

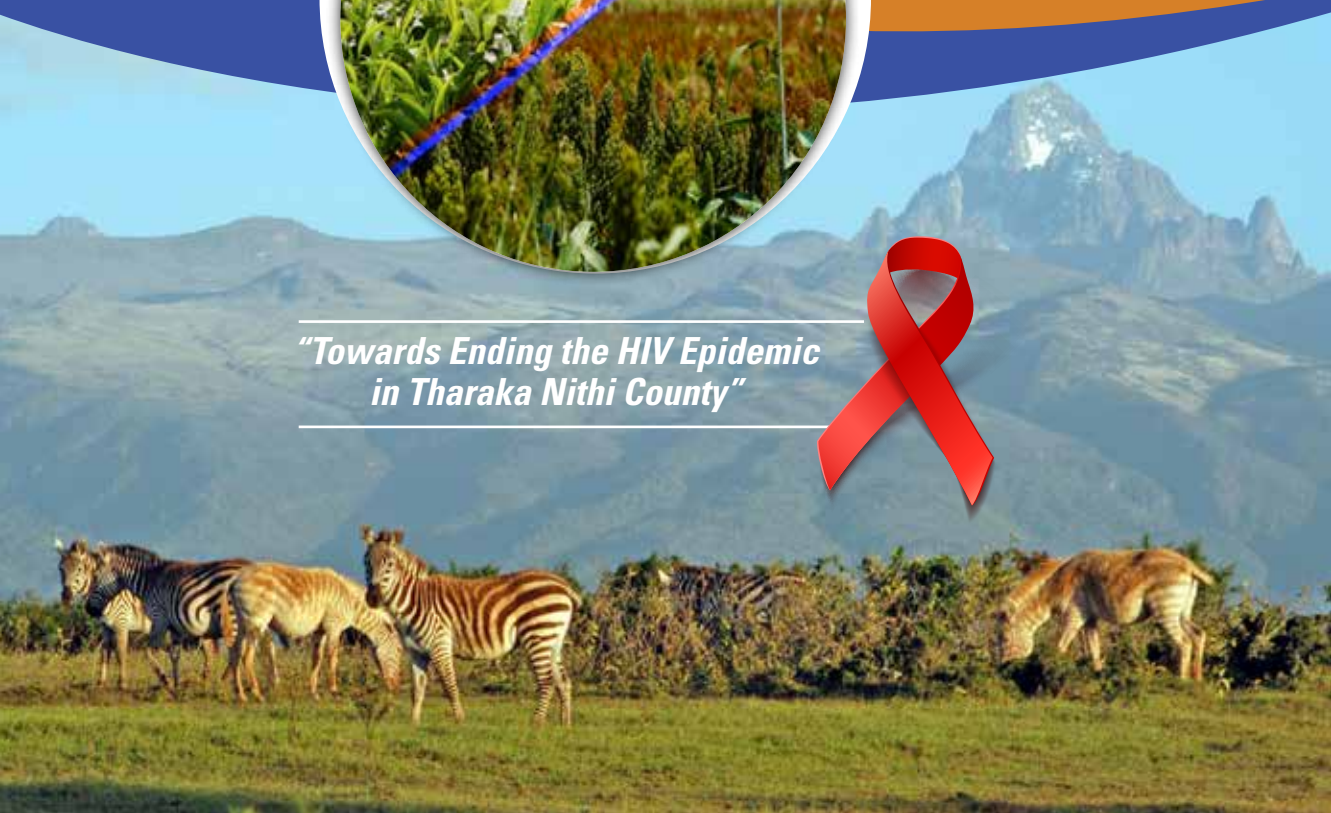


THARAKA NITHI COUNTY HIV & AIDS STRATEGIC PLAN

2015/2016 - 2019/2020



*"Towards Ending the HIV Epidemic
in Tharaka Nithi County"*





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Acronyms and abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
APHIAplus Kamili	AIDS, Population and Health Integrated Assistance Plus
ART	Anti-Retroviral Therapy
CASCO	County Aids and STI Coordinator
CASM	County Aids Sectoral Mainstreaming
CDH	County Director of Health
CEC	County Executive Committee
CHC	County HIV Committee
CHEW	Community Health Extension Workers
CHVs	Community Health Volunteers
CU	Community Units
DHIS	District Health Information System
ERC	Ethics and Research Committee
GBV	Gender Based Violence
HCBC	Home and Community Based Care
HIV	Human Immunodeficiency Virus
HTS	HIV Testing and Services
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya Aids Strategic Framework
KDHS	Kenya Demographic Health Survey
KP	Key Population
KMOT	Kenya Modes of Transmission
MOH	Ministry of Health
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NACC	National Aids Control Council
NASCOP	National Aids and STI Control Program
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PWID	People who Inject Drugs
SCACC	Sub-County Aids Control Coordinator
SRH	Sexual and Reproductive Health
SW	Sex Workers
TB	Tuberculosis
TWG	Technical Working Group

Foreword



Tharaka Nithi County is proud to launch its first ever HIV and AIDS Strategic Plan for the period 2016-2020. This strategic plan is in tandem with the Kenya AIDS Strategic Framework (2014/15 – 2018/19) and other international guidelines and policies regarding HIV and AIDS response. It provides the vision and mission that will encompass all those involved in its execution. This strategic plan is informed by the current status of HIV and AIDS in Tharaka Nithi County and focuses on strategies of intervention. The history of this County and its geographical location as captured in chapter one are indicators of the county's potential to providing an enabling environment for mitigating HIV and AIDS epidemic.

It presents an analysis of the internal and external environment using strengths, weaknesses, opportunities and threats (SWOT). Subsequently, it outlines the strategic issues and objectives and identifies the strategies to address them. The plan prioritizes activities to be implemented under the strategies, provides an implementation plan and monitoring and evaluation system.

The achievement of the objectives of this strategic plan requires the support and input of all stakeholders including the national government, county government, the private sector, the local community, development partners among others. The consultative process through which this plan has been developed gives me the confidence that it is jointly owned by all stakeholders and will therefore receive the necessary support in its implementation.

A handwritten signature in black ink, appearing to read 'S. Mbae Ragwa'. The signature is fluid and stylized, with a long horizontal stroke at the end.

H.E Samuel Mbae Ragwa
Governor of Tharaka Nithi County

Preface



The Tharaka Nithi HIV and AIDS Strategic plan (TNCASP 2015/16 – 2018/19) constitute multisectoral response to HIV and AIDS. This plan will provide direction to all stakeholders in the HIV response to deliver HIV programming.

The County HIV strategic plan builds on the gains made in the country's HIV and AIDS response before devolution and also addresses the current gaps in the country. In addition, the plan has set a structure in line with the devolved government under the leadership of the Governor to ensure that HIV and AIDS control is entrenched in the devolved system of government.

Our Key strategic objectives in the next five years include the following.

- i. Reduce new HIV infections by 75%
- ii. Reduce AIDS related mortality by 25%
- iii. Reduce HIV related stigma and discrimination by 50%
- iv. Increase domestic financing of HIV response to 50%

I therefore urge all the stakeholders to formulate and implement innovative intervention plans that are aligned to the TNCASP. Let us all join hands as well deepen and strengthen our response while seeking innovative ways to sustain our response in our county.

A handwritten signature in black ink, consisting of stylized, overlapping loops and lines, representing the name Magdalene Njeru.

Ms. Magdalene Njeru

The County Executive Member of Health - Tharaka Nithi

Acknowledgement



Tharaka Nithi county health department acknowledges the contribution of National AIDS Control Council, National AIDS/STI Control Program, Tharaka Nithi county government and other partners who provided the much needed technical support and financial resources to drive the process of developing our strategic plan.

Heartfelt appreciation goes to different individuals who worked tirelessly to complete this TNCASP including: Ms. Magdaline Njeru (CEC Health), Dr. Edward Munyi (CDH), Ms. Marion Mashoo (NACC) and all members of the TNCASP technical working group.

A handwritten signature in black ink, appearing to read 'Walter Mugambi'. The signature is stylized and includes a long horizontal stroke extending to the right.

Mr. Walter Mugambi

The Chief Officer of Health - Tharaka Nithi

Executive Summary

The Tharaka Nithi County HIV and AIDS Strategic plan (TNCASP) 2015/16-2019/20 provides in depth guidance on mitigating the HIV epidemic. It addresses the Key drivers of the spread of HIV in the county and interventions put in place to access comprehensive HIV prevention, treatment and care thus contributing to the County Integrated Development Plan 2020.

The development of TNCASP is in accordance to the Kenya Aids Strategic framework, the constitution of Kenya 2010, Tharaka Nithi County health's accounts, Kenya prevention revolution roadmap, Monitoring and Evaluation framework, Kenya HIV and AIDS research agenda and the County HIV estimates which have provided a blueprint for HIV and AIDS control.

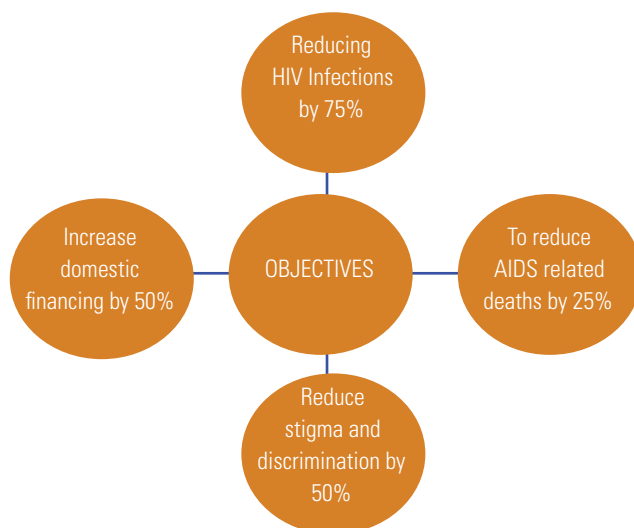
HIV and AIDS is a threat to the county's socio-economic development. The TNCASP developed in line with the CIDP 2020 provides a platform for high impact HIV and AIDS interventions that are evidence based. It encompasses a multi-sectoral approach in

managing, financing and advocating for the control of the HIV epidemic. TNCASP has provided for conventional approaches to the bill of human rights in the response to the epidemic.

The TNCASP formulation is as a result of the development of Kenya AIDS Strategic Framework 2014-2019 and its desire to develop county specific priorities for HIV control. The key pillar is strengthening county participation on matters related to HIV.

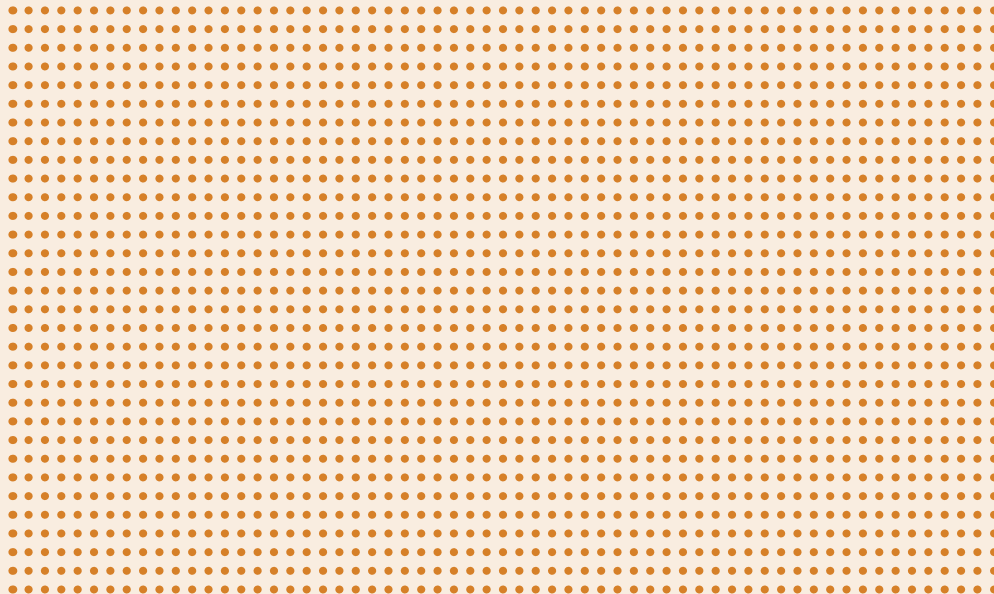
The TNCASP is also tailored to the global target for HIV epidemiological control. The 90:90:90 strategy which aims to achieve more than 90% HIV identification and linkage, treatment and viral suppression. The plan prioritizes partnership, stakeholder engagement and granulation of the HIV epidemic to ensure effective response HIV and AIDS and economic development of the County.

To achieve this, four key objectives have been identified as outlined in the diagram below.



01.

THARAKA
NITHI COUNTY
BACKGROUND



The County had a total population of 365,330 persons as per 2009 population and housing census report and is estimated to have an annual growth rate of 2%

1.3 Population description

Description	Population estimates	Target population				
		Year 2013	Year 2014	Year 2015	Year 2016	Year 2017
Total population		401509	411123	420978	431080	441434
Total Number of Households		93374	95610	97902	100251	102659
Children under 1 year (12 months)	3.71%	14896	15253	15618	15993	16377
Children under 5 years (60 months)	16.9%	67855	69480	71145	72853	74602
Under 15 year population	42.3%	169838	173905	178074	182347	186727
Women of child bearing age (15 – 49 Years)	24%	96362	98670	101035	103459	105944
Estimated Number of Pregnant Women	3.84%	15418	15787	16166	16553	16951
Estimated Number of Deliveries	3.84%	15418	15787	16166	16553	16951
Estimated Live Births	3.79%	15217	15582	15955	16338	16730
Total number of Adolescent (15-24)	22.3%	89537	91680	93878	96131	98440
Adults (25-59)	24.7%	99173	101547	103982	106477	109034
Elderly (60+)	8.2%	32924	33712	34520	35349	36198

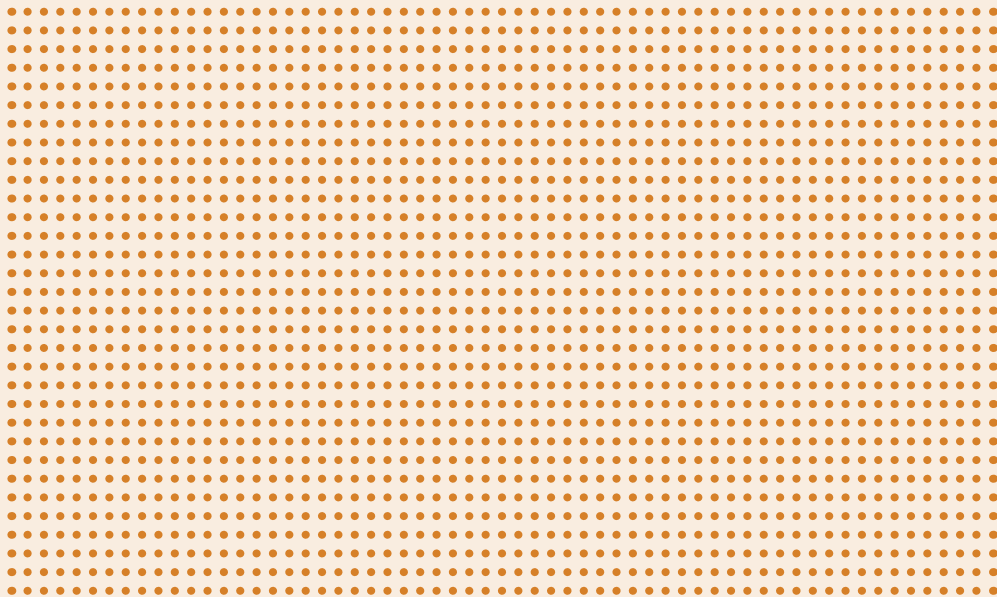
Source: Kenya National Bureau of Statistics

1.4 Health infrastructure

Physical Infrastructure	
Hospitals	8
Primary Care Facilities	113
Community Units	28
HTC sites	121
PMTCT Sites	73
Care and treatment sites	17
DICEs	1

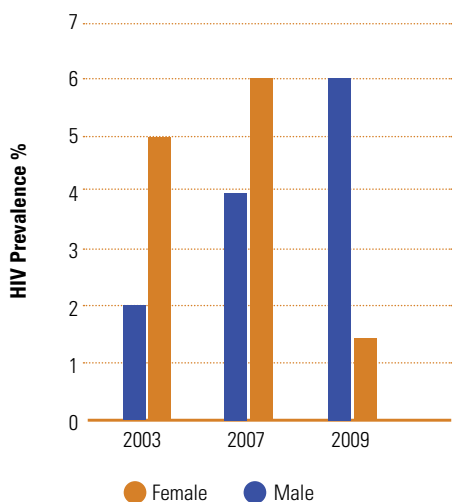
02.

SITUATION
ANALYSIS



HIV prevalence in Tharaka Nithi County was at 4.3% as per the 2013 county estimates. Our county is ranked at position 23 nationally though the prevalence rate is slightly lower than the national prevalence; regionally the HIV burden is higher than our neighboring counties. The HIV prevalence among women is higher (5.8%) than that of men (2.5%) which are similar to the national trend.

Figure 2: Prevalence by Gender

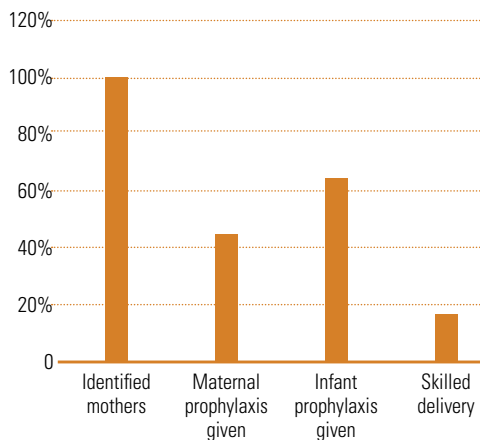


Source: KDHS & KAIS

2.1 ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION

There were about 672 pregnant women living with HIV in Tharaka Nithi County in 2013. HIV is most often transmitted from a mother to her child during pregnancy, delivery, and breastfeeding. Breastfeeding is crucial for children’s survival, growth, and development thus emphasis is placed on exclusive breastfeeding for six months for all breastfeeding mothers. Tharaka Nithi County is committed to providing lifelong antiretroviral therapy to all HIV infected women once they become pregnant. In 2015, MTCT rates were estimated to be 4.5% across the 18 months period.

Figure 3: PMTCT Cascade 2013



Source: KDHS & KAIS

The above table clearly demonstrates the glaring gaps in the eMTCT interventions for the mothers identified in our health care system.

Knowledge of Mother-to-Child Transmission of HIV

Increasing the level of general knowledge of how HIV is transmitted from mother to child and reducing the risk of transmission by using antiretroviral drugs is critical to reducing mother-to-child transmission of HIV (MTCT).

The figures below shows MTCT knowledge among women and men age 15-49 by background characteristics. In Kenya 87% of men know that HIV can be transmitted through breastfeeding, and 76 % of women and 68% of men. While in Tharaka Nithi County 84.8% of men and 92.1 % of women know that HIV can be transmitted through breastfeeding.

Figure 4: MTCT knowledge among women age 15-49 by background characteristics

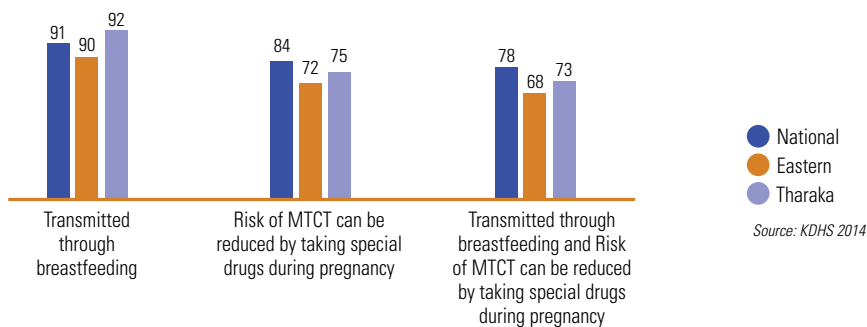
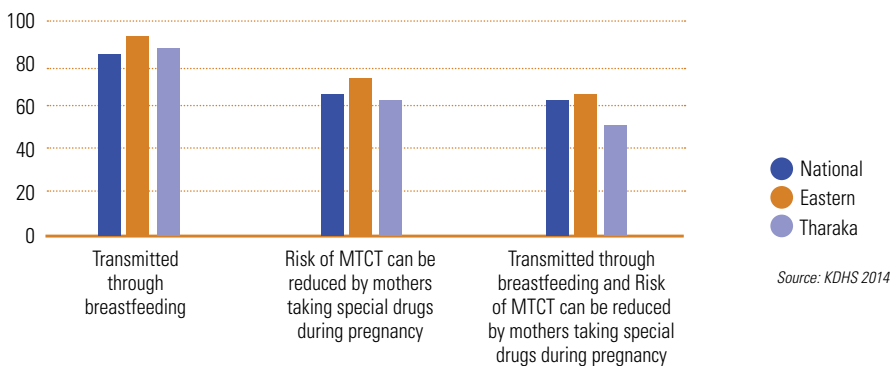


Figure 5: MTCT knowledge of HIV among men age 15-49 by background characteristics

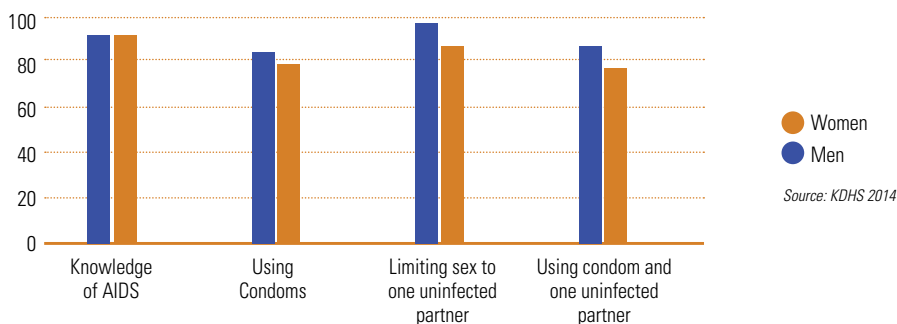


HIV and AIDS Knowledge, Transmission and Prevention methods

In Tharaka Nithi County, knowledge of AIDS is virtually universal (about 99.5 percent among both women and men). There is no noticeable variation in awareness by respondents' background characteristics. Awareness of HIV

and AIDS in Tharaka Nithi County is very high. Knowledge of condom use and limiting sexual partners as methods of HIV prevention is high while condom use is low among women than men and limiting sex to one uninfected partner (KDHS 2014). This is shown by the figure below:

Figure 6: Trends in knowledge of HIV prevention methods among men and women in Tharaka Nithi County



SOURCES OF NEW INFECTIONS

According to the Kenya mode of Transmission (MoT, 2009) the drivers of the HIV epidemic in Kenya is as follows:

- Heterosexual sex within union 44.1 %
- Casual Heterosexual sex – 20.3%
- MSM and Prison – 15.2%
- Sex workers and clients – 14.1 %
- Injecting Drug Use – 3.8%
- Health Facility Related – 2.5%

In Tharaka Nithi County approximately 5.3% of new infections are among children (0-14 years), 29% among the adolescent and young people. (Kenya Fast track plan to End HIV and AIDS among adolescent and young people.)

2.2 DRIVERS OF THE EPIDEMIC IN THARAKA NITHI

- Sociocultural factors – High stigma, poor attitude to condom use, religious beliefs on condom use, GBV, alcohol and drug abuse, deepening poverty
- High risk social behavior – concurrent multiple sexual partners, intergenerational sex, transactional sex
- High sexual behavior among young people in the Chuka University, KEMU University and other tertiary institutions
- Key populations are highly concentrated especially in an area in Chuka town called ‘Moi girls’ and prison population
- High incidence rate of the Chuka – Meru highway because of the business activities
- Social economic activities like Sand harvesting, fishing and boda boda.

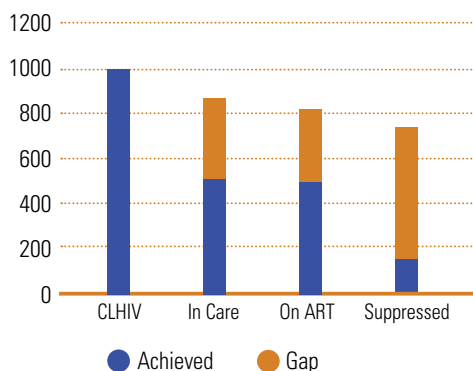
- Migrant workers who work in the road construction
- Retrogressive cultures and beliefs like Female Genital Mutilation and religious sect Kavonokia whose members do not seek health services and the Catholic church who are spearheading the Anti condom campaigns
- Poor health seeking behaviors especially among men

TREATMENT AND CARE OF HIV IN THE COUNTY

Currently it is estimated that there are 8632 people living with HIV in Tharaka Nithi County; of this, 1032 are children and 7600 are adults. All HIV positive identified people are supposed to be linked to care in our health systems for them to benefit from our health services and have the expected health outcomes.

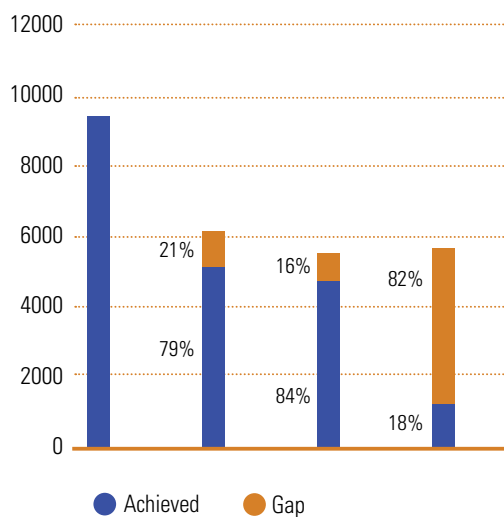
The graphs below explains where we are at each level of care in the 90-90-90 cascade, showing the total number enrolled in health facilities, number of PLHIV started on ART, number of PHIV with a viral load result and finally total number of PLHIV who have achieved maximum suppression.

Figure 7: 90-90-90 Cascade Children



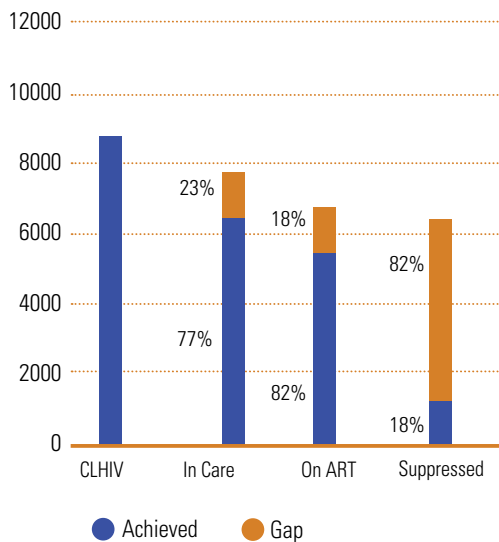
Source: NASCOP-National ACT dashboard (Feb 2016)

Figure 8: 90-90-90 Cascade Adults



Source: NASCOP-National ACT dashboard (Feb 2016)

Figure 9: 90-90-90 Cascade Overall

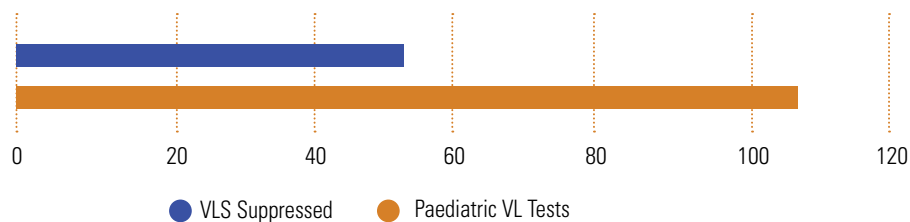


Source: NASCOP-National ACT dashboard (Feb 2016)

VIRAL SUPPRESSION

This strategic direction aims to achieve improved health outcome cascade for the HIV clients through identification of all PLHIVs, timely linkage to care as well as enhanced retention with subsequent viral suppression.

Figure 10: Children Viral Load testing and Suppression



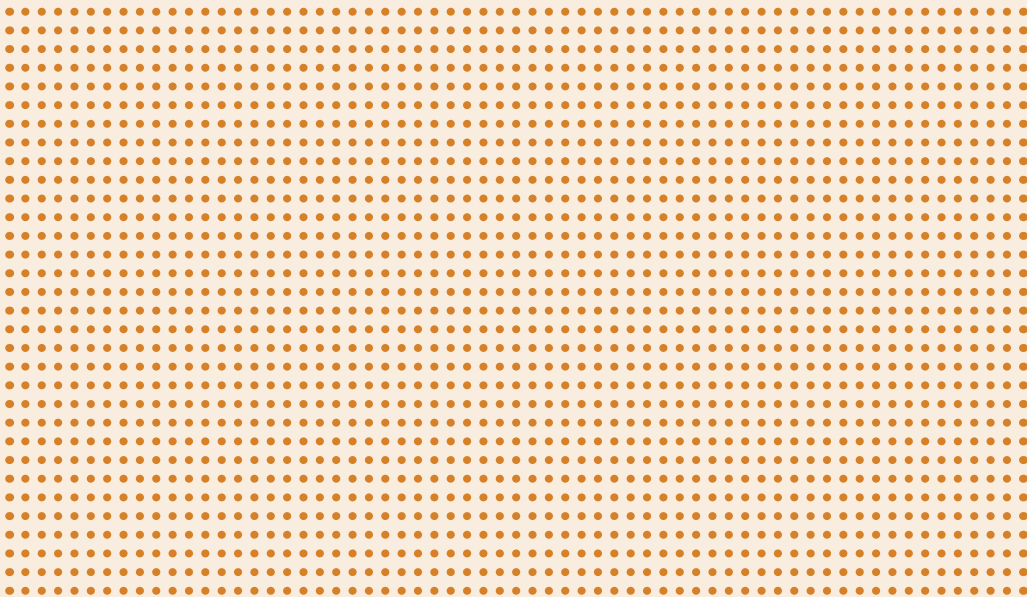
Source: NASCOP-National ACT dashboard (Feb 2016)

2.3 SWOT ANALYSIS ON HIV AND AIDS

STRENGTH	WEAKNESSES
<ul style="list-style-type: none"> ▪ Presence of strong NACC/NASCOP structures for coordination ▪ Community awareness about HIV and AIDS ▪ Existence of the Kenya National AIDS Strategic Plan (2008/09-2013/14) HIV response policies and guidelines ▪ Existence of infrastructure for youth friendly centres in 2 hospitals ▪ Existence of community health units ▪ Consistent ARV supply ▪ Presence of youth friendly centres in 2 hospitals in the county 	<ul style="list-style-type: none"> ▪ Inadequate financing for HIV and AIDS by the County ▪ Low staffing levels in health institutions ▪ Slow pace of adopting and customizing it at County level ▪ Erratic supply of HIV diagnostic commodities ▪ Inadequate statistical data on HIV and AIDS in the county/ Sub County ▪ Lack of a regional reference laboratory ▪ The YFS are not fully incorporated ▪ The equipment have not been fully utilized to enhance youth friendly services
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ▪ Existence of office of the First Lady. ▪ Receptive legislative framework ▪ A receptive community ▪ Existence Community volunteers ▪ A County structure with mandate to legislate ▪ A significant health workforce trained HIV and AIDS management ▪ The youth friendly centres have equipment for youth friendly services 	<ul style="list-style-type: none"> ▪ Rigid religious and cultural beliefs ▪ Lack of political goodwill ▪ Dwindling donor support ▪ Stigma & discrimination for PLWHIV ▪ Inadequacy of early sex education in schools ▪ Misappropriation of resources ▪ Shifting focus from HIV to other emerging diseases

03.

RATIONALE, STRATEGIC
PLAN DEVELOPMENT
PROCESS AND THE
GUIDING PRINCIPLES



3.1 RATIONALE

The TNCASP is developed to guide the coordination and implementation of HIV response in the county through increased resource mobilization, allocation, accountability and optimal utilisation of available resources in implementation of the high impact interventions to address the unmet needs in the war against HIV epidemic.

3.2 STRATEGIC PLAN DEVELOPMENT PROCESS

Tharaka Nithi HIV strategic plan was developed through a highly participatory and consultative approach in which all relevant stakeholders were involved. This process was further informed by the national health policy documents and critical analysis of the county health information data.

The first phase of the Tharaka Nithi County AIDS Strategic Plan began during the Kenya AIDS Strategic Framework (KASF) 2014/15-2018/19 dissemination and roll out that was held in Lau hotel in Machakos town on June 14th to 20th, 2015. The dissemination focused on the a wide range of stakeholders including public and private sector institutions, civil society organizations (NGOs, FBOs and CBOs) with PLWHIV representation and development partners to enhance commitment, sustainability and ownership of the county specific HIV response.

A Technical Working Group was established to initiate the process of developing the Tharaka Nithi CASP. With the leadership of the County Department of Health, several consultative meetings were organized to increase- stakeholder participation. With the support of NACC and other key partners, the development process took place on October, 2015.

The final copy of the TNCASP was reviewed and validated during a stakeholders meeting held on 27th to 30th June in Sammerton Hotel in Tharaka Nithi County. A communiqué on amendments agreed upon was endorsed by the CEC Health for adoption and circulation of the official TNCASP.

3.3 THE GUIDING PRINCIPLES.

The principles aim to guide investments, interpretation of targets and performance of the department towards achieving overall aspirations in HIV response in our county. This includes:

GUIDING PRINCIPLES

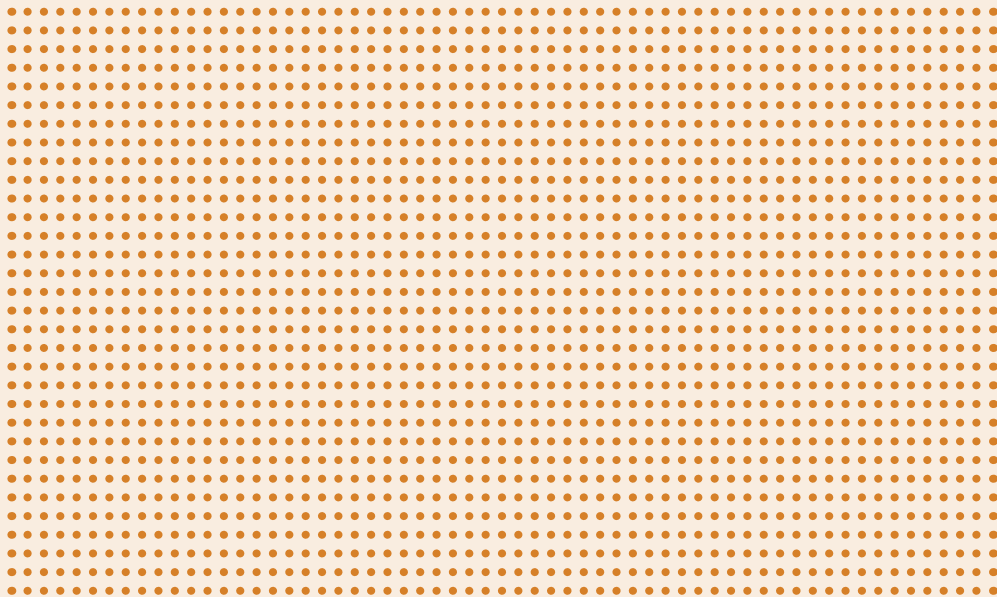
- Equity in distribution of HIV care services
- Evidence based and result driven high impact interventions
- Efficiency and effectiveness
- Multi-sectoral approach in service delivery
- Participatory approach in delivery of care
- County ownership and partnerships
- Universal accessibility to care

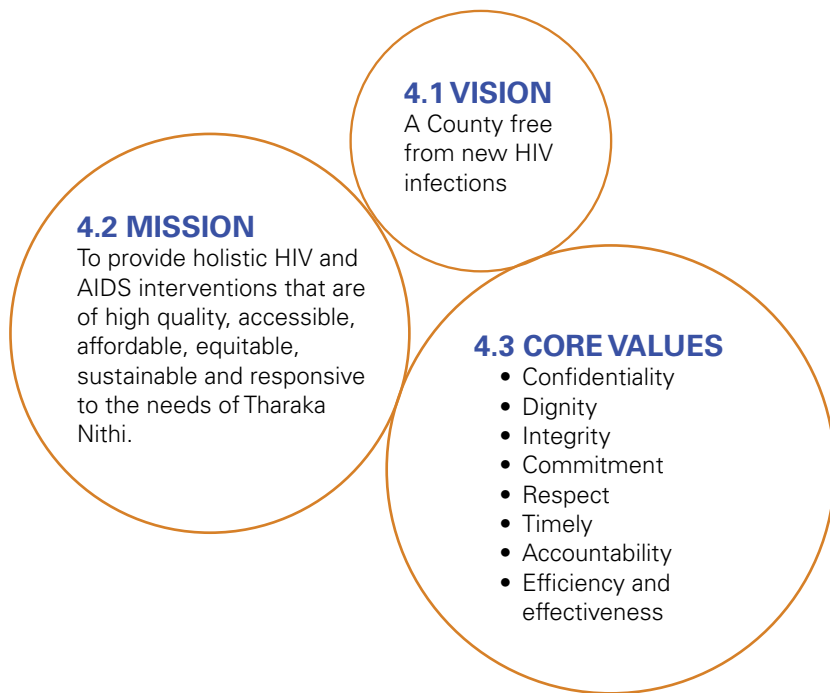
PRIORITY AREAS

- Strengthening County political and community leadership for a multi-sectoral HIV response
- Mobilizing additional local resources to increase and sustain the HIV response
- Expanding HIV treatment programmes and increasing community involvement in driving demand for increase uptake and adherence among both adults and children
- Increasing social welfare services to HIV- positive persons and others affected by HIV

04.

VISION, MISSION,
CORE VALUES,
OBJECTIVES, AND
COUNTY STRATEGIC
DIRECTIONS

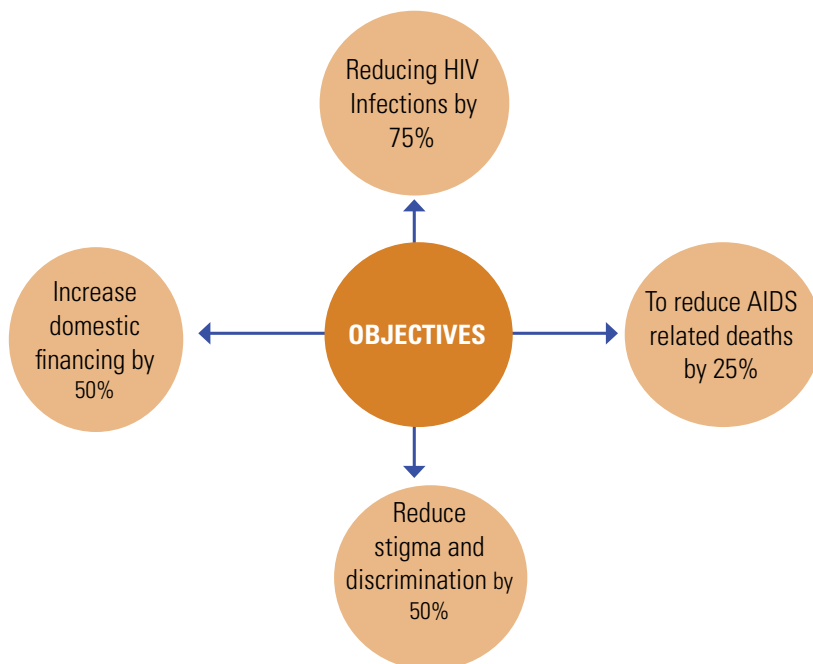




4.4 BROAD OBJECTIVES

To mitigate the impact of HIV and AIDS epidemic in the county

Figure 11: Mitigating the impact of HIV and AIDS



4.5 STRATEGIC OBJECTIVES FOR THE TNCASP

SD1: Reducing new HIV infections	SD2: Improving health outcomes and well being of all people living with HIV	SD3: Using a human right based approach to facilitate services for PLHIV. Key populations and other priority populations	SD4: Strengthening integration of health services and commodity systems
SD5: Strengthening research innovation and information management to meet the Tharaka Nithi County HIV strategy goals	SD6: Promoting the utilization of strategic informatin for research monitoring and evaluation to enhance programming	SD7: Increasing domestic financing for a sustainable HIV response	SD8: Promoting accountable leadership for delivery of the TNCASP results in all sectors

4.6 STRATEGIC DIRECTIONS

4.6.1 Strategic Direction 1: Reducing new HIV infections

Tharaka Nithi County with a population of 385,344 has 7600 adults and 1032 children

living with HIV. The county’s HIV prevalence is 4.3% with incidence rate of 0.18% (Kenya HIV prevention roadmap). An estimated 410 adults and 22 children were newly infected in the year 2013 (County estimates). This

Table 4.1 Reducing New HIV infections

TNCASP OBJECTIVE	TNCASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/ INTERVENTION	
			BIOMEDICAL	BEHAVIORAL
Reduce new HIV infections by 75%	<ul style="list-style-type: none"> Reduction of adult new infections by 75% per year Reduced MTCT rate to below 5% 	<ul style="list-style-type: none"> Adapt and scale up effective evidence based combination HIV prevention Scale up Prevention from mother to child transmission 	<ul style="list-style-type: none"> Innovative HTS Community based testing-Key population outreaches and hotspot areas Distribution of Female and male condom Provide Frequent STI,HPV screening including cancer screening 	<ul style="list-style-type: none"> Facilitate Stigma reduction campaigns Facilitate campaigns and recognition to motivate those tested HIV negative to adopt risk reduction and stay negative Facilitate alcohol and substance abuse programmes
			<ul style="list-style-type: none"> Provide HTS services Provide STI testing and treatment and family planning services 	<ul style="list-style-type: none"> Stigma reduction campaigns among in schools Provide healthy choices campaign Facilitate campaigns on use condom promotion Facilitate alcohol reduction campaign Facilitate positive health, dignity and HIV prevention campaign

strategic direction aims at reducing new HIV infections by 75% and increasing the number of HIV infected persons linked to care to at least 90%.

Combination Prevention Approach

Combination prevention is a term used to describe a mix of behavioural, structural and biomedical interventions targeting specific populations based on their needs to optimally mitigate acquisition or transmission of HIV.

Evidence on effective and promising structural interventions for HIV prevention such as micro-finance and gender transformative approaches have demonstrated positive HIV outcomes and reduction in gender based violence. Cash transfers have been shown to reduce girls’ vulnerabilities, keeping them in school and reducing HIV incidence.

Behavioural interventions such as changing risk perceptions, addressing multiple partnerships and the need for uptake and adherence to HIV interventions have also demonstrated impact on HIV incidence.

The bio-medical toolkit for HIV prevention includes evidence-based interventions such as male circumcision, condom use, STI treatment and use of ARVs for those who are living with HIV. Also included are efforts to prevent new HIV infections among children, keep mothers alive and the provision of ARVs as pre and post exposure prophylactic medication.

Successful HIV prevention programmes require a combination of evidence- based, mutually reinforcing biomedical, behavioral, and structural interventions.

	TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY	RESPONSIBILITY
STRUCTURAL			
<ul style="list-style-type: none"> ▪ Develop/review key policies impacting on HIV e.g. Violence against key population ▪ Facilitate GBV prevention programmes ▪ Provide sensitization forums for health care workers ▪ Provide economic support for Key Population ▪ Establish and support drop in center in every sub county 	Key Population Prison Population	All Sub counties	<ul style="list-style-type: none"> ▪ NASCOP ▪ Implementing partners ▪ County government
<ul style="list-style-type: none"> ▪ Develop/review key policies impacting on HIV e.g. Consent of age for HIV Testing services ▪ Implement cash transfer programs and social protection for vulnerable families. ▪ Prevent FGM ▪ Facilitate economic empowerment programs ▪ Facilitate programs to prevent Gender Based violence ▪ Establish and support youth friendly centers in all sub counties 	Youth and Adolescent	All Sub counties	<ul style="list-style-type: none"> ▪ Ministry of Education ▪ Ministry of sports, gender and youth ▪ NASCOP ▪ Implementing partners ▪ County government

TNCASP OBJECTIVE	TNCASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/ INTERVENTION	
			BIOMEDICAL	BEHAVIORAL
Reduce new HIV infections by 75%	<ul style="list-style-type: none"> ▪ Reduction of adult new infections by 75% per year ▪ Reduced MTCT rate to below 5% 	<ul style="list-style-type: none"> ▪ Adapt and scale up effective evidence based combination HIV prevention ▪ Scale up Prevention from mother to child transmission 	<ul style="list-style-type: none"> ▪ Provide Pediatric ARV for all HIV + children ▪ Integration of HIV testing in Post Natal Care (PNC) and immunization programmes ▪ Early ANC attendance ▪ Encourage hospital delivery ▪ Initiation of Highly active antiretroviral therapy (HAART) ▪ Offer HTS services for Traditional Birth Attendants (TBAs) 	<ul style="list-style-type: none"> ▪ To advocate for Exclusive breastfeeding for up to 6 months as per the national guideline ▪ Advocate and sensitize on Male involvement in Prenatal, ANC and Postnatal care
			<ul style="list-style-type: none"> ▪ Facility based testing ▪ Index client testing, outpatient testing, inpatient testing ▪ Effective Linkage of at least 90% of those testing HIV positive to care and early ART initiation. ▪ Prevention and management of comorbidities ▪ Screening of STIs, cervical cancer, utilization of Gene Expert for TB diagnosis, scaling up IPT uptake ▪ Support and ensure safe male circumcision practices ▪ Offer GBV care services including PEP for survivors. Provision of commodities to the key populations including condoms and lubricants. ▪ Screening and management of HPV ▪ Alcohol screening and addiction support 	<ul style="list-style-type: none"> ▪ Risk reduction counseling and skill building ▪ Condom demonstration and distribution ▪ Improve utilization of condoms e.g. by ensuring availability of condoms in all the room in lodges in the county. ▪ Behavior change intervention using specific interpersonal tools and technique ▪ Offering harm reduction interventions ▪ Offer peer to peer outreaches ▪ Implement evidence based interventions like sister to sister and health choices for better future ▪ HIV and RH related education in schools and community

	TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY	RESPONSIBILITY
STRUCTURAL			
<ul style="list-style-type: none"> ▪ Promote Exclusive breastfeeding for up to 6 months ▪ Sensitization of TBAs, CHEWs to advocates for HTS ▪ Support functional Psychosocial support groups ▪ Sensitization of Traditional birth attendants (TBAs) on PMTCT ▪ Engage men on their role in HIV prevention and eMTCT 	Pregnant women and infants	All Sub counties	<ul style="list-style-type: none"> ▪ NASCOP ▪ Implementing partners ▪ County ▪ Government
<ul style="list-style-type: none"> ▪ Comprehensive and legal frameworks to promote access and protect rights of mothers and children ▪ Implementation of GBV prevention and response program ▪ Implement stigma reduction campaigns ▪ Utilize CHWs/CHEWs to strengthen linkages between communities, facilities and support groups. ▪ Strengthen workplace protection policies ▪ Accelerate access to social equity and justice for priority population ▪ Address sociocultural barriers that increase risk of HIV infection among communities ▪ Engage private sector to formalize a system to synergize the service delivery system and reporting requirements ▪ Support groups of pregnant women 	General Population	All Sub counties	<ul style="list-style-type: none"> ▪ NASCOP ▪ Implementing partners ▪ County Government

TNCASP OBJECTIVE	TNCASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/ INTERVENTION	
			BIOMEDICAL	BEHAVIORAL
Reduce new HIV infections by 75%	<ul style="list-style-type: none"> Reduction of adult new infections by 75% per year Reduced MTCT rate to below 5% 	<ul style="list-style-type: none"> Adapt and scale up effective evidence based combination HIV prevention Scale up Prevention from mother to child transmission 	<ul style="list-style-type: none"> Scale up STI screening and management through training improving accessibility of services and commodities Establish YFS Offering appropriate contraceptives and condoms, micro biocides Increase access to sexual and RHS Increasing ART coverage to infected partners and adherence support Integrate EID with immunization services Integration of e-MTCT with MNCH services in all the facilities. Deliver the 4 prongs of e-MTCT at 100% in all facilities 	<ul style="list-style-type: none"> Offer peer outreach and support services to create treatment, rights awareness and PSS to enhance adherence Implement positive dignity and prevention PSS services
		<ul style="list-style-type: none"> Increasing knowledge on HIV status and linkage to other services 	<ul style="list-style-type: none"> Scale up facility based PITC and ensure linkage to care Routine community based HTS Door to door and community based HTS in prevalence areas Expand innovative diagnostic strategies Scale up PHDP intervention 	<ul style="list-style-type: none"> Identify and retain high risk individuals for regular screening
		<ul style="list-style-type: none"> Strengthening integration and linkages of services to catalyze HIV prevention outcomes 	<ul style="list-style-type: none"> Integrate HIV prevention interventions into all health service delivery points Continuous capacity building for service providers Sensitize County leadership for HIV prevention knowledge and interventions Equip and utilize peer educators with commodities to effectively deliver free prevention 	
		<ul style="list-style-type: none"> Targeting prevention of HIV in healthcare setting 	<ul style="list-style-type: none"> Implement QA for injection safety Improve disposal of medical waste in all levels of health care system Improve availability and accessibility of appropriate IPC equipment and infrastructure in all health care settings 	<ul style="list-style-type: none"> Train health workers in infection prevention Implement strategies to recruit and increase adult blood donors Introducing donor notification of HIV test results at blood collection points. Institute mechanism to report and receive PEP for all occupational exposure

		TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY	RESPONSIBILITY
	STRUCTURAL			
	<ul style="list-style-type: none"> ▪ Strengthen engagement and leadership of networks PLHIV to mobilize and facilitate HTS ▪ Obligate HTS service providing points to account for linkage to prevention, care and treatment programs ▪ Invest in adequate skilled staff, commodity security and QA ▪ Integrate HTS in all departments ▪ Strengthen EID infrastructure 	General Population	All Sub counties	<ul style="list-style-type: none"> ▪ NASCOP ▪ Implementing partners ▪ County Government
	<ul style="list-style-type: none"> ▪ Strengthen engagement and leadership of networks PLHIV to mobilize and facilitate HTS ▪ Obligate HTS service providing points to account for linkage to prevention, care and treatment programs ▪ Invest in adequate skilled staff, commodity security and QA ▪ Integrate HTS in all departments ▪ Strengthen EID infrastructure 	General population Key population	All sub Counties	<ul style="list-style-type: none"> ▪ NASCOP ▪ Implementing partners ▪ County government
		General population	All sub Counties	<ul style="list-style-type: none"> ▪ NASCOP ▪ Implementing partners ▪ County government
	College students and other youths Health workers	All health facilities	All sub Counties	<ul style="list-style-type: none"> ▪ NASCOP ▪ Implementing partners ▪ County government

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

Introduction:

Currently it is estimated that there are 8632 people living with HIV in Tharaka Nithi County; of this, 1032 are children and 7600 are adults. All HIV positive identified people are supposed to be linked to care in our health systems for them to benefit from our health services and have the expected health outcomes.

This strategic direction aims to achieve improved health outcome for the HIV treatment by achieving 90-90-90 targets:

a) Ensuring that 90% of all people living with HIV are diagnosed and linked to care.

HIV testing is the gateway to accessing HIV treatment and care and a successful public health response to HIV requires robust HTS services. The County will re-focus its HTS programme to meet the goal of having 90% of PLHIV know their status by 2020.

TNCASP OBJECTIVE	TNCASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/ INTERVENTION	
			Biomedical Intervention	Behavior Intervention
Reduce HIV mortality by 25%.	<ul style="list-style-type: none"> Increased linkage to care to 90% for children, adolescents and adults Increased retention on ART at 12 months to 100% Increased viral suppression to 90% in children, adolescents and adults 	<ul style="list-style-type: none"> Improve timely linkage to care for persons diagnosed with HIV 	<ul style="list-style-type: none"> Ensure the emerging gaps in HIV prevention and treatment cascade are addressed immediately Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services Scale up integrated youth friendly services Enhance peer mobilization strategies for recruitment, enrolment and retention in care and extend flexible timings for care Integrate care services in drop-in centers. 	<ul style="list-style-type: none"> Public education and treatment knowledge that is age and population specific
		<ul style="list-style-type: none"> Increase coverage of care and treatment and reduce loss in the cascade of care 	<ul style="list-style-type: none"> Provide screening and diagnostic equipment for TB, NCDs, malnutrition, opportunistic infections together with those for HIV Scale up prevention interventions for TB, OIs and other co-morbidities, water and sanitation- related diseases Vaccinations for preventable diseases (cervical cancer, hepatitis, pneumococcal) Integrate HIV care treatment into youth friendly services 	<ul style="list-style-type: none"> Provide care givers with HIV education, literacy and empowerment Enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure interventions
		<ul style="list-style-type: none"> Scale up interventions to improve quality of care and improve health outcomes 		

b) Ensuring that 90% of all people diagnosed with HIV infection are initiated on anti – retroviral therapy and retained in care.

c) Ensuring that 90% of all people receiving anti – retroviral therapy achieve viral suppression.

Patients may be lost at various stages in the continuum of care. Early identification of PLHIV and their prompt enrollment in care would support the 90-90-90- goals and maximize the effectiveness of the existing programme strategies to virtually eliminate progression to AIDS, premature death and HIV transmission. Early ART enrollment has by far the most substantial effect on HIV incidence among all scientifically tested interventions.

The final goal of ART is to ensure that those infected with HIV attain undetectable levels of virus in their bodies. A suppressed viral load is critical in controlling the harmful effects on HIV infection on people’s health and also reduces the risk of infecting others including sexual partners and children.

TARGET POPULATION		GEOGRAPHIC AREAS BY COUNTY/SUB-COUNTY	RESPONSIBILITY
Structural Intervention			
<ul style="list-style-type: none"> Improve referral and patient management system and infrastructure Establish a robust defaulter tracking tools and mechanism Public education and treatment knowledge that is age and population specific Utilize peer support and networks of adolescents living with HIV Apply technology including social media for education and to facilitate retention and adherence 	<ul style="list-style-type: none"> General ART care Children living with HIV Adolescent and youth and children Youth Adolescent And youth Key population 	<ul style="list-style-type: none"> All Sub Counties 	<ul style="list-style-type: none"> County Government (CASCO) Implementing Partners
<ul style="list-style-type: none"> Scale up the Ministry of Education programme for HIV education and treatment literacy, adherence and retention Cascade integrated HIV trainings for a skilled and competent workforce through innovative methods and technologies Scale up key population friendly HIV care and treatment services with peer mobilization and support 	<ul style="list-style-type: none"> Key population and general population Children ,youths and adolescents Health care workers General population Youth and adolescent Pupils in primary schools secondary schools students 	<ul style="list-style-type: none"> Tharaka South Maara Chuka Igambang’ombe Tharaka north 	<ul style="list-style-type: none"> County Government (CASCO) Implementing Partners Ministry of education County Government
<ul style="list-style-type: none"> Capacity build health care providers to monitor quality of care and utilize the care data for better services Continuous quality improvement initiatives through health worker training and use of electronic records management systems Establish and support Community based adherence support mechanisms 	<ul style="list-style-type: none"> Health care Workers General ART client 	<ul style="list-style-type: none"> Tharaka South Maara Chuka Igambang’ombe Tharaka north 	

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

Introduction

An enabling legal and policy environment is necessary for a robust HIV response at the county level to ensure access to services by persons living with HIV. Stigma and discrimination have been identified as a barrier to HIV prevention and uptake of care

and treatment services. The National HIV and AIDS Stigma and discrimination index report indicated that Eastern region has the second highest prevalence of 49.2% while among the adolescents and young people nationally is at 45% according to the Kenya Fast track plan. An estimated 15% of PLHIV reported discrimination by a health professional through disclosure of their zero-status without their consent.

Socially excluded, poor and vulnerable people living with HIV are unlikely to take up

TNCASP OBJECTIVE	TNCASP RESULTS	KEY ACTIVITY	
		Key Activity/ Intervention Area	Sub Activity /Intervention
Reduce HIV related stigma and discrimination by 50%.	Reduced self-reported stigma and discrimination related to HIV and AIDS	Remove barriers to access of HIV right information and services	<ul style="list-style-type: none"> Promote use of key population peer groups to enhance uptake of services Promote uptake of HIV pre and post-exposure prophylaxis among survivors of sexual violence and priority population Facilitate training for Health care workers on stigma reduction Adopt and develop policies and programs to reduce stigma by health workers to enhance access to HIV and health services
			<ul style="list-style-type: none"> Develop and disseminate population specific and user friendly information including Braille
Increased awareness on GBV agenda			<ul style="list-style-type: none"> Sensitize the community through media campaigns and social media Conduct sensitization forums at the community targeting local and religious leaders. Celebrating the National wide 16 days of activism to create gender based violence awareness Engage men in HIV, sexual and reproductive health programmes and interventions and also offer them services Support development of community forums for social empowerment including PLHIV and other interest groups to campaign against HIV-related stigma, discrimination and to challenge harmful gender norms. Educate communities on legal issues and rights
			<ul style="list-style-type: none"> Increase sensitization for total elimination of FGM. Train at least 2 adolescent and youth champions in a every school and university Launch a toll –free national gender-based violence hotline Integration of HIV and messages in schoolbooks, school stationery and teachers materials Participate in social and educational events (Music festival, drama and fashion)
			<ul style="list-style-type: none"> Train 2 teachers from each school on stigma reduction strategies Strengthen and support network of teachers living with HIV

services, hence negatively impacting on the ability to reach health goals. In cognizance of article 27 of the constitution of Kenya 2010, discrimination on the basis of one’s health status has been outlawed. It also provides for equality between men and women and allows for use of affirmative action to redress past discrimination. Article 43 proffers the right to the highest attainable standards of health.

There is need to create awareness of existing of legal frame works and institutions such as the HIV Equity Tribunal, that promote access to social justice for people living with

HIV, intensify programmes for to safeguard against discriminatory employment practices that lock out people living with HIV through strengthening mechanisms of legal redress and speedy justice and create an environment that makes it easier for newly diagnosed people to disclose their HIV status especially to their partners and families to provide support systems needed to encourage early treatment through community and institutions education and sensitization programmes.

Tharaka Nithi County aims at attaining the following priority results as the table below.

TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY	RESPONSIBILITY
<ul style="list-style-type: none"> ▪ HCW ▪ Institutions ▪ Public and private sectors 	<ul style="list-style-type: none"> ▪ Tharaka Nithi County ▪ CASCO ▪ Implementing partners 	<ul style="list-style-type: none"> ▪ County Rehab Coordinator ▪ National Council for People living with Disability
<ul style="list-style-type: none"> ▪ People who are differently able 		
<ul style="list-style-type: none"> ▪ Community ▪ Religious leaders ▪ Local leaders 	<ul style="list-style-type: none"> ▪ County Ministry of health ▪ Ministry of education ▪ Children’s department ▪ Ministry of education ▪ Children’s department 	
<ul style="list-style-type: none"> ▪ Youths and adolescent 		<ul style="list-style-type: none"> ▪ Teachers

TNCASP OBJECTIVE		TNCASP RESULTS	KEY ACTIVITY	
			Key Activity/ Intervention Area	Sub Activity /Intervention
Increased awareness on GBV agenda	Improving access to HIV, SRH and rights information and services in public and private entities.	Reduce and monitor human rights violations		<ul style="list-style-type: none"> ▪ Comprehensive SGBV and PRC package for all survivors. ▪ Increase survivors access to quality medical ,legal and psychological services ▪ Establishing a county GBV recovery center to offer services for the survivors.
improve policy and legal framework	Improvement of policy and legal framework			
		Increase of capacity and resource allocation	<ul style="list-style-type: none"> ▪ Allocate resources for technical capacity and resources for tackling GBV. 	
		Improve on County legal and policy environment for protection of the rights of priority population	<ul style="list-style-type: none"> ▪ Develop a county GBV taskforce to periodically discuss and analyze the status of GBV in the county that reports to the County HIV Committee 	

TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY	RESPONSIBILITY
<ul style="list-style-type: none"> ▪ General population 	Tharaka Nithi County	<ul style="list-style-type: none"> ▪ County Government ▪ Ministry of health
<ul style="list-style-type: none"> ▪ Law makers and government law enforcement ▪ Police officers 	Tharaka Nithi county	<ul style="list-style-type: none"> ▪ Local leaders ▪ Ministry of health ▪ Ministry of Interior coordination ▪ Judiciary ▪ County Assembly
<ul style="list-style-type: none"> ▪ Financial institutions Partners ▪ Implementing partners 	Tharaka Nithi county	<ul style="list-style-type: none"> ▪ County government
<ul style="list-style-type: none"> ▪ Police, County Assembly, Judiciary, CHMT, Advocacy groups 	Tharaka Nithi county	<ul style="list-style-type: none"> ▪ County GBV COMMITTEE

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS

Introduction

To sustain the gains made to date and further scale up the response, the county aims at strengthening and integrating health and community systems. Community health services primarily focus on establishing

community behavior norms that promote health and prevent disease. These services also aim at enhancing long good quality life and well-being for all so as to have a healthy and productive population of Kenyans. In this regard, the TNCASP purposes to establish a strong and sustainable system for HIV service delivery at county level through specific health, community approaches, actions and interventions to support the HIV response by;

TNCASP OBJECTIVE	TNCASP RESULTS	KEY ACTIVITY	
<ol style="list-style-type: none"> 1. To reduce the new HIV infection by 75% 2. Reduce HIV mortality by 25%. 3. Reduce HIV related stigma and discrimination by 50%. 4. Increase domestic financing of HIV response to 50% 	Empowered health workforce for HIV response at the county.	Provide a competent, motivated and adequately staffed workforce at the county level to deliver HIV services integrated in the essential health package.	
	Strengthened Health services Delivery System for the provision of HIV services integrated with essential health package.	Increased number of health facilities ready to provide HIV and AIDS services	
	Strong linkages, collaboration and co-ordination to both public and private sectors	Improve access to and promote rational use of quality essential health products and technologies.	

- a. Providing a competent motivated and adequately staffed workforce at county to deliver HIV services integrated in the essential health package, Ensure availability of competent skilled motivated health workforce across board and relevant task sharing.
- b. Strengthen health service delivery system at county for the delivery of HIV services integrated in the essential health package.
- c. Ensure county health facilities infrastructure are able to deliver on :
 - i. Quality Integrated, comprehensive services
 - ii. Strong referral and linkage systems.
 - iii. Ensure nondiscrimination in service delivery.

	SUB-ACTIVITY/ INTERVENTION	TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB-COUNTY	RESPONSIBILITY
	<ul style="list-style-type: none"> ▪ Recruitment of staff by county Gov't focusing on ensuring availability of adequate, Competent and skilled clinical personnel. ▪ Institute mechanism for task sharing and mentorship skills transfer to ensure delivery of the essential health package, including HIV prevention, treatment and care services ▪ Ensure efficiency and effective use of available human resources in delivery of health services, including HIV management and leadership in general pre-service and in-service training. ▪ Create incentive for health staff in terms of training, remuneration and other rewards. ▪ Capacity building staff on HIV management. 	Health workers and CHW.	Entire County	<ul style="list-style-type: none"> ▪ MoH County Government ▪ County to please update
	<ul style="list-style-type: none"> ▪ Implement the Kenya HIV Quality Improvement framework and health workforce intervention that improves HIV technical skills and competence. ▪ Integrate HIV services to other health care service to engage all cadres of health personnel in HIV prevention, care and treatment. ▪ Upgrading of health facility infrastructure to be able to meet basic standards for HIV services provision. 	Health Workers/CHW		<ul style="list-style-type: none"> ▪ MoH County Government
	<ul style="list-style-type: none"> ▪ Strengthen HIV commodity management and supply chain monitoring at the county. ▪ Promote procurement and supply of HIV commodities. ▪ Plan and support effective distribution and ensure proper storage of HIV commodities. ▪ Provide adequate and functional HIV diagnostic equipment (VL. CD4) that are well maintained. ▪ Review and strengthen laboratory systems for effective diagnosis and monitoring of ART especially for early detection toxicities and treatment failure. ▪ Introduction of facility- based IT systems to manage and monitor HPT supplies and link with county MOH information System. 	Health Workers		<ul style="list-style-type: none"> ▪ MoH ▪ County Government ▪ County Pharmacist

TNCASP OBJECTIVE	TNCASP RESULTS	KEY ACTIVITY	
<ol style="list-style-type: none"> 1. To reduce the new HIV infection by 75% 2. Reduce HIV mortality by 25%. 3. Reduce HIV related stigma and discrimination by 50%. 4. Increase domestic financing of HIV response to 50% 	<p>Improvement in integration of HIV services in primary health care including mother and child health, sexual and reproductive health services at the county</p>	<p>Strengthened community and workplace service delivery system at the county level for the provision of HIV Prevention, treatment and care services.</p>	
	<p>Strengthen community level AIDS Competency.</p>	<p>Improve the Knowledge on the process of identifying, preventing, treating and managing of HIV.</p>	
	<p>Strengthen of the Public sector and Private sector</p>	<p>Increase knowledge of HIV</p>	

	SUB-ACTIVITY/ INTERVENTION	TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB-COUNTY	RESPONSIBILITY
	<ul style="list-style-type: none"> ▪ Strengthen governance and leadership for community and workplace health actions at all level. ▪ Enhance human resource capacity for development and implementation of community and workplace at all level. ▪ Strengthen institution capacity for implementation of community and workplace action and services as all level. ▪ Establish standards for guiding community and workplace health implementation and practice. ▪ Empowers communities and workplace to improved capacity and capability to take charges of their health. 	<ul style="list-style-type: none"> ▪ Community/ Community Health volunteers And Health Care Workers 	<ul style="list-style-type: none"> ▪ Entire County 	<ul style="list-style-type: none"> ▪ County ▪ Government ▪ Implementing partners.
	<ul style="list-style-type: none"> ▪ Empowers communities' by capacity building to enable them take charge in their health. ▪ Strengthen governance and leadership for community for health actions at all level. 	<ul style="list-style-type: none"> ▪ Community /CHW 		<ul style="list-style-type: none"> ▪ County Community Health strategy Coordinator ▪ SCACCs
	<ul style="list-style-type: none"> ▪ Increased financial support for Community units 	<ul style="list-style-type: none"> ▪ Community Units ▪ Key Population 		<ul style="list-style-type: none"> ▪ County Community Health strategy Coordinator ▪ SCACCs
	<ul style="list-style-type: none"> ▪ Increased financial support with ability to provide community based HIV and AIDS interventions. 			
	<ul style="list-style-type: none"> ▪ Formation of the AIDS Control Unit in the County government ▪ Sensitization of Private sector 	<ul style="list-style-type: none"> ▪ County Government ▪ Private Sector e.g. Banks, Supermarkets 		<ul style="list-style-type: none"> ▪ NACC ▪ County HIV Department

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH, INNOVATION AND INFORMATION MANAGEMENT TO MEET TNCASP GOALS

This strategic direction aims at improving evidence based HIV programming and response. Currently, there is little or no

research initiatives that have been conducted in the County. The SD aims to create a knowledge hub that will be utilized both locally and internationally. Key drivers of the HIV epidemic in the county include; Boda boda drivers, youths and adolescents, alcohol abuse, key populations and indexed clients among others will be prioritized as key areas of research.

Summary of existing gaps and research priorities as per the strategic directions

STRATEGIC DIRECTIONS	TNCASP INTERVENTION AREAS	EXISTING GAPS	RESEARCH PRIORITIES
SD1 Reducing new HIV infection	<ul style="list-style-type: none"> Map out drivers of the HIV epidemic i.e. KP, Index clients, Boda boda drivers, alcohol abusers per geographical areas to maximize HIV prevention 	<ul style="list-style-type: none"> Inadequate data on the number of key population in the county No data on the contribution of Boda boda drivers to HIV spread No data on the alcohol abuser and its contribution to HIV Low pediatric identification 	<ul style="list-style-type: none"> Barriers to access to HIV testing among KPs New HIV acquisition rates among boda boda drivers Linkages rates among clients newly testing HIV positive Barriers to HIV testing among children
SD2 Improving health outcomes and wellness of people living with HIV	<ul style="list-style-type: none"> Early linkage and treatment of HIV infected persons newly diagnosed to HIV care and treatment Ensure viral suppression for all PLHIV Prevent HIV morbidities and mortalities 	<ul style="list-style-type: none"> Lack of data on the period between identification and linkage No data on adherence rates Low uptake of viral load testing and results Lack of data on TB diagnostic cascade Low uptake of Ca Cervix tests 	<ul style="list-style-type: none"> Barriers to early identification and linkage of HIV infected persons Contributors to poor adherence and client default Barriers to access to viral load testing Effectiveness of the TB diagnostic cascade Barriers to cervical cancer screening uptake
SD3 Using human rights Based approach to facilitate access to services	<ul style="list-style-type: none"> Provide policies on stigma and discrimination Increase GBV Centers Reduction of stigma and discrimination 	<ul style="list-style-type: none"> Policies on stigma and discrimination not distributed Lack of adequate GBV centers and trained personnel High levels of stigma in the community 	<ul style="list-style-type: none"> Impact of stigma and discrimination on enrollment and retention of clients
SD4 Strengthening integration of community and health systems	<ul style="list-style-type: none"> Enhance facility to community linkage 	<ul style="list-style-type: none"> Weak facility to community linkage Increase health care workforce Few HCWs/CHEW/CHVs 	<ul style="list-style-type: none"> Linkages rates for PLHIV to the communities
SD 7&8 Increasing domestic financing and promoting accountable leadership	<ul style="list-style-type: none"> Advocate for HIV funding by the county Engage the county leadership on HIV related issues 	<ul style="list-style-type: none"> No documentation on HIV financing by the county Minimal participation by the county leadership on issues related to HIV 	<ul style="list-style-type: none"> Barriers to adequate HIV service provision Perception of County leaders on HIV Barrier to devolution of NACC and NASCOP

TNCASP OBJECTIVE	TNCASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/ INTERVENTION	TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB-COUNTY	RESPONSIBILITY
<ul style="list-style-type: none"> Reduce new HIV infections by 75% Reduce AIDS related mortality by 25% Reduce HIV related stigma and discrimination by 50% Increase domestic financing of HIV response to 50% 	<ul style="list-style-type: none"> Increased evidence-based planning, programming and policy changes Increased capacity to conduct HIV research at country and county levels 	Resourcing and implementing HIV research agenda	<ul style="list-style-type: none"> Regular programme evaluation. For instance the impact of new technologies and projects, impact of stigma and GBV reduction programmes on HIV prevalence Granulate drivers of new infections in the County 	General population	Tharaka Nithi county	<ul style="list-style-type: none"> CACC CASCO UNIVERSITIES
			<ul style="list-style-type: none"> Determine factors influencing drug adherence and health outcomes Conduct HIV and AIDS related knowledge, attitude and practice studies 			
			<ul style="list-style-type: none"> Investigate the impact of HAART for prophylaxis on PMTCT mothers Assess the association of hormonal contraception on HIV acquisition Integrate GBV and IPC data collection in HIV survey Create and maintain a HIV research and best practice data 			
		Implementation research on KASF/TNCASP – related Priorities	<ul style="list-style-type: none"> Develop a county HIV research agenda through a consultative process Strengthen synergies between HIV research and other health research areas such as TB Build the capacity of health care workers to conduct sound research Establish a coordination and tracking mechanism for HIV research Establish a county HIV research centers including ISO certified laboratories Integrate research funding in the TNCASP priorities Develop a resource mobilization plan Advocate for allocation of 20% of the total health research budget for HIV research 	health care workers with Interest in research		
		Increasing evidence based planning and programming	<ul style="list-style-type: none"> Create a HIV information portal in the County website Conduct regular review and analysis of the county HIV data Establish standing or Ad-Hoc research committee to identify research priorities and disseminate findings 	All actors in HIV field		<ul style="list-style-type: none"> CACC & CASCO

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

In Tharaka Nithi County we have an existing M&E framework that assists in data collection and collation. The data is utilised for decision making. However, the achievement in HIV program monitoring has not been without challenges. The M&E system is faced with gaps in strategic approach on coordination,

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

As the routine M&E systems become more accessible, a renewed focus on improving data quality, demand and use of data for decision making in the county will be given priority. This will, therefore, require adequate funding for M&E activities, ownership and support for HIV M&E system and data quality assurance in the county.

TNCASP OBJECTIVE	TNCASP RESULTS	KEY ACTIVITY
<ul style="list-style-type: none"> ▪ Reduce new HIV infections by 75% ▪ Reduce AIDS related mortality by 25% ▪ Reduce HIV related stigma and discrimination by 50% ▪ Increase domestic financing of HIV response to 50% 	<ul style="list-style-type: none"> ▪ Increased availability of strategic information to inform HIV response at the County ▪ Planned evaluations, reviews and surveys implemented and results disseminated in timely manner 	<ul style="list-style-type: none"> ▪ Strengthening M&E capacity to effectively track the TNCASP performance and HIV epidemics at all levels.
		<ul style="list-style-type: none"> ▪ Ensure harmonized, timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data at national and county levels
		<ul style="list-style-type: none"> ▪ Establish multi-sectoral and integrated real-time HIV platform to provide updates on HIV epidemic response accountability

Sources of data at the County level;

- Health facilities and other site delivering health HIV services report through District Health Information systems (DHIS)
- Civil society Organizations (CBOs, NGOs and FBOs) report through the Community Based HIV and AIDS Activity reporting (COBPAP)
- Community Health Units report through the Community Health Information Systems (CHIS)
- AIDS Control Unit (ACU) in the County Government, government ministries, departments and agencies report through the Public sector HIV information systems
- Private sector institutions will report on their HIV and AIDS activities using the private sector HIV reporting tool.
- The logistical management information system (LMIS) tracks the supply chain for pharmaceuticals and other health commodities

SUB-ACTIVITY/ INTERVENTION	TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB-COUNTY	RESPONSIBILITY
<ul style="list-style-type: none"> ▪ Conduct M&E capacity assessment and capacity development at county levels ▪ Establish and strengthen functional multi-sectoral HIV M&E co-ordination structure and partnerships at county level ▪ Develop comprehensive HIV M&E systems standard operating procedures ▪ Establish sustainable financing for HIV M&E planned activities 	<ul style="list-style-type: none"> ▪ All HIV implementers all HIV implementers 	<ul style="list-style-type: none"> ▪ Tharaka Nithi county 	<ul style="list-style-type: none"> ▪ CASCO &CHRIO
<ul style="list-style-type: none"> ▪ Strengthen HIV M&E data management at national and county level ▪ Harmonize and create linkages between data collection tools and databases ▪ Conduct periodic data quality audits and verification ▪ Conduct regular HIV M&E support supervision ▪ Honor national and county HIV reporting obligations ▪ Strengthen routine and non-routine HIV information systems 	<ul style="list-style-type: none"> ▪ All HIV implementers 	<ul style="list-style-type: none"> ▪ Tharaka Nithi county 	<ul style="list-style-type: none"> ▪ CASCO &CHRIO
<ul style="list-style-type: none"> ▪ Establish a multi-sectoral HIV programming web-based data management system ▪ Promote data demand and use of HIV strategic information to inform policy and programming ▪ Develop and implement TNCASP evaluation agenda ▪ Create and strengthen M&E Information Hubs at county Level 	<ul style="list-style-type: none"> ▪ All HIV implementers 	<ul style="list-style-type: none"> ▪ Tharaka Nithi county 	<ul style="list-style-type: none"> ▪ CASCO &CHRIO

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

At the moment HIV and AIDS related interventions are heavily reliant on donor funding, posing a major challenge to sustainability.

In order to arrest this anomaly, the County government has to make deliberate efforts aimed at allocating resources towards

combating the spread of HIV and AIDS. Currently the County government has not allocated any budget for HIV and AIDS response hence the need to lobby for domestic funding through county government and other stakeholders. There is also absence of a specific needs analysis document and lack of county HIV and AIDS coordination forums.

It is imperative that meaningful discussions between the national government and county government aimed at engaging the

Table 15: Interventions to Increase domestic financing for sustainable HIV response

STRATEGIC DIRECTION 7: INCREASED DOMESTIC FINANCING FOR SUSTAINABLE HIV RESPONSE				
KASF OBJECTIVE	TNCASP RESULTS	KEY INTERVENTIONS	RECOMMENDED ACTIONS	
Increase domestic financing by 50%	Increased funding for HIV and AIDS activities in the County by 50% by 2019	<ul style="list-style-type: none"> Advocate for political support Involve stakeholders and Community to supplement HIV and AIDS funding Lobby the private sector to fund some initiatives 	<ul style="list-style-type: none"> Engage the county assembly to allocate funds to HIV and AIDS activities Develop a county policy to allocate 10% of health budget to HIV and AIDS services Develop a county policy to all departments to allocate 1% of their budgets to HIV and AIDS. Capacity build and support Community units, CSOs on IGA 	
	Costed investment plan available	<ul style="list-style-type: none"> Develop a HIV and AIDS investment plan 	<ul style="list-style-type: none"> Develop a costed HIV and AIDS investment plan for Tharaka Nithi County. 	
	Coordination units formed	<ul style="list-style-type: none"> Map HIV and AIDS stakeholders Establish and activate the HIV and AIDS coordination forums. 	<ul style="list-style-type: none"> Identify all stakeholders involved in HIV and AIDS activities and private sector Hold Quarterly HIV and AIDS Forums. 	
	Targeted High impact HIV and AIDS interventions	<ul style="list-style-type: none"> Mapping of High burden HIV and AIDS Zones. 	<ul style="list-style-type: none"> Identify areas of inefficiency in resource allocation. Allocate Funds to areas of highest prevalence for maximum impact. 	
	HIV services integrated into maternal, neonatal child health and reproductive health services	<ul style="list-style-type: none"> Fast track the implementation of HIV services into maternal, neonatal child health and reproductive health services 	<ul style="list-style-type: none"> Dissemination and distribution of the policy Capacity building of staff at all levels of interventions Supportive supervision and on-site mentorship Monitoring and Evaluation 	

commission on revenue allocation to consider HIV as an added parameter or consideration in revenue allocation.

Zones in the county

- Fast track integration of HIV services into maternal, neonatal child health and reproductive health services.

The key interventions include:

- Advocate for political support
- Involve other stakeholders and community to supplement HIV and AIDs funding
- Develop a HIV and AIDS investment plan
- Mapping of High burden HIV and AIDS

TARGET POPULATION	GEOGRAPHIC AREAS	RESPONSIBILITY
<ul style="list-style-type: none"> ▪ County Assembly ▪ CSOs ▪ Implementing partners 	<ul style="list-style-type: none"> ▪ Tharaka Nithi County 	<ul style="list-style-type: none"> ▪ CHC ▪ CHMT ▪ CASCO ▪ NACC
<ul style="list-style-type: none"> ▪ General population 		<ul style="list-style-type: none"> ▪ CHC ▪ CASCO ▪ RHC
<ul style="list-style-type: none"> ▪ Stake holders 		<ul style="list-style-type: none"> ▪ CHC ▪ CASCO ▪ RHC
<ul style="list-style-type: none"> ▪ Committee 		<ul style="list-style-type: none"> ▪ CASCO ▪ CHC
<ul style="list-style-type: none"> ▪ HCW ▪ Health facilities 		<ul style="list-style-type: none"> ▪ CASCO ▪ CHC

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

The constitution of Kenya 2010 provides a new legal and policy environment upon which the HIV response will be implemented.

The County government Act 2012 requires County Executive Committee member to

design a sectoral health plan following the devolution of health care services. These plans are forwarded and submitted by the governor to the County assembly for approval. Therefore, Counties are responsible for implementation of HIV services. There’s need to entrench good governance that build accountable leadership for HIV response. The dwindling resources to manage HIV and AIDS calls for all Counties to own HIV response through political engagement, civil society

Table 16: Interventions to promote accountable leadership for delivery for TNTNCASP results by all sectors and actors

STRATEGIC DIRECTION 8: PROMOTE ACCOUNTABLE LEADERSHIP FOR DELIVERY FOR TNTNCASP RESULTS BY ALL SECTORS AND ACTORS		
KASF objectives	TNCASP Results	Key Interventions
<ul style="list-style-type: none"> ▪ Reduce new HIV infections by 75% ▪ Reduce AIDS related mortality by 25% ▪ Reduce HIV related stigma and discrimination by 50% ▪ Increase domestic financing of HIV response to 50% 	<ul style="list-style-type: none"> ▪ Full ownership for HIV and AIDS agenda 	<ul style="list-style-type: none"> ▪ Engage county political entities
	<ul style="list-style-type: none"> ▪ Enhanced community Participation in HIV and /AIDS activities 	<ul style="list-style-type: none"> ▪ Community Engagement
	<ul style="list-style-type: none"> ▪ Empowered leadership on HIV and AIDS agenda ▪ An enabling policy, legal and regulatory framework for the multi – sectoral 	<ul style="list-style-type: none"> ▪ Capacity building on HIV and AIDS
	<ul style="list-style-type: none"> ▪ Enhance stakeholders Coordination ▪ Improved HIV and AIDS interventions outcome 	<ul style="list-style-type: none"> ▪ Conduct stakeholders activity audits ▪ Performance contracting

engagement, communities and people living with HIV and strong partnership with a shared responsibility and enhanced accountability. The main challenges are inadequate county political ownership, weak leadership capacity and minimal community participation.

technical commitment for county ownership of HIV response

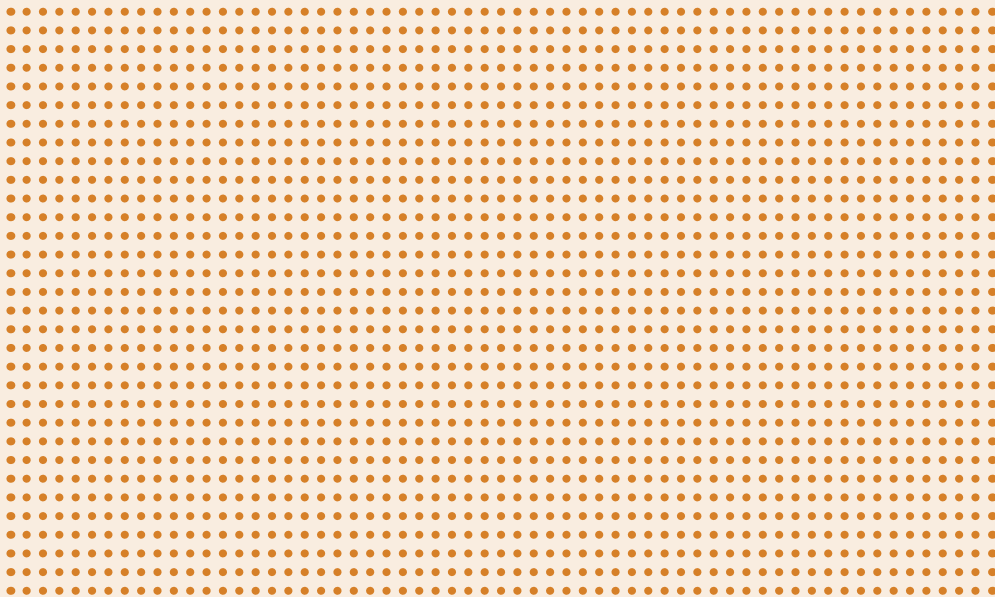
The key interventions include:

- Engage county political entities and
- Community Engagement through strengthening multi-sectoral and multi partner accountability
- Capacity building on HIV and AIDS
- Establish and strengthen functional HIV coordination committee

ORS				
	Recommended Actions	Target Population	Geographic Area	Responsibility
	<ul style="list-style-type: none"> ▪ Convene stakeholder forums ▪ Commemoration of World AIDS Day 	<ul style="list-style-type: none"> ▪ Community 	<ul style="list-style-type: none"> ▪ Tharaka Nithi County 	<ul style="list-style-type: none"> ▪ RHC ▪ CASCO ▪ CHC
	<ul style="list-style-type: none"> ▪ Hold community dialogue meetings. ▪ Carry out targeted Household Visits. ▪ Carry out monthly advocacy, communication and social Mobilization activities. ▪ Establish and support more community Units in the county 	<ul style="list-style-type: none"> ▪ Community 		<ul style="list-style-type: none"> ▪ RHC ▪ CASCO ▪ CHC
	<ul style="list-style-type: none"> ▪ Conduct sensitization on HIV and AIDS training for key leaders in the county 	<ul style="list-style-type: none"> ▪ MCAs ▪ Department CEC ▪ Religious leaders ▪ Members of parliament 		<ul style="list-style-type: none"> ▪ RHC ▪ CASCO ▪ CHC
	<ul style="list-style-type: none"> ▪ Conduct Stakeholders’ quarterly activity audits 	<ul style="list-style-type: none"> ▪ County 		<ul style="list-style-type: none"> ▪ RHC
	<ul style="list-style-type: none"> ▪ To create awareness on HIV and AIDS at work place ▪ County staff appraised on HIV and AIDS indicators 	<ul style="list-style-type: none"> ▪ County staffs 		<ul style="list-style-type: none"> ▪ County government

05.

IMPLEMENTATION
ARRANGEMENTS



5.1 STAKEHOLDERS MANAGEMENT AND ACCOUNTABILITY

The County department of health will carry out a comprehensive mapping of all key stakeholders involved in the fight against HIV and AIDS and establish a robust structure to coordinate all players. Deliberate efforts will be made to efficiently coordinate all stakeholders involved in the fight against HIV and AIDs. The County will develop a coordination structure led by top county government officials for ownership. The health department will reach out to other sectors and private entrepreneurs in order to tap into additional resources to fund HIV and AIDs activities.

The overall goal will be to improve efficiency and effectiveness which will ultimately lead to accountability results of Tharaka Nithi County Strategy.

Specifically, there shall be quarterly stakeholders' forums to review the progress made in implementing TNCASP. Results will be shared to review progress on the road map to end HIV. We envisage having annual stock taking meetings with all stakeholders to review milestones achieved in the implementation of the strategy.

The coordination structure aims to achieve the following purposes:

- Advocacy to buy in support among politicians and county executive. This will result to easy adoption and support of ideas which are laid down in this noble strategic plan.
- To implement the plan it is envisioned that all actors in HIV field shall align all their resources towards the achievement of this strategic plan

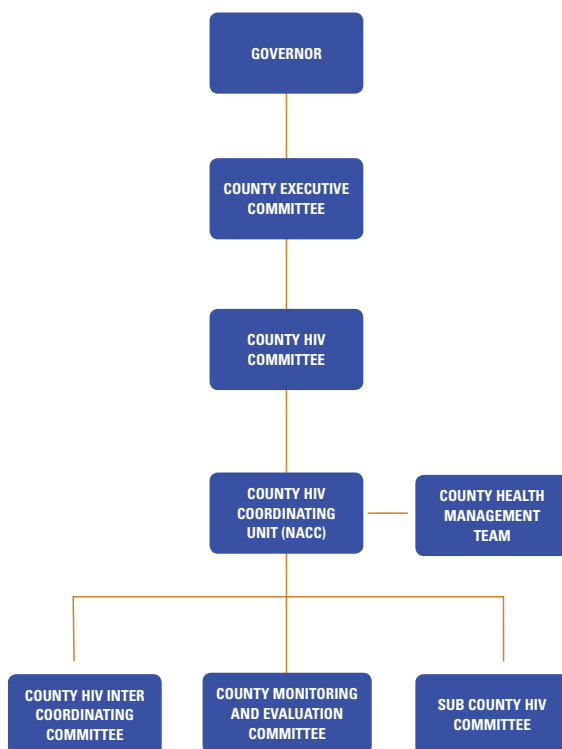
- Ensure clear mandates, roles and responsibilities among institutions, stakeholders and sectors at different levels in the County.
- Ensuring accountability for performance and results by all implementing partners

5.2 SPECIFIC STRATEGIES:

- Carry out advocacy to reposition HIV and AIDS care as county problem and mobilize resources and build institutional commitment to meet HIV epidemic challenges.
- Targeted evidence based interventions on key strategic direction which will result in reversing and sustaining downward trends in this epidemic.
- Create partnership in implementation among all players for purpose harmony and synergy.
- Build media relations to assist in communication of activities and achievement of this strategic plan.

Tharaka Nithi County AIDS Strategic Plan
Coordination Structure

Figure 12: Children Viral Load testing and Suppression Tharaka Nithi County AIDS Strategic Plan Coordination Structure



5.3 Coordinators and their roles

5.3.1 Governor

Role:

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

5.3.2 County HIV Committee

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

Membership:

The committee shall be co-chaired by the County Executive Committee member for Health with NACC as secretariat. Membership to include: CASCO, Chair Health Assembly, Partners, County Commissioner and or representative, CACC, FBO, PLHIV, Youth and PwD. The committee can co-opt three members.

Roles:

The county HIV committee shall be:

- a) the custodian of the TNCASP
- b) Holding quarterly meetings to review implementation plan

- c) Responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of the TNCASP.
- d) Approving the county HIV targets and plan
- e) Reviewing and presenting County HIV Budget
- f) Setting the County HIV agenda
- g) Receiving reports on TNCASP progress from the monitoring committee
- h) Forming sub TWG to review and advice on issues HRBA to HIV services,
- i) Receive reports from County ICC and routine Monitoring Committee
- d) Strengthening linkages and networking among stakeholders and providing technical assistance, facilitation, support for TNCASP delivery.
- e) Monitor County Legislation is not HIV discriminative

5.3.3 County HIV Coordination Unit

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

Roles:

- a) Ensure Quarterly County ICC HIV meetings are held and follow through on County ICC HIV actions
- b) Ensure HIV agenda is active in the County Health Management Team (CHMT)
- c) Regular engagement of all state and non-state actors within the county in planning, prioritization, implementation, monitoring, and evaluation of HIV and AIDS programmes.
- a) Coordinate and oversee the development of a collaborative and comprehensive strategy to rollout TNCASP and subsequently monitor its implementation.
- b) Ensure harmonization, coordination, resource mobilization, allocation, and tracking progress of HIV and AIDS programs within Tharaka Nithi County.
- c) Ensure information sharing within, and across partners in the county

5.3.4 County HIV Inter Coordinating Committee (County HIV ICC)

The County ICC-HIV will mirror the national ICC HIV. It is the primary forum for deliberating on AIDS issues at county level. It has broad stakeholder membership including senior representatives from County Government, Civil society, the private sector and development partners within the county. NACC County HIV Coordinator is the Secretary while the County CEC (Health) is the Facilitator/Chair. Meetings to discuss TNCASP implementation progress, planned activities and future priority areas will be called as appropriate and decision made by consensus.

Membership:

The committee will be composed of Representative from the County Government, Key HIV partners within the county, NACC County AIDS Coordinator and Representative of PLHIV.

Roles:

- a) Coordinate and oversee the development of a collaborative and comprehensive strategy to rollout TNCASP and subsequently monitor its implementation.
- b) Ensure harmonization, coordination, resource mobilization, allocation, and tracking progress of HIV and AIDS programs within Tharaka Nithi County.
- c) Ensure information sharing within, and across partners in the county

- d) Advocate for implementation of TNCASP M&E tools, and activities into members and partners' own work plans within Tharaka Nithi County.
- e) Offer technical support in implementation of TNCASP
- f) Review programs and projects supporting TNCASP implementation.

5.3.5 Monitoring and Evaluation Unit

The committee shall be co-chaired by the County AIDS and STI Coordinator (CASCO) with County Health Record and Information Officer as secretariat. Membership to include: Sub County AIDS and STI Coordinator (SCASCO) and Sub County Health Record and Information officers and County implementing partners. The committee can co-opt three members.

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

- a) Ensuring that all the pre-requisite tools and materials for data collection are available at the point of collection at all times.
- b) Building the capacity of health workers on data collection and transmission.
- c) Ensuring the data collection, quality control, consolidation, analysis, interpretation and dissemination of information.
- d) Ensuring the preparation and publication of County Department of Health newsletter on a bi-annual basis for dissemination of health articles, data and human interest stories including HIV.

5.3.6 Sub-county/Constituency HIV Coordinating Committees (SCACCs)

Membership:

This committee will be composed of:

- a) The national government official at the Sub county level- Deputy County Commissioner.
- b) One person nominated from among the active Civil Society Organization (CSO) in the constituency.
- c) Representative of PLHIV.
- d) Representative of Persons with Disability (PwD).
- e) One person representing interest of women.
- f) Representative of Youth who is a youth at the date of appointment.
- g) SCACC Coordinator-County department of health services.

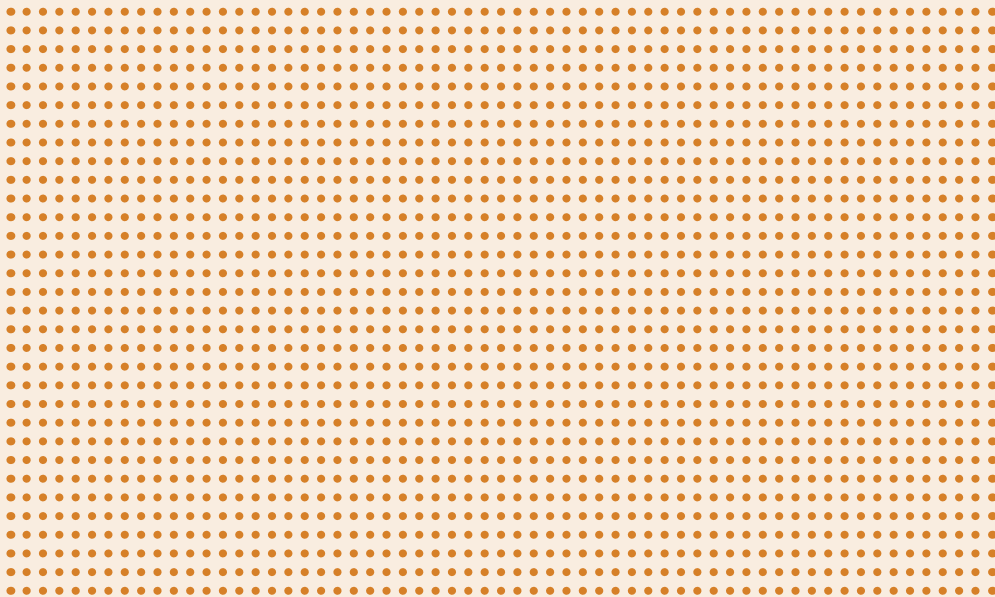
The chair will be appointed by the area MP in consultation with SCACC Coordinator and the Deputy County Commissioner.

Roles:

- a) Stakeholder mobilization to respond to HIV issues in the community.
- b) Monitor community's response to HIV issues and submit biannual reports to the HIV Committee.
- c) Receive and disseminate appropriate national and county policies, guidelines and strategies on HIV and AIDS.
- d) Account for any funds advanced to the SCACC.

06.

RESEARCH,
MONITORING AND
EVALUATION OF
THE PLAN



6.1 INTRODUCTION

Research, monitoring and evaluation will be essential towards achievement of the objectives of this county AIDS strategic plan and tracking the progress of the programme.

Key aspects of research, monitoring and evaluation framework for this programme includes:

- Monitoring of the programme activities as they happen.
- Assessing the outcomes and impacts of the programme at regular intervals.
- Carrying out operational research on key thematic areas to verify the results declared by the various actors and coming up with evidence based interventions.

The extent to which any strategic plan fulfills the purpose for which it was developed is substantively determined by the commitment established to ensure adequate levels of monitoring and evaluation. A monitoring and evaluation system will be put in place to ensure effective and efficient implementation of the Strategic Plan. The system should measure and evaluate the level of strategic plan implementation, performance, and achievements.

The County Executive Committee member for Health, through the well-established HIV coordination structures, will have the overall responsibility for monitoring and evaluation of the County Strategic Plan and will ensure the participatory approach to monitoring and evaluation is emphasized. This means that the various Health Care Workers and other stakeholders involved directly with implementation of the strategic plans will participate in the monitoring and evaluation activities. The outputs of the monitoring

and evaluation processes will be discussed through a participatory process. The outputs will also be fed back to all staff so that they can improve their efforts related to the realization of the vision and mission of the county on HIV and AIDS related issues.

This strategic plan and the corresponding sub-county activity plans will be the basis for developing adequate and effective monitoring and evaluation system. The activity plans will be prepared by the respective sub-county in line with the structured project/program management plan (PMP) tools. .

6.2 MONITORING PROCESSES

Monitoring is the process of observing and assessing whether the activity or service is occurring as planned. It is a systematic and continuous process. Monitoring involves looking at inputs, processes and outputs (results) of the plan. Two types of information will be collected from the monitoring process:-

- Information related to the performance of the county as an overall coordinating operational unit as pertains to the monitoring of activities (processes and results - outputs)
- Information related to the reaction of health stakeholders of county activities and the general context in which the county operates. This pertains to the monitoring of the impact of the county strategic plan on stakeholders and the monitoring of the context or external environment, which underlie the assumptions of the strategic plan.

The format below shall be used by the respective sub-counties in presenting summary progress reports on a bi - annual basis.

6.3 ACTIVITY MONITORING PLAN

STRATEGIES	PLANNED		ACHIEVED		PLANNED REMEDIAL ACTION
	Planned Activities	Planned Targets	Performed Activities	Reasons for Deviation	Targets Achieved

Financial progress reports on the implementation of the strategic plan shall be prepared and forwarded on a bi - annual basis using the format below.

6.4 FINANCIAL MONITORING PLAN

Strategic objective	Planned Activity	Planned budget	Actual expenditure	Variance	Remarks

The CEC shall organize annual meetings (workshop) to discuss the progress in implementing sub-county plans. The CEC will use all the feedback in the progress reports and organize workshops to update and roll forward the strategic plan every year.

- Assessing the adequacy of resources being mobilized to implement the plan
- Determining whether available resources are being utilized efficiently to achieve the objectives of the plan
- Determining whether the process of strategic planning and implementation has serious problems

6.5 EVALUATION

Evaluation should be an integral, ongoing and systematic process of assessing the effectiveness of the Strategic Plan. The criteria for evaluation will be based on the strategic goals and objectives in the plan and other relevant specifications in the plan. The evaluation of Tharaka Nithi HIV and AIDS strategic plan will aim at:-

- Justifying the use of resources
- Finding out reasons for success or failure of specific aspects of the strategic plan
- Assessing whether the strategic plan is achieving its goals and strategic objectives
- Finding out whether the effects of the strategic plan are contributing to a better fulfillment of the mission of the county on HIV and AIDS related issues

The focus of the evaluation will go beyond the implementation of the strategic plan and will be:-

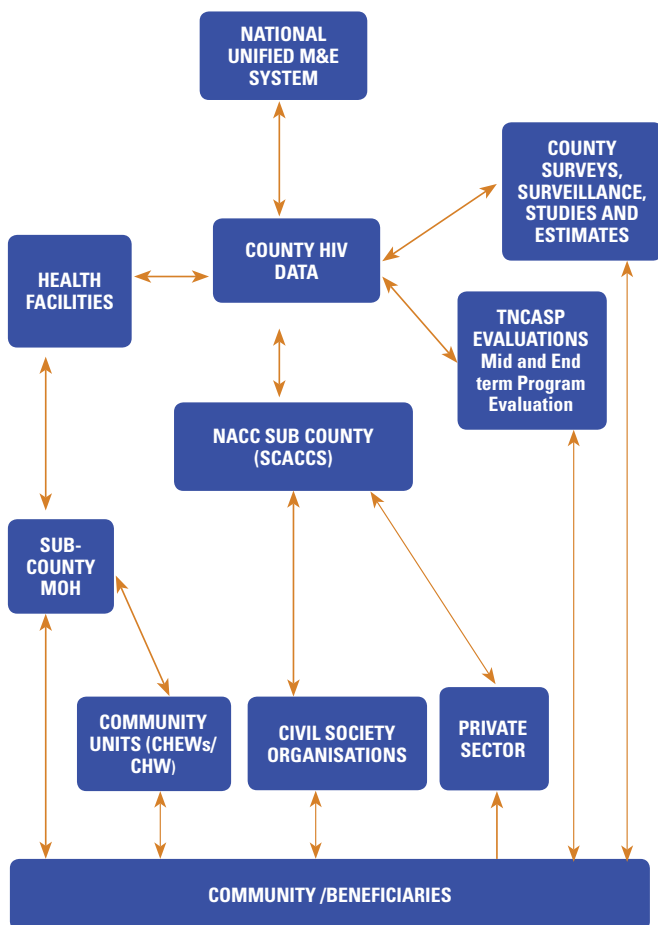
- a. Checking the effectiveness of the county HIV and AIDS 2015/16-2019/20 Strategic Plan
- b. Assessing the achievement of the targeted indicators and establishing the impact of the Strategic Plan
- c. Checking the efficiency in realizing the strategic plan
- d. Reviewing the process of preparing and implementing the strategic plan

During years 1, 2 and 4 evaluations will be completed by coordinators of HIV and AIDS programme at Sub county level following a review with their facility heads. During years 3 and 5 a more comprehensive reviews will be conducted involving all stakeholders.

DATA AND INFORMATION FLOW IN THE COUNTY

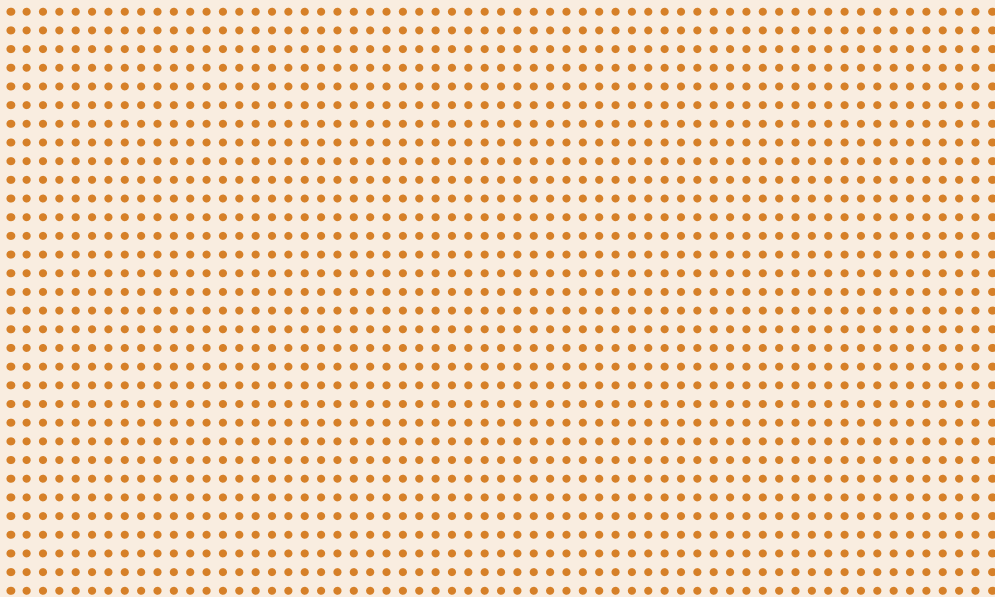
The County HIV data will flow from service delivery points through to County HIV data hub and eventually to the National unified M&E system at the national level

Figure 13: Tharaka Nithi County HIV and AIDS Response Data Flow Chart Diagram



07.

RISKS,
ASSUMPTIONS
AND MITIGATION
PLAN



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

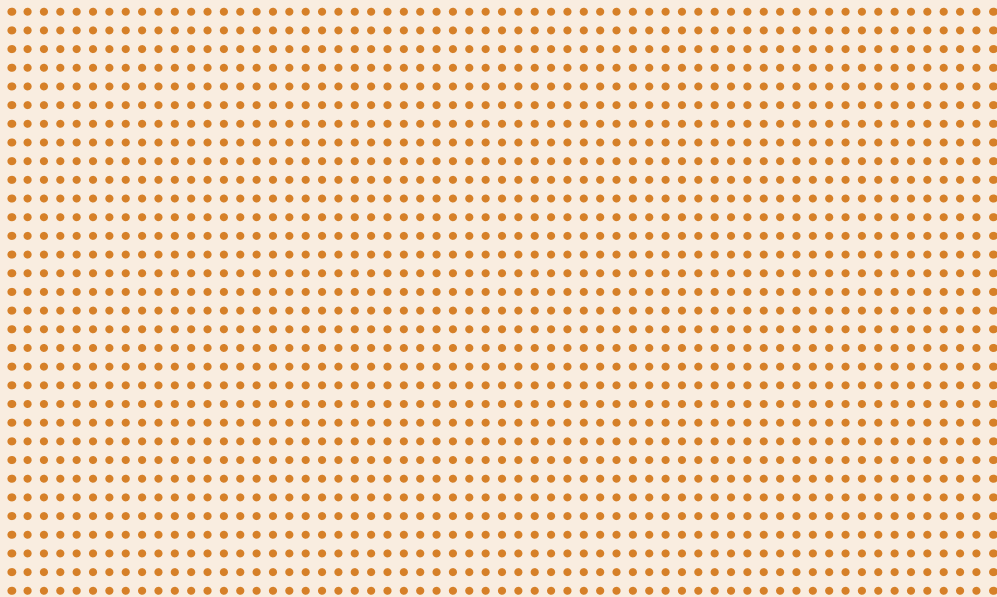
RISK CATEGORY	RISK NAME	STATUS	PROBABILITY (HIGH/MEDIUM/LOW)
Technological	<ul style="list-style-type: none"> Data on the programme stored in soft copy may be lost. Partners supporting implementation programme automation may leave hence leaving us without staff to help us manage the software 	<ul style="list-style-type: none"> Active- risk is being actively monitored 	Medium
Political	<ul style="list-style-type: none"> Change in government which may not support HIV programme. 	<ul style="list-style-type: none"> All governments all obligated to support HIV activities as to meet various global goals 	Low
Operational	<ul style="list-style-type: none"> Lack of funding directed towards HIV Aids activities 	<ul style="list-style-type: none"> Marked reduction of funds to support HIV /AIDS key activities 	High
Legislation	<ul style="list-style-type: none"> laws which may slow down some evidence based key interventions within key populations 	<ul style="list-style-type: none"> Quite number of discourage key population from seeking health services 	High

ASSUMPTION CATEGORY	ASSUMPTION NAME	STATUS	IMPACT (HIGH/MEDIUM/LOW)
Political	<ul style="list-style-type: none"> That Global organizations like WHO and UNAIDS , National and the county government will continue to support key HIV activities 	<ul style="list-style-type: none"> HIV and AIDS agenda currently in support by those international organizations and government 	High
Operational	<ul style="list-style-type: none"> That programme shall get domestic funding after various partners withdraw their support 	<ul style="list-style-type: none"> Funding from partners has greatly reduced with very little domestic funding support 	High
Legislation	<ul style="list-style-type: none"> All governments shall come up with legislation which will make implementation of key HIV prevention interventions easy 	<ul style="list-style-type: none"> Quite a number of laws support HIV prevention and treatment interventions while a few of them slow some interventions 	Medium

IMPACT (HIGH/MEDIUM/LOW)	RESPONSE	RESPONSIBILITY	WHEN
High	<ul style="list-style-type: none"> Mitigate- budget moneys for training CASCO 	<ul style="list-style-type: none"> County health Records Officer. 	<ul style="list-style-type: none"> Y4
Low	<ul style="list-style-type: none"> Support those government which HIV /AIDS elimination is in the agenda 	<ul style="list-style-type: none"> CEC health Chief Officer Health Chairman County Health Committee 	<ul style="list-style-type: none"> Y2 and Y3
High	<ul style="list-style-type: none"> Continue to advocate for increased domestic funding to mitigate probability in upsurge of HIV epidemic 	<ul style="list-style-type: none"> CEC health COH Chairman health committee 	<ul style="list-style-type: none"> Y1,Y2,Y3, and Y4
High	<ul style="list-style-type: none"> Continue to advocate for repeal of some key sections of penal code and prisons acts 	<ul style="list-style-type: none"> CEC health NACC Chairman health committee 	<ul style="list-style-type: none"> Y1,Y2,Y3,Y4
RESPONSE	RESPONSIBILITY	WHEN	
High	<ul style="list-style-type: none"> Continue to lobby politician and other partners include HIV and AIDS in their agenda 	<ul style="list-style-type: none"> CEC CASCO 	<ul style="list-style-type: none"> Y1 Y2 Y3 Y4
High	<ul style="list-style-type: none"> Lobby for increased local funding by national and county governments 	<ul style="list-style-type: none"> CEC COH CASCO/CACC Chairman Health Committee 	<ul style="list-style-type: none"> Y1 Y2 Y3 Y4
Medium	<ul style="list-style-type: none"> Lobby to legislation of laws in favor of HIV prevention and treatment 	<ul style="list-style-type: none"> CEC Health Chairman Health Committee 	<ul style="list-style-type: none"> Y1 Y2 Y3 Y4

08.

BUDGET AND
COSTING



8.1 COSTING MODEL

The County Resource Needs for this strategic plan period was estimated from KASF 2014/15-2018/19 that used Stover Resource Model. The model utilizes EPI and program data to form the baselines and projects the resource needs over a period of time. The baseline information utilized in this model is as follows; the default values are national level costs and program costs are calculated as a percentage of total costs.

8.2 SUSTAINABILITY

The County Government has the responsibility of health service provision to universal access to HIV treatment and universal health care. To achieve this, there is need for predictable and sustainable HIV financing. The Tharaka Nithi County

government working with the development partners and private sector players needs to set up a HIV Trust Fund within the county and mobilize resources both domestically and from the various stakeholders. Domestic sources include a proportion of county levies including entertainment levies, transport and other trade levies and setting up of a multi-sectoral Public-Private Partnership for HIV resource mobilization system.

The National government has expanded the membership of National Health Insurance Fund (NHIF) in order to pull health sector resources even as the health risks and burden are spread. The Tharaka Nithi County Government should come up with innovative ways of motivating county members to enroll and make monthly contributions in the NHIF. In addition, community health insurance schemes should also be facilitated.

Table 19: Budget for commodities

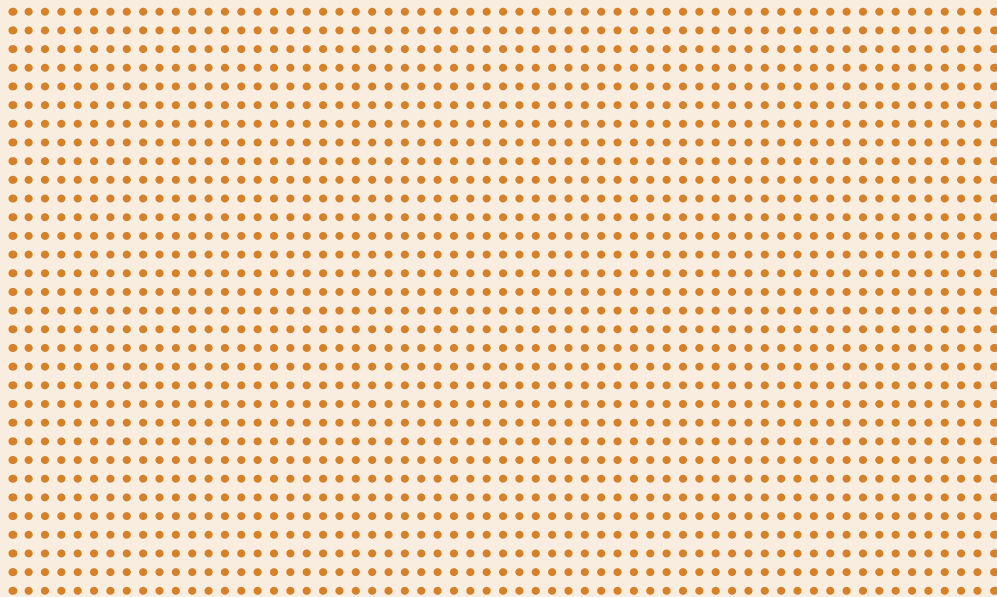
BUDGET FOR COMMODITIES	
ITEMS	UNIT COST
Condoms	Kshs. 6 per piece
Viral Load machine	Kshs. 15,000,000
Test Kits	Kshs. 4500
MAT per person per year (National institute on drug abuse)	Kshs. 500,000
PEP for 4 weeks per year	Kshs. 60,000
HAART	Kshs. 57,000 per patient

Table 19: Resource needs for implementing TNCASP (in Millions KSh.)

SD	Specific Tharaka Nithi CASP	Country Estimates	Percentage of Resource Dedicated for the strategy	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	Total
SD1	HIV Prevention	210.3	25.00%	167.50	190.76	215.29	240.86	260.93	1075.33
SD2	Treatment and Care	461.2	47.00%	314.90	344.33	359.69	366.25	361.67	1746.83
SD3	Social inclusion, human rights and gender	87.4	5.00%	33.50	43.50	54.16	65.66	78.08	274.90
SD4	Health systems	60.7	3.00%	20.10	18.18	14.90	13.38	7.02	73.58
	Community systems	30.4	3.00%	20.10	18.12	14.88	13.36	7.01	73.46
SD5	Research	7.6	7.00%	46.90	53.07	58.01	62.33	65.41	285.72
	Supply chain management	7.6	3.00%	20.10	22.74	24.86	26.71	28.03	122.45
SD6	Monitoring and evaluation	15.2	5.00%	33.50	33.94	33.06	31.08	27.99	159.57
SD7 & SD8	Leadership, governance and Resource Allocation	75.9	2.00%	13.40	13.61	13.26	12.48	11.25	64.00
Grand Total			100.00%	670.00	738.25	788.10	832.09	847.39	3875.83

09.

ANNEXES



ANNEX 1: IMPLEMENTATION PLAN

SD 1				
EXPECTED RESULT	2015/16	2016/17	2017/18	2018/19
Increase HTS among KP, Index clients and Hot spots by 90% by 2020	√	√	√	√
Increase HIV testing services to reach 50% OPD and 90% IPD by 2020	√	√	√	√
Increase male involvement in ANC by 50% by 2020	√	√	√	√
Integrate HIV testing in all service delivery areas	√	√	√	√

SD 2				
EXPECTED RESULT	2015/16	2016/17	2017/18	2018/19
Increased linkage to care within 3 months of HIV diagnosis to 90% for children.	√	√	√	√
Increased ART coverage to 90% for children.	√	√	√	√
Increased ART coverage to 100% for adolescents and adults.	√	√	√	√
Increased viral suppression to 90% in children.	√	√	√	√
Increased viral suppression to 90% in adults.	√	√	√	√
Increased viral uptake among children, adolescent and adults to 90%	√	√	√	√
Established and operationalize two viral load testing centers in the county.	√	√	√	√

SD 3				
EXPECTED RESULT	2015/16	2016/17	2017/18	2018/19
% reduction of self-reported stigma and discrimination related to HIV and AIDS	√	√	√	√
% reduction of self-reported sexual and GBV for PLHIV, PWD, key populations, women, men, boys and girls	√	√	√	√
Increased protection of human rights, people with disability and improved access to justice for PLHIV, key populations, women, men, boys and girls by establishing a county GBV recovery center to offer services for the survivors.	√	√	√	√

SD 4				
EXPECTED RESULT	2015/16	2016/17	2017/18	2018/19
Recruitment of more health care workers to strengthen the provision of HIV and AIDS related services	√	√	√	√
Increase number of health care workers trained on HIV and AIDS treatment, care and support	√	√	√	√
Improvement of HIV and AIDS services at the county	√	√	√	√
Increased number of Hospitals providing KEPH- defined HIV and AIDS services	√	√	√	√
Increase the number of health centers providing KEPH, defined HIV and AIDS service	√	√	√	√
Increased number of dispensaries	√	√	√	√
Increased number of community health units and Civil Society Organizations with ability to provide community based HIV and AIDS interventions	√	√	√	√
Increased capacity of health care workers able to effectively quantify and forecast HIV and AIDS commodities	√	√	√	√
Well established integrated electronic system for management of HIV commodities in the major hospitals	√	√	√	√
Increased number of CHVs trained on the technical modules of community based HIV and AIDS interventions	√	√	√	√

SD5				
EXPECTED RESULT	2015/16	2016/17	2017/18	2018/19
Document at least 5 abstracts/best practices annually	√	√	√	√
Establish at least four research centers by 2020	√	√	√	√
Conduct at least one HIV related research on key priority areas every year	√	√	√	√
Submit and present 5 HIV related abstracts/researches to national and international conference	√	√	√	√

SD 6				
EXPECTED RESULT	2015/16	2016/17	2017/18	2018/19
Operational EMR in 20 care and treatment sites	√	√	√	√
Quarterly data quality assessments in 18 care and treatment sites	√	√	√	√
Established county HIV data platform for updates and accountability	√	√	√	√
Monthly DHIS2 HIV data Review meetings at Sub County level	√	√	√	√
Conduct M&E capacity assessment and capacity development at county levels	√	√	√	√
Establish HIV M&E committee	√	√	√	√

SD 7				
EXPECTED RESULT	2015/16	2016/17	2017/18	2018/19
Ensure 50% of HIV activities are funded by the County Health Budget	√	√	√	√

SD 8				
EXPECTED RESULT	2015/16	2016/17	2017/18	2018/19
Convene a technical stakeholder forums(County HIV Committee)	√	√	√	√
Conduct an Annual Stakeholders stock taking meeting	√	√	√	√
Sensitize leaders on HIV and AIDS agenda	√	√	√	√

ANNEX 2: RESULT FRAMEWORK

Strategic Direction 1: Reducing new HIV infections

EXPECTED RESULT	BASELINE AT 2014	DATA SOURCE	TARGET 2015/16
Reduction of adult new infections by 15% per year	410	County Profile	349
Reduction of new infections among children by 15% per year	22	County profile	19
Reduced MTCT rate by 0.5% annually	4.5 %	DHIS	4.0%
Increase the linkage of HIV infected children on care to at least 90% by 2020	602	County estimates and DHIS	709
Increase the linkage of HIV infected adults on care to at least 90% by 2020	5787	County estimates and DHIS	6347

Strategic Direction 2 : Improving Health outcomes for People Living with HIV

EXPECTED RESULT	BASELINE AT 2015	DATA SOURCE	
Increased linkage to care within 3 months of HIV diagnosis to 90% for children	75%	DHIS	
Increased ART coverage to 90% for children.	66%	DHIS	
Increased ART coverage to 100% for adolescents and adults	84%	DHIS	
Increased viral suppression to 90% in children	54%	NASCOP-National ACT dashboard	
Increased viral suppression to 90% in adults	77%		
Increased viral uptake among children, adolescent and adults to 90%	19%		
Established and operationalize two viral load testing center's in the county	0		

Strategic Direction 3 Using a human rights based approach to facilitate services for PLHIV, key populations and other priority groups in

EXPECTED RESULT	BASELINE AT 2015	DATA SOURCE	
Percentage reduction of self-reported stigma and discrimination related to HIV and AIDS	49.2%	Stigma Index	
Reduce stigma and discrimination among adolescents and young people by 50%	45%	Stigma Index	

TARGET 2016/17	TARGET 2017/18	TARGET 2018/19	TARGET 2019/20	Responsibility
296	251	213	181	County HIV Committee (CHC)
16	14	11	10	CHC
3.5 %	3%	2.5%	2.0%	CHC
813	915	1014	1112	CHC
6853	7314	7737	8128	CHC

TARGET 2016	TARGET 2017	TARGET 2018	TARGET 2019	TARGET 2020	RESPONSIBILITY
78%	81%	84%	86%	90%	County HIV committee
70%	74%	78%	85%	90%	County HIV committee
86%	88%	90%	95%	100%	County HIV Committee
60%	70%	75%	85%	90%	County HIV Committee
80%	84%	86%	88%	90%	County HIV Committee
40%	55%	70%	80%	90%	County HIV Committee
1	1	1	1	2	County HIV Committee

all sectors					
TARGET 2016	TARGET 2017	TARGET 2018	TARGET 2019	TARGET 2020	Responsibility
45%	40%	35%	30%	25%	-County Government -Development partners -National Government
40%	35%	30%	25%	20%	-County Government -Development partners -National Government

Strategic Direction 4: Strengthening integration of health services and community systems

EXPECTED RESULT	BASELINE AT 2014	DATA SOURCE	
4.1: Improved health workforce for HIV response at the county level			
Recruitment of more health care workers to strengthen the provision of HIV and AIDS related services	520	Staff Audit report, Oct 2015	
Increased percentage of health care workers trained on HIV and AIDS treatment, care and support	20%	DHIS2	
4.2: Increased number of health facilities providing KEPH- defined HIV and AIDS services			
Increased number of Hospitals providing KEPH- defined HIV and AIDS services	4	DHIS2	
Increase the number of health centers providing KEPH, defined HIV and AIDS service	11	DHIS2	
Increased number of dispensaries	52	DHIS2	
Increased number of community health units with ability to provide community based HIV and AIDS interventions	28	DHIS2	
Increased number of Civil Society Organizations with ability to provide community based HIV and AIDS interventions	200	COBPAR	
4.3: Strengthening HIV commodity management through effective and efficient management of medicine and medical products			
Increased capacity of health care workers able to effectively quantify and forecast HIV and AIDS commodities	10%	Service (Training) level data	
Well established integrated electronic system for management of HIV commodities in the major hospitals	1	Service level data	
4.4 Strengthened community level AIDS competence			
Increased number of CHVs trained on the technical modules of community based HIV and AIDS interventions	280	Service level data (2015)	

	TARGET 2016	TARGET 2017	TARGET 2018	TARGET 2019	TARGET 2020	Responsibility
	600	750	850	950	1015	-County Government -Development partners
	40%	55%	65%	80%	90%	-County Government -Development partners
	4	5	5	5	6	-County Government -Development partners
	12	13	14	15	16	-County Government -Development partners
	57	-	63	-	70	-County Government -Development partners
	32	36	38	40	40	-County Government -Development partners -County Community Health Strategy Coordinator -SCACC -Social services
	220	250	270	300	350	<ul style="list-style-type: none"> ▪ County Government ▪ Development partners ▪ County Community Health Strategy Coordinator ▪ SCACC ▪ Social services
	20%	25%	30%	50%	60%	<ul style="list-style-type: none"> ▪ County Government ▪ Development partners ▪ National Government
	2	3	4	5	6	<ul style="list-style-type: none"> ▪ County Government ▪ Development partners ▪ National Government
	320	340	360	380	400	<ul style="list-style-type: none"> ▪ County Government ▪ Development partners ▪ National Government

SD 5: Strengthening research and innovation to inform the HIV strategic plan

EXPECTED RESULT	BASELINE AT 2014	DATA SOURCE	TARGET 2016
Document at least 5 abstracts/best practices annually	0	County database	
Establish at least four research centers by 2020	0	County database	0
Conduct at least one HIV related research on key priority areas every year	0	County database	1
Submit and present 5 HIV related abstracts/researches to national and international conference	0	County database	5

Strategic Direction 6: Promote utilization of strategic information for research, M&E to enhance programming

EXPECTED RESULT	BASELINE AT 2015	DATA SOURCE	TARGET 2016
Operational EMR in 20 care and treatment sites	10	M&E Committee	12
Quarterly data quality assessments in 18 care and treatment sites	1	M&E Committee	4
Established county HIV data platform for updates and accountability	0	M&E Committee	1
Monthly DHIS2 HIV data Review meetings at Sub County level	0	M&E Committee	6
Conduct M&E capacity assessment and capacity development at county levels	1	M&E Committee	1
Establish HIV M&E committee	0	M&E Committee	1

Strategic direction 7: Increased Domestic financing for sustainable HIV response

EXPECTED RESULT	BASELINE AT 2014	DATA SOURCE	TARGET 2016
Ensure 50% of HIV activities are funded by the County Health Budget	Unknown	Health Budget	50%

Strategic Direction 8: Promote accountable leadership for delivery for TNCASP results by all sectors and actors

Convene technical stakeholder forums (County HIV Committee	1	CHC logbook	4
Conduct an Annual Stakeholders stock taking meeting	0		1
Sensitize leaders on HIV and AIDS agenda	0		1

	TARGET 2017	TARGET 2018	TARGET 2019	TARGET 2020	Responsibility
	5	5	5	5	CHC
	1	1	1	1	CHC
	1	1	1	1	CHC
	5	5	5	5	CHC

	TARGET 2017	TARGET 2018	TARGET 2019	TARGET 2020	RESPONSIBILITY
	15	20	20	25	MOH
	4	4	4	4	CASCO/CHRIO
	1	1	1	1	-NACC -MOH
	6	6	6	6	SCHMT
	1	1	1	1	-CASCO/CHRIO -PARTNERS
	1	1	1	1	-CASCO -CHRIO

	TARGET 2017	TARGET 2018	TARGET 2019	TARGET 2020	Responsibility
	50%	50%	50%	50%	County Government, Partners
	4	4	4	4	-RHC -CASCO
	1	1	1	1	-CASCO -RHC
	1	1	1	1	RHC CASCO

ANNEX 3: REFERENCES

1. NASCOP (2013), Kenya AIDS indicator Survey 2012. Nairobi: NASCOP (NASCOP, 2009)
2. NACC, NASCOP, UNAIDS (2013), Kenya HIV Prevention Revolution Roadmap: Count Down to 2030, Nairobi, Kenya.
3. NACC, NASCOP (2014). Kenya HIV Estimates report. Nairobi, Kenya;
4. NACC, NASCOP (2012), Kenya AIDS Epidemic Update Report 2012. Nairobi, Kenya
5. NASCOP (2014), Kenya AIDS Preliminary Report Cohort analysis. Nairobi, Kenya
7. NACC; 2009, Kenya National Aids Strategic Plan, 2009-2013-Delivering on universal access to services. NACC, Nairobi, Kenya
9. Kenya constitution 2010
10. NACC, UNAIDS (2014), Kenya HIV County Profiles, HIV and AIDS response in my County- My Responsibility. Nairobi, Kenya; 2014.
11. NASCOP and NACC. (2012). Geographic Mapping of Most at Risk Populations for HIV (MARPs) in Kenya. Nairobi.
12. NASCOP (2012), Guidelines for Prevention of Mother to Child Transmission (PMTCT) of HIV and AIDS in Kenya, 4th edition.
13. UNAIDS (2014), 90-90-90 An Ambitious Treatment Target to help end the AIDS epidemic, UNAIDS, Geneva
14. NACC (2014), Establishing a Trust Fund to Ensure Sustainable Financing of HIV and AIDS in Kenya. NACC: Nairobi
15. KNBS (Kenya) 2008-2009 Kenya Demographic and Health Survey 2008-09 Preliminary report. Calverton, Maryland, KNBS, NACC, NASCOP, NPHLS, KMRI, ICF Macro September 2009
16. KPMG (2011) The People living with HIV Stigma Index <http://www.kpmg.com/eastafrica/en/IssuesAndInsights/ArticlesPublications/Documents/People%20Living%20with%20HIV%20Stigma%20Index%20in%20Kenya.pdf>
17. NACC (2009). Kenya HIV Prevention Response and Modes of Transmission Analysis. Nairobi: National AIDS Control Council.
18. The National HIV and AIDS Monitoring and Evaluation Research Framework 2009-2013
19. Tharaka Nithi County Integrated Development Plan

ANNEX 4: LIST OF DRAFTERS AND TECHNICAL REVIEW TEAM

LIST OF DRAFTERS

No.	NAME	ORGANIZATION	DESIGNATION
1.	Dr. Edward Munyi	MOH	County Director of Health
2.	Marion Mashoo	NACC	Regional HIV coordinator
3.	Antony Murunga	MOH	CASCO
4.	Murithi Ncege	MOH	SCASCO
5.	Karen Kanja	MOH	SCASCO
6.	Patrick Mukuru	MOH	CACC – Chuka Igamba ng’ombe
7.	Paul Mbinji	MOH	CACC – Tharaka
8.	Kezia Maina	MOH	CACC - MAARA
9.	Victoria Kimani	KMTC Chuka	Lecturer
10.	Maurice Mulwa	Dream Trust Kenya	Programmee Coordinator
11.	June Mwangi	Aphia plus Kamili	Programmee Coordinator
12.	Maxwell Muganda	Aphia plus Kamili	CINCO
13.	Cornellius Muendo	MOH	CCSC
14.	Emillio Gaichu	MOH	SCASCO

TECHNICAL REVIEW TEAM

1.	Alfred Kibunja	Technical Reviewer
2.	Marion Mashoo	NACC– Regional HIV Coordinator

