV commodities	Provide HIV commodities including female condoms	Increase access to HIV and reproductive health information			

TARGET POPULATION: ADOLESCENT AND YOUNG PEOPLE						
KASF Objective – Reduce new HIV infections by 75%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase the percentage of people who know their HIV status from 25% to 90%	To identify and target adolescents and young people for HIV services	Provide HTS and HIV commodities through institution of learning – Samburu TTC, Laikipia University	Increase access to HIV education especially on abstinence, condom use and testing	Provide youth friendly clinics in health facilities and institutions	Entire county	MoH, Ministry of MoE, Youth leader, MGCSS, TTC, FKF
			Engage the youth through the Samburu University Student Association to reach out to the youth during holidays	Establish HIV health clubs in schools through the guidance and counseling teachers		Senate Laikipia University, TTC
			Activate and equip youth resources centre (Baragoi)			
	Adolescents and youth out of school	Provide HTS and HIV commodities to boda boda riders	Engage the youth out of school in recreational activities such as videos and football	Work with FKF and use football as a sport to engage the youth out of school		
		Provide HTS and HIV commodities through youth groups		Work with the MGCSS to identify registered youth groups and work with them		

TARGET POPULATION: TBAs						
KASF objective – Reduce new HIV infections by 75%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase the percentage of people who know their HIV status from 25% to 90%	To identify and target TBAs for HIV services Promote delivery through skilled attendants	Provide HTS to TBAs	Encourage the TBAs to play the role of birth companions	Establish the number of TBAs and strategy for targeting them	Entire County	MoH, Ministry of Gender, Culture & Social Services
		Provide HIV commodities including female condoms	Conduct a countywide campaign on promoting delivery through skilled attendance	Develop a county policy on the role of TBAs through holding on the level of engagement with TBAs and their role		

TARGET POPULATION: TRUCK DRIVERS AND LOADERS/MARKET DAYS						
KASF objective – Reduce new HIV infections by 75%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase the percentage of people who know their HIV status from 25%to 90%	To identify and target truck drivers and loaders for HIV services	Provide HTS at night stop-overs (lodgings, petrol stations)	Use them to convey HIV messages on the trucks	Establishment of Drop In Centres in commercial centre	Maralal, Archer's Post	MoH, Ministry of Transport, Kenya National Highway Authority
		Provide HIV commodities including female condoms	Increase access to HIV and reproductive health information			

TARGET POPULATION: PRISONERS						
KASF objective – Reduce new HIV infections by 75%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase the percentage of people who know their HIV status from 25% to 90%	To identify and target prisoners for HIV services	Provide HTS Avail HIV commodities	Conduct HIV education and promotion activities in the prisons.	Build the capacity of prison warders and healthcare workers on the updated guideline and treatment protocol	Maralal GoK prison	MoH, Prisons Department

TARGET POPULATION: NON-CIRCUMCISING COMMUNITY						
KASF objective – Reduce new HIV infections by 75%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase the number of non-circumcising community to have undergone VMMC from 5.7% to 90%	To identify and target non circumcising community for VMMC services	Provide VMMC services	Conduct targeted promotion of VMMC education and promo-tion activities	Avail VMMC services at health facilities	Nachola Ward and other locations inhabited by the non circumcising community	MoH
		Initiate infant male circumcision among the non – circumcising community	Promote infant male circumcision among the non-circumcising community			

4.4.2 Strategic Direction 2: Improving the Health Outcomes and Wellness of all PLWHIV

4.4.2.1 Context

Table 4.4 summarizes the number of PLWHIV and shows the coverage of ART in the county. With 2,934 people in need of ART (County HIV profile 2014) and 2,455 are on ART (DHIS 2016, Samburu) it accounts for 56% ART coverage among the adults and it gets worse among children where 621 are in need of ART but only 55 are on ART accounting for 9%.

4.4.2.2 HIV Treatment and Care for PLWHIV

Samburu County has one stand-alone comprehensive care centre in Maralal which from unpublished data (Source: Maralal Hospital Communicable Disease Care – HIV/ AIDS at 2016, Dr Kabinga SK) a lot needs to be done to improve on its performance in ensuring adherence to the national guidelines on ARV in Kenya among healthcare workers and the HIV clients. It summarizes that health workers need to comply with the national guideline and enhance patient education. He observes that 2/3 of the patients attend clinic when drunk and there is poor patient provider relationship.

Table 4.4: Data on PLWHIV on ART

Indicator	Number or percentage
Number of adults in need of ART (County HIV Profile 2014)	2,934
Adults enrolled in ART (Samburu DHIS March 2016)	2,455
County ART adult coverage	**83%**
National ART coverage	79%
County ranking of ART coverage	45
Children in need of ART	621
Children receiving ART	55
County ART children coverage	**9%**
National ART children coverage	42%
National ranking of ART coverage	45

Source: Kenya HIV County Profiles, 2014 and DHIS Samburu 2015

The county has 30% of its facilities having ART sites, that is 22 out of the 74 facilities in the county. ART defaulting among the PLWHIV has been noted mainly due to migration during drought, while others resort to alternative home remedies and use of over the counter drugs. ART supplies in the county have been stable and consistent with no major stock outs reported.

4.4.2.3 Laboratory Services for PLWHIV

Laboratory services are available in 13 out of the 74 health facilities translating to 17% of the health facilities. However it is only in three facilities (Samburu County Referral Hospital, Wamba Catholic Hospital and Baragoi Sub-County Hospital) where CD4 tests for HIV can be performed. This indicates that there is limited access of such services for all the PLWHIV. For viral load tests the county relies on the national HIV referral laboratory in Nairobi. Table 4.5 indicates the number of PLWHIV who have received the full package of Laboratory services.

Table 4.5: Number of PLWHIV receiving the full package of laboratory services

Indicator	Number or percentage
Number of PLWHIV enrolled on ART (DHIS March 2016)	2,455
Number of PLWHIV receiving full package of laboratory services	25%
Samburu Central (Maralal Referral Hospital)	380
Samburu East (Wamba Mission Hospital)	46
Samburu North (Baragoi Hospital)	206

Source of data: DHIS Samburu County 2015

The main challenge in increasing access to laboratory services is the limited number of health facilities, lack of adequate equipment and personnel to manage the laboratories.

4.4.2.4 TB and HIV care among PLWHIV

All the PLWHIV should be screened using the ICF tool and treated for TB as per the national guidelines and even those found to be negative should be put on Isoniazed Preventative Therapy (IPT). Within the County all the TB patients have been subjected to HIV tests as shown in Table 4.6 but not vice-versa where all the PLWHIV have been screened for TB hence calling for a more integrated and proactive approach in reaching out to all the PLWHIV.

Table 4.6: TB and HIV care for PLWHIV

Indicator	Number or percentage
Number of patients suffering from TB	587
Number of adult patients suffering from TB tested for HIV (90%)	529
Number of TB/HIV co-infection on ART	117
Number of PLWHIV enrolled on ART that need to be screened for TB	2,455
Number of PLWHIV screened for TB	445
Percentage of PLWHIV screened for TB	18%

Source: TIBU 2015

4.4.2.5 Nutrition Care for PLHIV

PLWHIV need nutrition support that is provided through the County Nutrition Department. The department offers growth monitoring, nutrition counseling, and promotion of kitchen gardens at home, conduct food demonstration within the community and provide nutrition interventions through therapeutic and supplementary feeding. Table 4.7 shows the nutrition intervention coverage among PLWHIV. From the data, the Nutrition Department covers 15% of the PLWHIV hence the need to scale up its interventions. The department reports there is erratic supply of nutrition commodities required to support PLWHIV.

Table 4.7: Nutrition service coverage for PLWHIV

Indicator	Number
Number of PLWHIV enrolled on ART	2,455
Number of PLWHIV receiving nutritional support	367
Nutrition coverage for PLWHIV	15%
Samburu Central	154
Samburu East	106
Samburu North	107

Source: Sub-County CCC Register FBP March 2016

4.4.2.6 Psychosocial Support for PLWHIV

Support groups for PLWHIV are essential as they help PLWHIV cope with stigma and discrimination, share their challenges and seek solution as they encourage each other on ART adherence among other issues. As previously discussed, with support from TOWA funding, PLWHIV support groups were formed but the groups need to be strengthened so that they remain functional. With 2,455 PLWHIV enrolled on ART and the ideal number of a support group being 30, it means 81 support groups for PLWHIV should be in existence for adults and 31 paediatric support groups. From the information available there are currently 27 support groups (Source: CASCO, Samburu County) which means there is a gap of 54 support groups. This calls for the formation of more support groups for PLWHIV.

Table 4.8: Number and gaps in psychosocial support groups

Indicator	Numbers
Number of adults who should be in support groups	2455
Ideal number of support groups for the PLWHIV on ART (30 PLWHIV per support group)	81
Number of active support groups	27
Gap in number of support groups	54
Number of children who should be in support groups	621
Ideal number of paediatrics support groups required in Samburu (30 children living with HIV per group)	31

Source: CASCO, Samburu

IMPROVING HIV TREATMENT AND CARE						
KASF objective – Reduce AIDS related mortality by 5%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase the number of PLWHIV who access comprehensive HIV treatment and care services from 83% to 90%	Increase the number of CCCs	Provide comprehensive HIV care for PLWHIV	Increase awareness on the availability of CC for PLWHIV	Strengthen the existing CCC in Maralal	Maralal	MoH
	Initiate ART to those testing HIV positive	Provide prompt initiation of ART and proper management of opportunistic infections	Build the capacity of healthcare workers in line with the national ART guidelines	Construct and equip 2 additional CCCs	Baragoi and Wamba	
	Increase the number of health facilities with ART sites	Provide ART to PLWHIV through the ART sites	Improve the patient client relationship	Provide HIV supplies to the ART sites		

IMPROVING ACCESS TO LABORATORY SERVICES						
KASF objective – Reduce AIDs related mortality by 5%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increasing the number of PLWHIV accessing laboratory services from 25% to 90%	Sample networking[2]	Conduct the required routine laboratory test and monitor the outcome of PLWHIV on ART (VL, CD4)	Sensitization of health workers on demand creation for laboratory services	Ensure the availability of reagents	Entire County	CMLT
			Create awareness, mobilization through media and social gatherings	Conduct laboratory outreaches		
	To accredit three laboratories to Level 1 standards		Support the laboratories to meet accreditation standards		Wamba, Maralal and Baragoi.	
	To increase the number of facilities offering HIV lab services from 13 to 17		Build the capacity of laboratory staff	Build and equip 4 new laboratories	Sereolipi, Lodungokwe. Tuum, Ladakwene	
				Expansion of the County referral laboratories	Maralal county Referral Lab	
	Increase laboratory quality assurance	External Quality Assessment Participation HTC and panel testing distribution	Adapting recommended standards. Expect increased understanding of monitoring and adherence	Maintenance of laboratory equipment Establish system for patient education	Entire County	

[2] Sample networking – collection and submission of samples from the field for lab analysis at Maralal Referral Hospital and reference labs (samples include test for CD4, Early Infant Diagnosis, Liver Function Test, Renal Function Test, Gene Xpert, Viral Load)

IMPROVING SERVICES FOR PLWHIV						
KASF objective – Reduce AIDs related mortality by 5%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase screen-ing of TB among PLWHIV from 18% to 90%	Testing all TB patients for HIV and provide treatment as per the national guidelines	Provide TB screen-ing for all PLWHIV	Training staff	Availing test kits.	Entire County	CTB/Lep Officer
	Establish one stop shops for services		Create demand on available services	Avail drugs, testing kits		
	Sample networking	Ensure bio safety measures have been maintained during transportation of samples	Capacity building in TB related activities			
	TB EQA activities	Ensure proper sample collection is adhered to	Ensure no rejection of samples			

INCREASING ACCESS TO NUTRITION SERVICES FOR PLWHIV						
KASF objective – Reduce AIDs related mortality by 5%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase access to nutrition intervention by PLWHIV from 15% to 90%	Implement nutrition activities	Growth monitoring	Nutrition counseling and promotion	Procure nutrition equipment	Entire County	CNO
		Provide therapeutic feeding	Training healthcare workers on HIV TB nutrition	Ensure adequate supply of therapeutic feeds		
		Provide supplementary feeding	Mother to mother support group	Ensure adequate supplies of supplementary feeds		
				Establish a defaulter tracing mechanism		
				Integrate nutrition with other services like MCH, Lab and CCC		
				Data demand and information for decision making		
				Support nutritional technical forum		

4.4.3 Strategic Direction 3: Using a Human Rights Approach to Facilitate Access to Services for PLWHIV

4.4.3.1 Stigma and Discrimination of PLWHIV

Stigma and discrimination remains a reality among PLWHIV, according to the national HIV and AIDS stigma and discrimination index. Samburu County, which falls in the greater Rift Valley, recorded a stigma index of 46% which is classified as high because it falls in the range of 45 – 59% (Source: National HIV and AIDS Stigma and Discrimination Index 2013). In Samburu County, HIV support groups were formed and supported through the TOWA, World Bank funding. There exists27support groups for PLWHIV that offer psychosocial support among themselves as they counter stigma and discrimination through sharing of their experiences, encouraging each other on ART adherence as they also seek external support especially benefits such as the government relief food supply. With the TOWA funding having come to an end, the support groups have not been meeting regularly hence the need to strengthen them to operate independently.

4.4.3.2 Access to HIV Services by (PLWD)

The county has not put in mechanisms to reach and address the needs of PLWD or those having special needs. Even though the County has one nurse trained on sign language it is safe to say that deliberate engagement in the provision of HIV education and awareness has not been active and the county also lacks relevant communication materials like Braille for the blind. HTS targeting PLWD has also not been organized. It has been established that there are approximately 24,000 PLWD (Source: Nominated MCA Representing PLWD) however there is need to establish data on the different nature of disability with the aim of developing innovative approaches to increase access to HIV services by PLWD. Within the county we have partners like the Samburu Handicap Education and Rehabilitation Program (SHARP) that runs a rehabilitation institution for persons with special needs. SHARP currently houses 80 children with special needs and the Maralal Integrated Program where children with special needs go through an integrated school. Both offer a potential starting point for targeting them with HIV services.

4.4.3.3 Access to HIV Services by OVC

There are 7,538 OVCs in Samburu County. While there are various reasons that make the children to be orphaned, HIV is one of the factors that contributes to this high number. Currently, through APHIA plus Imarisha program, 6,538 OVC are reached through implementing partners as follows: Caritas in Maralal (1,491), SCAAP in Suguta (2,350), KIBA in Kisima (1,012), SAIDIA in Maralal (1,192) and Shepherds of Life (SOL) in Archer's Post (1493). The OVCs access a minimum package of care which includes psychosocial support, household economic empowerment, child protection and healthcare through HIV screening every year.

IMPROVING PSYCHOSOCIAL SUPPORT FOR PLWHIV						
KASF objective – Reduce HIV related stigma and discrimination by 50%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase the number of support groups from 27 to 81	Strengthening of support groups	Provide condoms	Training them on PWP, adherence and home based care	Support in the registration of the groups	Entire County	MoH, Culture & Social Services
	Supply of commodities		Promotion of the utilization of commodities	Provision of storage facilities		MoH
	Support home based care activities					

IMPROVING ACCESS TO SERVICES BY OVCS						
KASF objective – Reduce HIV related stigma and discrimination by 50%						
SCHASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
Increase the number of OVCs accessing HIV services from 86% to 100%	Identify and target OVCs for HIV services	Provide HTS in charitable children institutions	Training them on PWP, adherence and home based care	Support in the registration of the groups	Entire County	Ministry of Gender, Culture and Social Services, Ministry of Health, Charitable children institutions
	Supply of commodities	Provide them with nutrition support services.		Facilitate OVCs to access support from other sectors (bursary, CDF and cash transfers)		

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

4.4.1 Context

The engagement of communities in HIV response is critical hence their involvement in HIV service provision. As part of increasing access to HIV services, the county has embraced and is implementing the Community Strategy at Level 1 of healthcare services. Within the county there are 24 health units established but in varying stages as summarized in Table 4.9 below.

Table 4.11: Number, distribution and status of CHUs in Samburu County

Sub-County	Number of CHU	Functional	Semi-functional	Non functional
Samburu East	9	7	2	1
Samburu North	8	7	1	0
Samburu Central	7	5	2	0
Total	**24**	**19**	**5**	**1**

Source: Samburu County Community Strategy Coordinator, April 2016

In mobilizing the community and increasing community awareness on HIV, the county, with the support from NACC and in collaboration with MoH and partners, has been organizing activities to commemorate the Annual World AIDS Day every 1st December. During the event they undertake activities towards HIV education and promotion, HTS and distribute condoms to the community. Due to the expansive nature of the County, activities have been organized at and commemorated at the sub-county level.

Table 4.12: Interventions for strengthening integration of health and community systems

KASF OBJECTIVES

1. Reduce new HIV infections by 75%
2. Reduce AIDS related mortality by 25%
3. Reduce HIV related stigma and discrimination by 50%
4. Increase domestic financing of HIV response by 50%

CASP results	Key activities	Sub-activity / interventions			Geographical area	Responsibility
		Biomedical	Behavioural	Structural		
Increase the number of CUs offering HTS from 19 to 54	To establish and operatio-nalize CUs	Provide HTS through CUs	Train CHEWs and CHWs on HBM of HIV	Strengthen the existing CUs and integrate HIV	Entire County	Ministry of Health
			Commemorate the annual WAD to increase HIV education and promotion activities at community level	Establish more CUs and integrate HIV services		

4.4.5 Strategic Direction 5: Strengthening Research, Innovation and Information Management to meet SCHASP Goal

4.4.5.1 Context

Samburu County does not have a well-structured unit to support and coordinate its research activities and even though research remains a national government function that has not been devolved to the counties, it is important that the county puts in place structures that can support and coordinate its research activities as it seeks guidance from the National Government. Much of the data used in developing this strategic plan has been derived from the Kenya AIDS Indicator Survey and the County HIV Profile documents. The County HIV data that is available and can be accessed in the District Health Information System as collected from the health facilities and the community units is discussed under SDA 6. However it is important that this data is synthesized and used to inform on key decisions to be made on HIV programs within the County.

As the County continues to implement HIV activities there are some research questions that it may need to answer so as to make informed decisions in selecting and tailoring its interventions.

Table 4.13: Interventions for strengthening research, innovation and information management to meet the SCHASP goal

KASF OBJECTIVES
1. **Reduce new HIV infections by 75%**
2. **Reduce AIDS related mortality by 25%**
3. **Reduce HIV related stigma and discrimination by 50%**
4. **Increase domestic financing of HIV response by 50%**

CASP results	Key activities	Sub-activity / interventions			Geographical area	Responsibility
		Biomedical	Behavioural	Structural		
Data is available to inform on the SCHASP goal	Undertake HIV operational research on different thematic areas	Undertake a study on the mode of HIV transmission in Samburu County (identify if key populations exist in the County, does male circumcision contribute to new HIV infections	How does the nomadic way of life contribute to new HIV infections and affect ART adherence	Undertake a study to determine the effectiveness of interventions	Entire County	MoH, NACC, MoH HQ, NASCOP

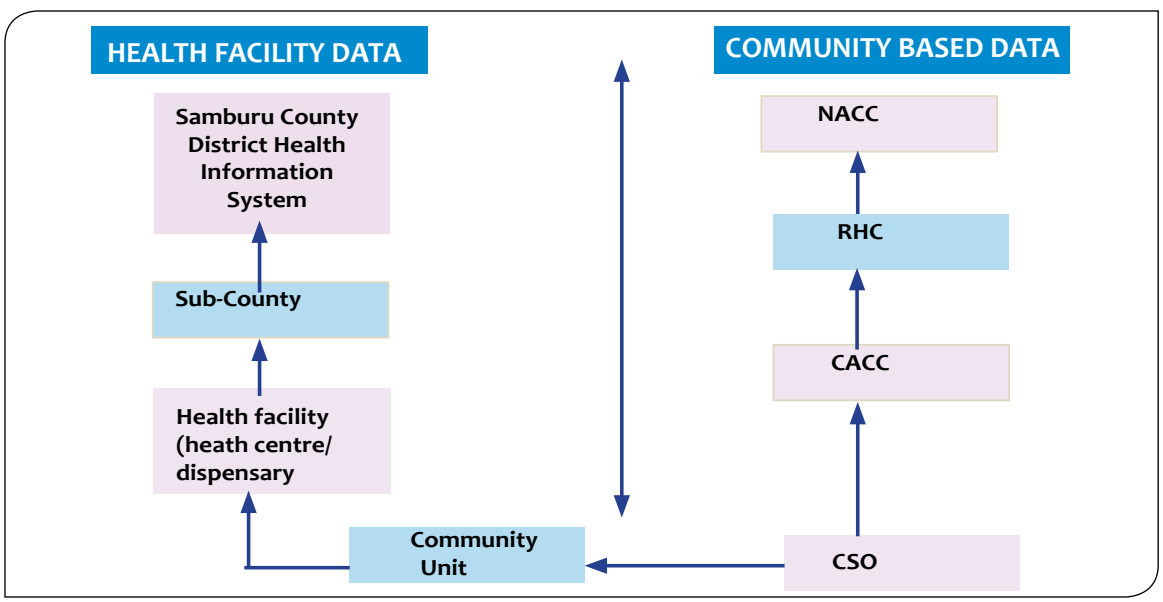
4.4.6 Strategic Direction 6: Promote Utilization of Strategic Information for Research and Monitoring and Evaluation to Enhance Programming

4.4.6.1 Data collection and transmission

HIV data is collected at 2 levels: at the health facility and at the community level. Health facility data is collected at the dispensary, health centre or hospital by the health workers stationed at the facility, it is then relayed as a hard paper copy to the Sub-County Health Record and Information Officer (SCHRIO) who have rights to enter the data into the Samburu District Health Information System that can then be accessed as long as one has been granted rights by the County Health Records and Information Officer (See Figure 4.1: Data flow from the health facilities to the Samburu DHIS). The main challenges in data collection is the often lack of data collection tools and equipment at facility level, inadequate number of Health Records and Information Officers – the County has only 5 HRIOs which is short of the staffing norms that require a County referral hospital to have 8 HRIOs and a sub-county should have 4 SCHRIOs against the current 1 in Samburu. In the absence of HRIOs, data clerks who lack the basic training in Health Records and Information are engaged leading to inaccuracy in data collection. There is also need to revise the data collection tools (MoH 731) which is missing critical data.

Community based data on HIV is collected from Civil Society Organizations (CSOs) through the Community Based Program Activity (COBPAR) that captures information on HIV prevention, care and treatment support, social protection and capacity building by CSOs. The data is collected by the County AIDS Control Coordinator for quality control before it is sent to the Regional HIV Coordinator from where a data clerk will key in the data into an M&E COPBAR database before transmitting the same to NACC (See Figure 4.1). The main challenges in data collection are failure by CSOs to submit data due to shortage of COBPAR forms, inadequate feedback mechanisms and utilization of the data for HIV programming.

Figure 4.1: Flow of health facility and community based data



4.4.6.2 Data dissemination and utilization

At both points of data collection (health facility and community level) and the receiving end, there is need to strengthen the utilization of the data for informed decision making rather than as a routine practice. Communication should also be two-way with the one generating the data receiving feedback on the data submitted to inform programming (as illustrated in Figure 4.1 with an arrow pointing upwards and downwards). Data accuracy is cited as one of the challenges hence the need for capacity building among the data collectors

4.4.6.3 Monitoring and supervision

Ideally the County Health Management Team (CHMT) should be conducting quarterly supervisory visits and offer field support supervision, on the job training and using the opportunity to distribute health supplies but this is not consistent as the CHMT has to contend with the challenges of inadequate logistical support – transport and allowances to cater for this on a regular basis.

At the national level, the NACC through the Regional HIV Coordinators (RHCs) conduct two meetings per quarter that involve the Constituency AIDS Control Coordinators and one with stakeholders to review progress of HIV activities and also provide updates. However, this has not been consistent. The RHCs are also expected to hold one M&E meeting per quarter.

Table 4.14: Interventions to promote utilization of strategic research, monitoring and evaluation to enhance programming

KASF OBJECTIVES
1. **Reduce new HIV infections by 75%**
2. **Reduce AIDS related mortality by 25%**
3. **Reduce HIV related stigma and discrimination by 50%**
4. **Increase domestic financing of HIV response by 50%**

CASP results	Key activities	Sub-activity / interventions			Geographical area	Responsibility
		Biomedical	Behavioural	Structural		
Ensure the collection, analysis, dissemination and utilization of data to enhance progra-mming	Data collection, analysis and utilization	Ensure the collection and transmission of biomedical data	Train the data collectors on quality of data	Ensure the system for data collection and transmission is well functioning	Entire County	MoH CHMT, NACC, NASCOP
	Ensure the program activities are implemented well and within the timelines			Undertake regular monitoring and supervision visits are conducted and feedback given		

4.4.7 Strategic Direction 7: Increasing Domestic Financing for a Sustainable HIV Response

4.4.7.1 Context

With the realization at both the national and county levels that much of the HIV funding has been dependent on competing donor funding, there is need to set in mechanisms for alternative domestic financing at all levels of government. In Samburu county, the budget in support of HIV activities is within the broader health budget and caters for staff salaries, daily subsistence allowances and transport during supervisory visits. Other funding requirements includes special activities such as the World AIDS Day which is commemorated every 1st December. All this HIV funding has not been quantified and is neither set aside as a line item. Currently there is no Health Bill in the county hence no mechanism has been laid out for innovative domestic health financing including the HIV response.

The HIV response, being a cross cutting activity, other line ministries within the county have allocated and controlled funds for HIV activities within their budgets. For instance the Gender, Culture and Social Services Ministry had an allocation of Ksh100,000 during the county Budget of 2015/2016 (Source: county Budget Estimates).

The county receives HIV commodities that include ART and condoms that are centrally procured by the national government through NASCOP and distributed by KEMSA on a quarterly basis.

The County through the CASCO also receives funds from NASCOP to support the training of health workers on the national ART guidelines. The County also receives support to conduct pharmaco-vigilance and data quality analysis. NACC through the 3 seconded CACCs, one in each sub-county /constituency, is financing HIV activities which include the monthly salary top up, availing funds for office running and motorbike operation, maintenance and insurance. Funds are also availed for commemoration of the annual World AIDS Day.

There are other funding requirements within the County that need to be consolidated and utilized in a manner that does not duplicate efforts. The funding can also be channeled to interventions that will make a significant and relevant change in the HIV response. Such funding includes the Constituency AIDS Coordinating Committee, Constituency Development Funds for infrastructure development and education bursaries, County bursaries and the cash transfer schemes that targets OVCs living with HIV among other needy members of the community.

In an effort to support HIV activities within the County and in support of Kenya's 1st Lady's Beyond Zero Campaign, the 1st Lady of Samburu County held the half marathon on 6th March 2016 to launch the Samburu East Sub-County Beyond Zero mobile purchased by the county. It is proposed to have such an event annually to raise funds for the HIV response in the county.

Table 4.13: Interventions for strengthening research, innovation and information management to meet the SCHASP goal

KASF OBJECTIVES 1. Reduce new HIV infections by 75% 2. Reduce AIDS related mortality by 25% 3. Reduce HIV related stigma and discrimination by 50% 4. Increase domestic financing of HIV response by 50%						
CASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
To increase domestic financing for HIV by 40%	Lobby for the allocation and consolidation of funds to support the SCHASP	Use of the CDF for provision of biomedical interventions	Lobby for a consolidated HIV budget planning and expenditure based on the SCHASP priorities	Advocate for the development a Health Financing Bill	Entire County	Governor, MCAs, MPs, County 1st Lady, Private Sector
			Support the County's 1st Lady half marathon to be an annual event	Establish a Private Public Partnership for HIV resources mobilization		
				Advocate for the County Government to finance HIV activities		

4.4.8 Strategic Direction 8: Promoting Accountable Leadership for Delivery of SCHASP Results by all Sectors and Actors

4.4.8.1 Context

With the advent of devolution, the KASF has recognized that greater roles and responsibilities lay with the Governor at the county level with support from other national level coordination mechanism. The KASF 2014/2015 – 2018/2019 states that the Governor – ***"shall implement national and county legislation to the extent that the legislation requires and is responsible for the delivery of a range of services, planning and prioritization of resource allocation to address the HIV burden".***

Under the Governor there shall be other structures such as the County Executive Committee, the County HIV Committee, County HIV ICC, County HIV Coordination Unit, County KASF Monitoring Committee and Sub- County/Constituency HIV Committees as shown in Figure 4.2 below. In the revised NACC structure, Samburu County is clustered under Region 18 which includes Laikipia and Nyandarua counties based on the similarity in their HIV and AIDS burden.

NACC has seconded 3 CACCs, one in each of the sub-counties whose duties are to:

I. Coordinate and supervise HIV and AIDS activities

II. Scale up community participation in the fight against HIV and AIDS

III. Monitor and evaluate HIV and AIDS activities.

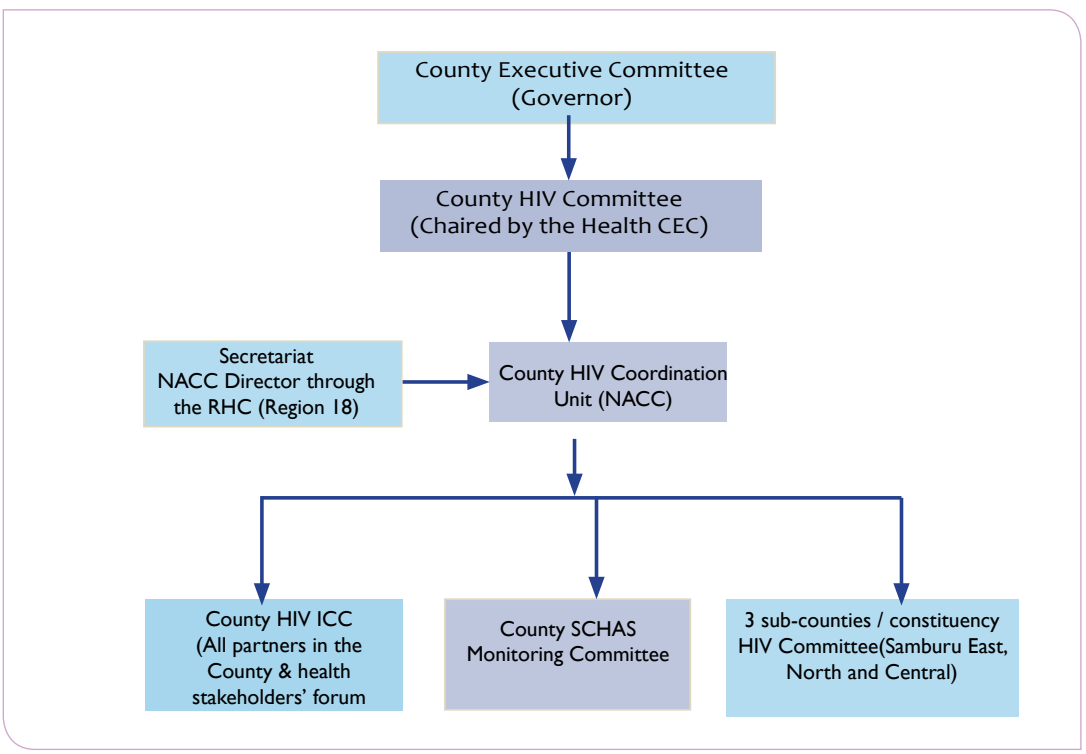


Figure 4.2: County HIV coordination structure for delivery of the SCHASP

The NACC provides the Secretariat of the County HIV Coordination Unit while articulating the national policy and strategy direction in HIV response and coordination prevention activities. NASCOP, through the CASCO and Sub-CASCOs provides technical support in HIV treatment and care.

Table 4.16: Promote accountable leadership for delivery of SCHASP goal

KASF OBJECTIVES 1. Reduce new HIV infections by 75% 2. Reduce AIDS related mortality by 25% 3. Reduce HIV related stigma and discrimination by 50% 4. Increase domestic financing of HIV response by 50%						
CASP results	**Key activities**	**Sub-activity / interventions**			**Geographical area**	**Responsibility**
		Biomedical	**Behavioural**	**Structural**		
SCHASP is well coor-dinated and progress monitored	County HIV units and committees convene and hold regular meetings	Biomedical TWG meet on a quarterly	Biomedical TWG meet on a quarterly basis	County Executive Committee convened and holds regular meetings to review the progress of the SCHASP implementation	Entire County	Governor, MCAs, MPs, County 1st Lady, Private Sector
				County HIV Committee constituted and hold quarterly review		
				County HIV Coordination Unit constituted and hold regular meetings		
				County SCHASP Monitoring Committee convened and hold regular meetings		
				Sub-County / Constituency HIV Committee constituted and hold regular meetings		

Chapter 5

Implementation Arrangements

5.1 Implementation Structure

The SCHASP implementation shall be multi-sectoral comprising the public, private and civil society institutions. Measures shall be put in place to ensure all stakeholders are accountable both financially and programmatically. The county as shown in Figure 4.2 will have the following committees:

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

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

5.2 Roles and ResponsibilitiesIt shall:

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

5.2.2 County HIV Committee

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

Membership

The committee shall be chaired by the County Health Executive with membership from the sub-county HIV committee, HIV partners, implementers, PLWHIV and other special interest groups in Samburu as appointed by the CEC Health.

Terms of Reference

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

- Hold meetings on a quarterly basis to review the implementation plan.
- Be responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of the SCHASP.

- Approve the county HIV targets and plan.
- Review and present the County HIV Budget.
- Set the County HIV agenda.
- Receive reports on SCHASP progress from the Monitoring Committee.
- Receive reports from the County ICC KCASP and the routine Monitoring Committee.

5.2.3 County HIV Coordination Unit

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

Terms of Reference

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

5.4 County KASF Monitoring Committee

- This committee shall comprise sub-committees of the 4 strategic areas – Prevention, Treatment, Human Rights, and System Strengthening. The committee shall be made up of technical persons and institutions responsible for different areas.
- The public sector working group (education, agriculture, gender, law and order, transport, prison) shall facilitate and monitor result oriented.

Chapter 6

Monitoring and Evaluation

The SCHASP will cover 4 years with the implementation period running from 2016 – 2019/2020. The progress of implementation will be monitored and evaluated as shown in Table 4.17.

When the national Kenya AIDS Indicator Survey will be conducted in 2016 it will cover all counties including Samburu hence give vital indicators that would inform the progress of the SCHASP. The KAIS will be conducted by NACC.

There will be a mid-term evaluation planned for July 2018 when the SCHASP will be mid-way in its implementation life time.

When the review of the KASF will be undertaken between 2018/2019, any revision in the strategic direction of the KASF will have an indication on the direction of the SCHASP.

The end term review evaluation of the SCHASP will be undertaken between 2019/2020. By the mid and end terms, reviews will be done against the M&E framework that has set the targets to be met through desk review. Routine monitoring of other indicators will be done through the Samburu DHIS data.

Table 4.17 Timelines of SCHASP M&E Plan

Activity	2016/2017	2017/2018	2018/2019	2019/2020
Midterm review of SCHASP				
KAIS				
KASF review				
End term review of SCHASP				
Samburu DHIS				

Chapter 7

Risk and Mitigation Plan

Risk Category	Risk Name	Status	Probability (1-5)	Impact (1-5)	Risk Average score	Response	Responsibility	When
Technological	Partners lack capacity	Active - risk is being actively monitored	3/5	4/5	3.5/5	Mitigate-budget moneys for training	County government and implementing partners CHAC NACC	Y1
Political	Unfavorable political environment	Unpredictable	2/5	4/5	3/5	Community sensitization	County assembly, CHAC	Y2
Operational	Inadequate implementation resources	Unpredictable	3/5	4/5	3.5/5	Lobby with the county assembly for budgetary allocation	CHAC, NASCOP, County government, NACC	Y1-Y5
Legislation	Lack of political goodwill	Non commitment	1/5	4/5	2.5/5	Advocacy to political class	County government, CHAC	Y1-5

Annexes

Annex 1: Samburu County HIV & AIDS Monitoring & Evaluation Framework

STRATEGIC DIRECTION 1 REDUCING NEW HIV INFECTIONS							
KASF objective	**SCHASP result**	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
	BIO-MEDICAL INTERVENTIONS						
Reduce new HIV infections by 75	Increase the number of people who know their HIV status from 25% to 90%	To identify and target key[3] and vulnerable[4] populations for HTS[5].	Number of key and vulnerable populations reached with HTS.	38,400 per year (Source: DHIS average for the last 5 yrs – 14%)	45%	90%	CASCO CMLT CDH
	To increase the percentage of male and female reporting the consistent use of condoms	Increase access to condoms through various distribution channels	Number of condoms distributed.	110,000 (2013 & 2015) condoms Maralal Stores S11.	200,000	300,000	CASCO CACC CDH CCHSC
	Increase the number of non-circumcised men to have undergone VMMC from 5.7% to 95%	To identify and target non circumcised men for VMMC services	Number of non-circumcised men to have undergone VMMC	421 (5.7%) – DHIS 2015	4,065 (50%)	6,924 (95%)	CASCO CDH SCASCO SCMOH

KASF objective	SCHASP result	Key activity	Indicator	Baseline & source	Mid-term target	End term target	Responsibility
	BEHAVIOURAL						
Reduce new HIV infections by 75%	To increase access to HIV information from 60% to 100%	Develop and implement a Samburu County HIV Communication Guideline	Samburu County HIV Communication Guideline in place and being implemented.	161,581 (Source: DHIS 2012 to 2015)	85%	100%	CASCO CDH CEC COH CTLC
	STRUCTURAL						
	To increase access to HIV commodities	Develop and implement a Samburu County condom distribution guideline	Samburu County condom distribution strategy in place and being implemented	-	1	1	CASCO CDH CEC COH CTLC
	Increase the percentage of health facilities offering HTS including eMTCT	To increase the number of health facilities offering HTS including eMTCT	Number of facilities offering HTS including eMTCT	57 (60%) Source: DHIS	77 (81%)	95 (100%)	CMLT CASCO CDH
	To increase access to HTS among the adolescents and young people	To establish youth friendly clinics	Number of youth friendly clinics established and in use.	0 (0%)	10 (45%)	22 (100%)	COH CDH

[1] **Key Population** include: female sex workers

[2] **Vulnerable Population** include: young girls and women in rural areas (11 – 24yrs), adolescents and young people, non-circumcising communities, TBAs, prisoners, truck drivers and loaders

[3] **HTS – HIV Testing and Services** – the facility should offer HIV testing and initiate ART for those testing positive.

[4] 421 VMMC were conducted in 2015 against a target population of non-circumcising men of 7,289 (49% of the 14,867 population of Nachola Ward)

STRATEGIC DIRECTION 2 IMPROVE THE HEALTH OUTCOME AND WELLNESS OF ALL PLWHIV							
KASF objective	**SCHASP result**	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
	BIO-MEDICAL INTERVENTIONS						
Reduce AIDS related mortality by 25%	Increase the number of PLWHIV who access compre-hensive HIV treatment and care services from 83% to 90%.	Increase the number of CCCs.	Number of CCCs[7] offering HIV treatment and care.	3	4	6	CASCO
		Increase the number of PLWHIV initiated on ART	Number PLWHIV on ART[8]	83% (2,455) – DHIS	90% (1,760)	90% (2,641)	CASCO & CMLT
		Increasing the number of PLWHIV accessing lab services (CD4) from 25% to 90%.	Number of PLWHIV receiving comprehensive lab services	25% (632) – DHIS	60% (1,473)	90% (2,209)	CASCO & CMLT
		Increase the number of PLWHIV screened for TB and provided with treatment as per the guidelines from 18% to 90%	Number of PLWHIV screened for TB[9]	10% (117) TIBU 2015	50% (1,169)	90% (2,209)	CASCO & CTLC
		Increase the number of PLWHIV receiving nutrition support from 15% to 90%	Number of PLWHIV receiving nutritional support[10]	15% (367) – Sub County CCC FBP register March 2016	60% (1,473)	90% (2,209)	County Nutrition Officer Sub-county Nutrition Officer

[9] Currently there are 117 TB clients with HIV co-infection + 2,455 PLWHIV on ART that need to be screened for TB = 2,338

[10] Currently 367 out of 2,455 PLWHIV are receiving nutritional support (15%)

STRATEGIC DIRECTION 3 REDUCING HIV RELATED STIGMA AND DISCRIMINATION BY 50%							
KASF objective	**SCHASP result**	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
	BIO-MEDICAL INTERVENTIONS						
To reduce HIV related stigma and discrimination by 50%	To reduce the stigma index from 46% (High) to 23% (Low)	To identify and target PLWD and offer HTS	Number of PLWD reached with HTS	8,000 NCPD Samburu County	16,000	24,000	CDH CASCO
		Identify and target OVCs for HIV services (Total OVC 7538)	Number of OVCs reached with HTS 87%.	6538 (87%) Sources: APHIA OVC program data	100% (7,538)	100% (7,538)	CASCO Ministry of Social Services
	STRUCTURAL INTERVENTIONS						
		Strengthen the existing support groups for PLWHIV	Number of functional support groups of PLWHIV	28 groups gender and social services (S/Central 8, S/North 13, and S/East 7)	60	81	CDH CASCO SCASCO
		Establish and strengthen existing support groups for PLWHIV	Number of new support groups for PLWHIV formed and remain active	28	40	60	CASCO SCASCO CCHSC
		To strengthen the medical legal system in response to SGBV	Multi sectoral TWG to address SGBV cases is in place and functional	0	4	15	CPHO CDH

STRATEGIC DIRECTION 4 STRENGTHENING THE INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS							
KASF objective	**SCHASP result**	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
		BIO-MEDICAL INTERVENTIONS					
1. Reduce new HIV infections by 75% 2. Reduce AIDS related mortality by 25% 3. To re-duce HIV related stigma and discrimi-nation by 50%	Increase access to HIV services to the community	Provide HTS through CUs.	Number of CUs offering HTS	24 (38%) DHIS every CUs is linked to a health facility.	50 (79%)	63 (100%)	CCHSC
		BEHAVIOURAL INTERVENTIONS					
		Community demand for HTS	Number of HIV tests done	40% (109,631) of the projected population of 2015 (274,079) DHIS.	70% (191,855)	90% (246,71)	CASCO & CMLT
		STRUCTURAL INTERVENTIONS					
		To strengthen and initiate community HTS	Number of CHVs trained on community based HTS	0	25	126	CCHSC

STRATEGIC DIRECTION 5 STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT TO INFORM THE SCHASP GOAL							
KASF objective	**SCHASP result**	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
		BIO-MEDICAL INTERVENTIONS					
1. Reduce new HIV infections by 75% 2. Reduce AIDS related mortality by 25% 3. To reduce HIV related stigma and discrimination by 50%	Three studies undertaken and results available to inform on the SCHASP	Undertake a study on the mode of HIV transmission in Samburu County. 1. Do key population, exist in the County? 2. Does male circumcision contribute to new HIV infections?	Number of CUs offering HTS	24 (38%) DHIS every CUs is linked to a health facility	50 (79%)	63 (100%)	CCHSC
		BEHAVIOURAL INTERVENTIONS					
		How does the nomadic way of life contribute to new HIV infections, affect ART adherence?	Study undertaken and results disseminated and used to inform the SCHASP	0	1	4	CDH
		STRUCTURAL INTERVENTIONS					
		Undertake a study to determine the effectiveness of interventions	Study undertaken and results disseminated and used to inform the SCHASP	0	0	1	CDH

STRATEGIC DIRECTION 6 PROMOTING THE UTILIZATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION TO ENHANCE PROGRAMMING							
KASF objective	**SCHASP result**	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
1. Reduce new HIV infections by 75% 2. Reduce AIDS related mortality by 25%: 3. To reduce HIV related stigma and discrimination by 50%	Ensure the collection, analysis, dissemination and utilization of data to enhance programming	Data collection, analysis and utilization.	Timely collection, transmission of data by the 5th of every month in the DHIS	75% Source DHIS	85%	100%	CHRIO / CASCO
		Undertake program monitoring, supervision and review meetings	Quarterly review supervision, monitoring and meetings are held and minutes are available	2 (CHMT records)	3	4	CHMT

STRATEGIC DIRECTION 7 INCREASING DOMESTIC FINANCING FOR A SUSTAINABLE HIV RESPONSE							
KASF objective	**SCHASP result**	**Key activity**	**Indicator**	**Baseline & source**	**Mid-term target**	**End term target**	**Responsibility**
		BIO-MEDICAL INTERVENTIONS					
To increase domestic financing for HIV by 40%	Lobby for the allocation and consolidation of funds to support the SCHASP	Use of the CDF for procurement of biomedical commodities	Number of CUs offering HTS	24 (38%) DHIS every CUs is linked to a health facility.	50 (79%)	63 (100%)	CCHSC
		BEHAVIOURAL INTERVENTIONS					
		Lobby for a consolidated HIV budget planning and expenditure based on the SCHASP priorities. Support the County 1st Lady's half marathon to be an annual event	Support the County 1st Lady's half marathon annually.	1	2	3	CHMT
		STRUCTURAL INTERVENTIONS					
		Establish a Private Public Partnership for HIV resources mobilization	Study undertaken and results disseminated and used to inform the SCHASP	0	0	1	CDH
		Development a Health Financing Bill to support the SCHASP	To have a County Health Financing Bill to support the SCHASP	-	Draft	Adapted and passed into law	CHMT

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

KASF objective	SCHASP result	Key activity	Indicator	Baseline & source	Mid-term target	End term target	Responsibility
		BIO-MEDICAL INTERVENTIONS					
1. Reduce new HIV infections by 75% 2. Reduce AIDS related mortality by 25% 3. To reduce HIV related stigma and discrimination by 50% 4. To increase domestic financing for HIV by 40%	SCHASP is well coordinated and progress monitored regularly	Biomedical TWG meet on a regular basis (prevention and treatment TWG)	Biomedical TWGs meet on a regular basis and minutes available.	1	4	4	CASCO CTLC
		BEHAVIOURAL INTERVENTIONS					
		Behavioural TWG meet on a regular basis (human rights, HIV promotion)	Behavioural TWGs meet on a regular basis and minutes available	1	4	4	CASCO
		STRUCTURAL INTERVENTIONS					
		County Executive Committee convened and holds regular meetings to review the progress of the SCHASP implementation.	County Executive Committee meet every two months and minutes available	1	4	4	CG, CEC
		County HIV Committee constituted and holdquarterly review meetings.	County HIV Committee meet on quarterly basis and minutes available	1	4	4	CASCO, CACC
		County HIV ICC constituted and holds regular meetings	County HIV ICC meet on a regular basis and minutes available	0	4	4	CASCO, CACC
		County SCHASP Monitoring Committee convened and hold regular meetings	County SCHASP Monitoring Committee meet on a regular basis and minutes available	0	2	2	CASCO
		Sub-County / Constituency HIV Committee constituted and hold regular meetings	Sub-County / Constituency HIV Committee meet on a regular basis and minutes available	0	2	2	SCASCO

Annex 2: Resource Needs

Samburu Budget

SD	2016/17	2017/18	2018/19	Total	% of resource allocated
Strategic Direction 1	456.83	1,164.30	2,148.74	3,769.87	74.38%
Strategic Direction 2	167.77	160.36	243.20	571.33	11.27%
Strategic Direction 3	60.24	115.22	169.87	345.33	6.81%
Strategic Direction 4	68.96	122.45	162.41	353.83	6.98%
Strategic Direction 5	-	1.07	4.30	5.37	0.11%
Strategic Direction 6	0.79	1.06	1.33	3.19	0.06%
Strategic Direction 7	0.97	1.40	1.93	4.30	0.08%
Strategic Direction 8	1.88	6.55	6.55	14.98	0.30%
TOTAL	**757.43**	**1,572.41**	**2,738.34**	**5,068.19**	**100.00%**

Annex 3: List of the County Drafting and Technical Teams

Drafting Team

NAME	DESIGNATION	ORGANIZATION	CONTACTS
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