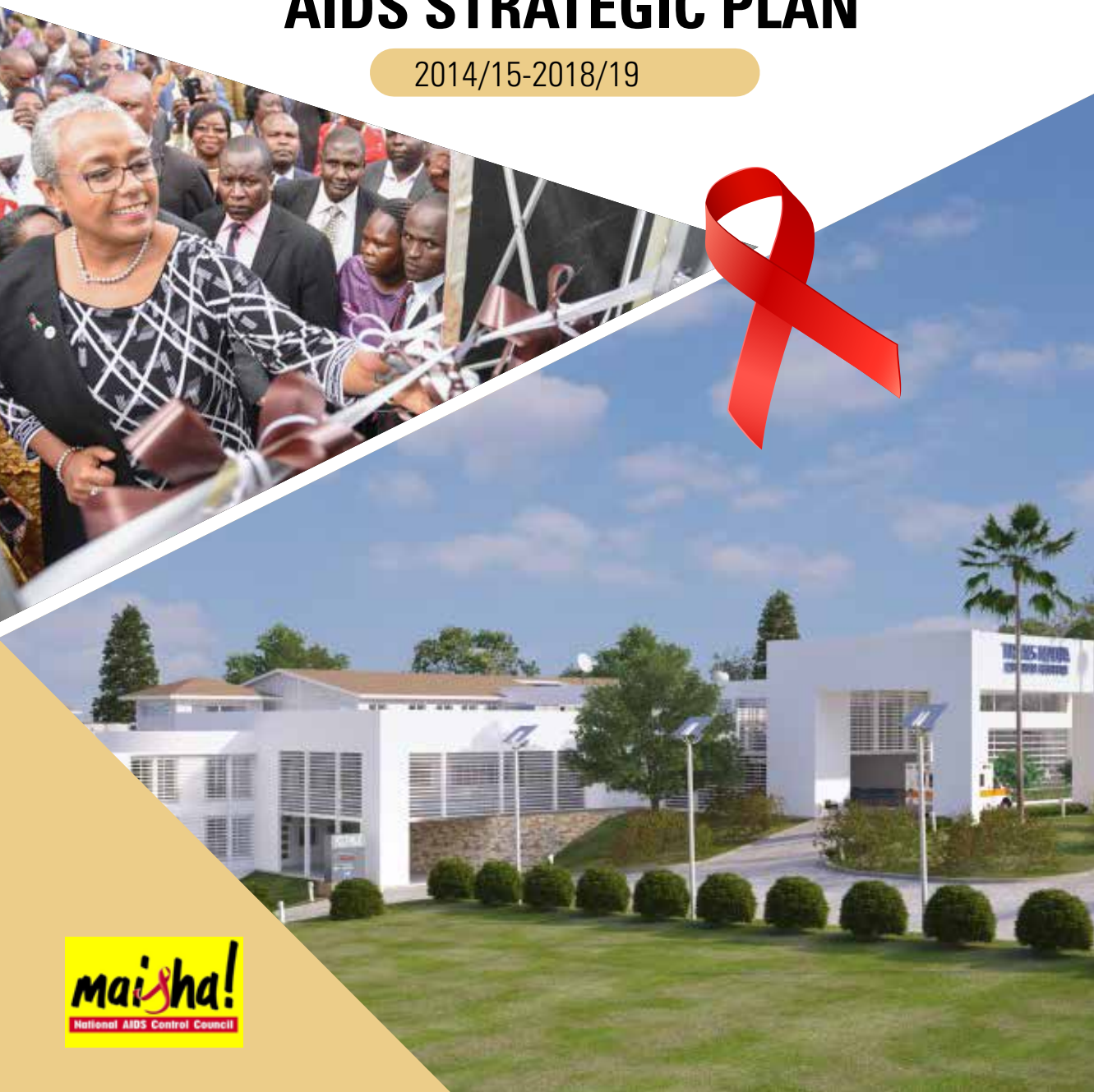
# TRANS NZOIA COUNTY HIV AND AIDS STRATEGIC PLAN

2014/15-2018/19



maisha!
National AIDS Control Council

# TRANS NZOIA COUNTY HIV AND AIDS STRATEGIC PLAN

2014/15-2018/19

*"Towards Ending the HIV Epidemic in Trans Nzoia County"*

maisha!
National AIDS Control Council

# Table of Contents

# Acronyms and abbreviations

| | |
|---|---|
| **AIDS** | Acquired ImmunoDeficiency Syndrome |
| **ANC** | Antenatal Clinic |
| **ART** | Anti-Retroviral Therapy |
| **ARV** | Anti-Retroviral Drugs |
| **BCC** | Behaviour Change Communication |
| **CASPMC** | County HIV and AIDS Strategic Plan Monitoring Committee |
| **CBO** | Community Based Organization |
| **CCC** | Comprehensive Care Centre |
| **CCM** | Country Coordination Mechanism |
| **CHEWs** | Community Health Extension Workers |
| **CHW** | Community Health Worker |
| **CSO** | Civil Society Organization |
| **DHIS** | District Health Information System |
| **DTC** | District Technical Committee |
| **EBI** | Evidence Based Intervention |
| **EMTCT** | Elimination of Mother to Child Transmission |
| **ETR** | End Term Review |
| **FBO** | Faith Based Organization |
| **FSW** | Female Sex Worker |
| **GBV** | Gender Based Violence |
| **HBC** | Home Based Care |
| **HBTC** | Home Based Testing and Counselling |
| **HCBC** | Home and Community Based Care |
| **HIV** | Human Immuno-deficiency Virus |
| **HMIS** | Health Management Information System |
| **HPV** | Human Papilloma Virus |
| **HTS** | HIV Testing Services |
| **ICC** | Inter-Agency Coordinating Mechanism |
| **IEC** | Information, Education, and Communication |
| **IGAD** | Intergovernmental Authority on Development |
| **IPC** | Infection Prevention and Control |
| **KAIS** | Kenya AIDS Indicator Survey |
| **KASF** | Kenya AIDS Strategic Framework |
| **KDHS** | Kenya Demographic and Health Survey |
| **KEPH** | Kenya Essential Package for Health |
| **KNASP** | Kenya National AIDS Strategic Plan |
| **KP** | Key Populations |
| **SARAM** | Service Availability, Readiness, Assessment and Mapping |
| **TNZCASP** | Trans Nzoia County AIDS Strategic Plan |
| **KP** | Key Populations |
| **MSM** | Men having Sex with Men |
| **NACC** | National AIDS Control Council |

| | |
|---|---|
| **NHIF** | National Hospital Insurance Fund |
| **NEPHAK** | Network Empowering People Living with HIV and AIDS in Kenya |
| **OVCs** | Orphans and Vulnerable Children |
| **PLHIV** | People Living With HIV |
| **PMTCT** | Prevention of Mother to Child Transmission |
| **PWD** | People with Disability |
| **SARAM** | Service Availability and Readiness Mapping |
| **SCACC** | Sub County AIDS Control Coordinator |
| **SCCSFP** | Sub County Community Strategy Focal Person |
| **STI** | Sexually Transmitted Infection |
| **SGBV** | Sexual and Gender Based Violence |
| **TBD** | To Be Determined |
| **TWG** | Technical Working Group |
| **TOWA** | Total War Against AIDS |
| **VMMC** | Voluntarily Medical Male Circumcision |

# Foreword

As a country, Kenya designed a multi-sectoral response to HIV and AIDS which resulted in decline of HIV prevalence rate. This is attributed to a wide range of VCT services, decentralisation of ART services and involvement of CSOs and the community, with the support of the government, in advocacy programmes. Trans-Nzoia County has employed similar strategies and has realised significant results in HIV response.

Despite the milestones, the HIV prevalence in the county stands at 4.7% (KAIS, 2012), as compared with the neighbouring counties that record lower prevalence rates. Contributory factors include low uptake of PMTCT, VCT, and ART services. Social cultural practices and behavioural factors such as circumcision, GBV, negative attitude/beliefs to condom use, high poverty levels, drugs and substance abuse and multiple sexual partners impacted negatively towards HIV response in the county.

The county's response to HIV must be stepped up to face these challenges as provided in the Kenyan Constitution 2010 and in line with the KASF objectives. This can be achieved by establishing structures that will support implementation, monitoring and evaluation of HIV response by all stakeholders by an accountable leadership.

**Hon Patrick Khaemba**
*Governor, Trans Nzoia County*

# Preface

HIV and AIDS epidemic remains a major burden to the socio-economic development in Trans Nzoia County. The County HIV and AIDS Strategic Plan marks a great turning point for the County's HIV response through evidence based multisectoral approach. In the process of developing this strategic plan, the county government took cognizance of the new governance structure in the country, and has shifted the characterisation of the HIV response from "crisis management" to "strategic and sustainable" programming through combination prevention.

I am delighted that the County HIV and AIDS strategic plan clearly shows that we are using evidence to implement programs that will reap maximum benefits. Although the resources required for HIV intervention programmes in the county are limited, we need to utilize the available ones prudently by linking them to results in order to realize the objectives of this Strategic Plan.

The Trans Nzoia HIV and AIDS Strategic plan has taken into account Social, Political, Cultural and Development dynamics, thus creating an opportunity for all stakeholders to come together and deliver its desired goals. In addition, TZCASP seeks a paradigm shift in HIV and AIDS response that will focus on behavioral and structural interventions to compliment the biomedical component. Through an elaborate results framework and designed evidence gathering mechanisms spelt out in this Plan, all players will therefore be required to prioritize the programmatic activities in accordance to the results matrix for efficient and effective service delivery.

**Dr. Isaac Kogo**
*Ag. CEC Health, Trans Nzoia County*

# Acknowledgements

The development of the Trans Nzoia County AIDS Strategic Plan covering the period 2014/15 to 2018/19 is the culmination of many months of preparation by the drafting team, working in collaboration with development and implementing partners, to deliver a better framework for a strengthened county HIV response.

Sincere gratitude goes to the Office of the Governor for the immense support offered during the process of developing this strategic plan. I wish to thank Trans Nzoia County HIV and AIDS Strategic Plan (CASP) drafting team, Members of the County Assembly and the county staff. Special thanks go to the national and regional offices of National AIDS Control Council (NACC) and National AIDS and STI Control Programme (NASCOP) for providing both technical and resource support that saw the process come to completion.

We wish to thank the county stakeholders for their continuous engagements, support and consultations, development partners including AMPATH, AMREF, CDC and representation from the Key Populations, Civil Society Organizations, Faith Based Organizations, networks of PLHIV, public sector institutions and private sector players for the advisory role they played throughout the development process. We also wish to acknowledge with deep gratitude the contribution of various partners during the development and review of this document. We recognise the different levels of efforts, financial and technical support from implementing partners.

Thank you very much and God bless you all.

**Dr. Morris Wakwabubi**
*Chief Officer Heath, Trans Nzoia County*

# Executive Summary

Trans Nzoia County HIV and AIDS Strategic Plan 2014/15-2018/19 process began with the launch and dissemination of the Kenya AIDS Strategic Framework (KASF 2014/15-2018/19) which is the blue print on which this plan is anchored.

The County is committed to conform to global and regional priorities in responding to HIV and AIDS epidemic. It highlights the current HIV and AIDS status informed by year 2015/16 County AWP end term review and the 2014 KDHS report.

This plan outlines service delivery, infrastructure and equipment, human resources, commodities and products as well as how monitoring and evaluation will be carried out.

It is a five year plan with county specific objectives that focuses on achieving the aspirations of Vision 2030 of access to health for all and improving life expectancy to 72 years. This will be achieved through a reduction of new infections and deaths by 75% and 50% respectively. Strategic objectives and targets are prioritised under the respective thematic areas. The plan also outlines the role, engagement and coordination of stakeholders.

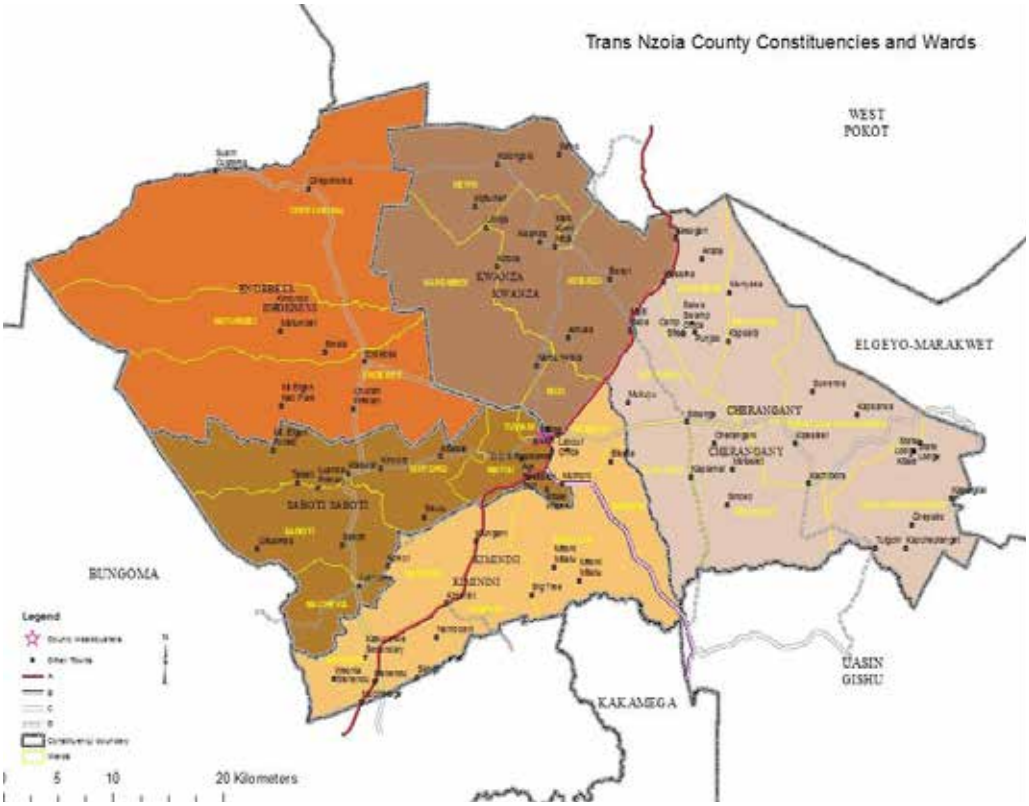
# 01.

# BACKGROUND ON THE COUNTY

## 1.1 location and size

Trans Nzoia County is one of the 14 Counties in the former Rift Valley Province. The county borders Uganda to the West, Bungoma and Trans Nzoia counties to the South, West Pokot County to the East and Uasin Gishu County to the South East. It is composed of five sub-counties namely, Saboti, Cherengany, Kiminini, Endebess and Kwanza. The county covers an area of 2,469.9 km$^2$ which represents 0.42 % of the republic of Kenya's total surface area.

**Map 1: Trans-Nzoia County**



## 1.2 Administrative sub-divisions

Administratively, the county is divided into five sub-counties/constituencies.

**Table 1: Administrative units in Trans Nzoia County**

| Sub –county | Population | Wards | No of locations | No of Sub locations |
|---|---|---|---|---|
| Cherengany | 253,397 | 7 | 11 | 22 |
| Endebess | 118,397 | 3 | 3 | 7 |
| Kiminini | 247,865 | 6 | 6 | 11 |
| Kwanza | 188,290 | 4 | 6 | 12 |
| Saboti | 255,060 | 5 | 5 | 6 |
| **Total** | **1,063,009** | **25** | **31** | **58** |

## 1.3 Population size and composition

According to the 2009 population census, the county's population was 818,757, of which 407,172 were males and 411,585 were females. At a projection of 3.7% growth rate, in 2016 the county population stands at 1,063,009. Trans Nzoia County is the 15th most populous County in Kenya

## 1.4 Health

Trans-Nzoia County has a total of 150 health facilities. They comprises of one county hospital, six sub-county hospitals, four private hospitals, one FBO hospital, 11 health centres, 38 dispensaries, seven faith based health facilities and 82 private health facilities. According to KDHIS 2014, HIV and AIDS is among the leading causes of morbidity in the county. Malaria, respiratory tract infections and diarrhoea diseases, in that order, are the leading causes of morbidity. It is also notable that NCDs are on the increase. Currently the HIV prevalence stands at 4.7 % (NASCOP 2014). The HIV prevalence among women in Trans Nzoia County is higher (7.3%) than that of men (4.4%). Over the years, the women living in the county have been more vulnerable to HIV infection than men.

## 1.5 Socio-Economic activities

Trans-Nzoia is largely a cosmopolitan county with diverse socio-economic activities. Agriculture is the economic backbone of the county which produces an average of 5.4 million bags of maize annually representing a third of all the maize produced in the country. Other economic activities include livestock husbandry, bee keeping, tourism and fisheries. Majority of the people in the county work on the farms and live in the informal settlements. The poverty rate is 50.2%. The middle class of the population work as civil servants and in other private sectors.

# 02.

# SITUATION ANALYSIS

According to KNASP III 2009/10 – 2012/13, 44% of infections occur among heterosexual partners and more so among married couples aged 50-64. This shift in the epidemic calls for proper targeting if reduction of new infections has to be realised. Much emphasis has been on the general population and the youth whose contribution to the epidemic is 20%. Sex workers, men who have sex with men (MSM), injecting drug users (IDUs) and prisoners, best referred to as Most at Risk Population (MARPS), contribute 30% to the epidemic. This implies that criminalising sex workers, IDUs and MSM creates a breeding ground for HIV transmission. In Trans Nzoia County the hot spots mapped are; Kipsongo slums, Matisi, Forkland, Shimo La Tewa, Line Moja, Kesogon, Sibanga, Kiminini, Kachibora and areas near ADC Farms.

About 81% of HIV infected pregnant women who need ART for PMTCT are not receiving it because of home deliveries. Nearly half of the women who are HIV positive have unmet needs for family planning services. The great majority of unmet needs is due to low level of awareness of HIV status among those infected. The maternal positivity of Trans Nzoia County is 7.3% (NASCOP Estima1tes). This gap is bound to widen if HIV and AIDS, Sexuality and Reproductive Health and Sexual and Gender Based Violence services continue to be implemented in isolation.

**Table 2: HIV burden in Trans Nzoia**

| Population | Size | Rank |
|---|---|---|
| Total population 2014 | 1,063,009 | 29 |
| HIV adult prevalence (overall) | 4.7% | 30 |
| Number of adults living with HIV | 24,100 | 30 |
| Number of children living with HIV | 3,118 | 32 |
| Total number of people living with HIV | 27,218 | 30 |

## 2.1 HIV prevalence trend

The HIV prevalence among women in Trans Nzoia County is higher (7.3%) than that of men (4.4%). Over the years, the women living in the county have been more vulnerable to HIV infection than the men. The annual new HIV infections in the county among adults was 1867 ranking number 34 out of 47 counties.

| Intervention | PLHIV estimates | Need for identification (testing ) | Identified and on care | Gap for care | Need for treatment | On treatment | Gap for treatment | Viral suppression targets | Viral suppression achieved | Gaps |
|---|---|---|---|---|---|---|---|---|---|---|
| Adults | 24,100 | 19,521 | 14,462 | 7,228 | 4,402 | 15,119 | 8,981 | 17,569 | 13,234 | 4,335 |
| Children (0-14years ) | 3,118 | 2,806 | 2,191 | 615 | 2,526 | 2,337 | 189 | 2,273 | 810 | 1,463 |
| Adolescence (15-24 years ) | 6,612 | 5,290 | 3,980 | 1,310 | 4,761 | 3,292 | 1,469 | 4,285 | 2,537 | 1,469 |

Meaningful involvement of people living with HIV and persons with disability is hampered by a false notion that "service providers" are people living without HIV/disability and "service users" are people living with HIV/disability. The same perceptions apply to any other marginalised group. The lack of involvement has denied them opportunities to boost self-esteem, improve on public speaking and communication skills; organizational, advocacy, dialogue and negotiation skills. This has had trickle-down effect to PLHIV support groups leading to weak operational, management, organizational and financial structures. Identification of HIV pregnant women and putting them on prophylaxis is at 88.8%, infant prophylaxis 79.9% and skilled delivery 18.1%. The County rationale is to ensure existence of conducive environment for the fast track plan is to deliver 90.90.90 targets.

## 2.2 Drivers of HIV Epidemic

The key drivers of HIV epidemic in the County include: Early sexual debut/early marriages, number of sex workers has been on the rise with increased number of higher learning institutions and other middle level colleges. Other drivers include alcoholism and drug abuse especially among the youth and adolescents, Gender Based Violence, stigma, retrogressive cultural practices like unhygienic circumcision, wife inheritance and sponsors. High risk populations in the county include touts, truck drivers, Boda Boda Operators, PWD, Street Children, OVCs and school going children.

## 2.3 Factors driving the new infections in the county

### 1. Socio-cultural factors

There is high level stigma and discrimination especially in Cherangany and Saboti Sub Counties. We also have GBV, poor attitude and religious beliefs towards the use of HIV prevention commodities like condoms, high poverty index, food insecurity, wide spread use of alcohol and drug abuse.

Others include high risk sexual behaviours which involve multiple sexual partners, early sexual debut, transactional sex, monogamous and trans-generational relationships, traditional male circumcision using one knife and FGM which is still being practiced in pockets of some communities in the county.

### 2. Economic Factors

These include increased cross border travel to Uganda, Busia and Sudan; poverty and inequalities contributed by squatters and casual labourers and vulnerability of adolescents, women and children.

### 3. Political Factors

These include internal and external conflicts, poor enforcement of laws, weak social and legal protection of vulnerable population (like irregular migrants, sexual minorities) and inconsistent political support in the fight against HIV.

## 2.4 HIV Policy, Coordination and Financing in the County

National HIV and AIDS response has undergone tremendous growth in the form of planning and policies. The development of the 5 year medium term plan (1999) gave rise to the establishment of the National AIDS Control Council (NACC) and subsequent formation of the National AIDS and STI Program (NASCOP). The first Kenya National AIDS Strategic Plan 2000 - 2005 was developed to guide the implementation of all HIV and AIDS activities by different stakeholders. The activities were coordinated by Provincial AIDS Control

Councils (PACCs) and District AIDS Control Committees (DACCs). The Kenya National AIDS Strategic Plans II and III were developed covering up to the year 2013. Following the promulgation of the current constitution in 2010, the Kenya AIDS Strategic Framework (KASF) was developed to guide response at national and county levels. In Trans Nzoia County, HIV and AIDS control activities were under the leadership of defunct District Technical Committee (DTC) chaired by District Commissioner, Constituency AIDS Committees (CACCs) patronized by the area Member of Parliament and technically supported by the District AIDS and STI Coordinators. Key HIV prevention activities include increasing community awareness and engagement, condom distribution and for HIV services – counselling, testing and treatment are being offered in all public health facilities, complimented by private health facilities.

Financing of HIV and AIDS control activities in Trans Nzoia has mainly been from the central government through the National AIDS Control Council for community based activities, the Ministry of Health through NASCOP for commodities (HIV testing kits, condoms and medicines), technical support through capacity building and human resources that has since been taken over by the county government. NGOs and CBOs have also been active in the county through donor funded projects in different locations of the county. Such donors include USAID through PEPFAR and Centre for Disease Control and prevention (CDC), Global Fund and the World Bank. Following devolution, the county government is now supporting HIV control services and an integrated health service.

## 2.5 Strength, Weakness, Opportunity and Threat Analysis

In developing this strategy, a strengths, weaknesses, opportunities and threats analysis has been done to re-examine the status of the past HIV and AIDS control activities in the county and outline the achievements and challenges in order to chart the way forward.

### 2.5.1 Strengths

The fact that HIV control activities have been on-going was noted as a strength, coupled with the support of the county government that has retained the previous functional structures at county and sub county level with the presence of trained staff. CBOs and FBOs whose capacity was built through the TOWA funds and supportive partners offer a good entry point for scaling up HIV activities in the county. The county is also a beneficiary of the Beyond Zero Campaign Ambulance donated courtesy of the First Lady aimed at reducing mother to child transmission of HIV. Male circumcision as a key intervention for HIV is culturally practiced among the community as a part of initiation to manhood. Improved commodity supply by the county government is a significant strength. Integration of health services in most facilities is also strength.

### 2.5.2 Weaknesses

A challenge in coordination of HIV activities was a key weakness to the program and was manifested by insufficient partners' reports, lack of technical working groups and skewed partner presence in the county (either over or under representation in some locations). Erratic supply of HIV commodities, inadequate infrastructure like comprehensive care clinics (CCCs), youth friendly clinics and inadequate skilled staff especially counsellors are other weaknesses. Inaccessibility to health facilities coupled with long distances is also

a major weakness to the program. Lack of documented HIV information based on county specific research is also hampering targeted interventions and innovations in the battle against the epidemic.

### 2.5.3 Opportunities

Devolution has offered a perfect opportunity for HIV prevention and treatment as it brings the control of resources closer to the community and shortens the lengthy decision making process. The availability of a pool of trained personnel that can be engaged in HIV control activities and the presence of institutions of higher learning within the county is a guarantee for potential increased capacity of conducting HIV related research. A rapidly growing and vibrant private sector comprised of financial institutions and other untapped resources offer an opportunity for private public partnership in funding HIV programs.

There are also willing partners ready to support the county such as the Global Fund through Kenya Red Cross Society, AMREF, USAID/AMPATH and CDC. Implementation of the community strategy also offers an opportunity to scale up community based HIV interventions.

### 2.5.4 Threats

Traditional cultural practices i.e. polygamy, poor health seeking behaviour, violence against women, high poverty and low literacy levels remain major threats to HIV control. Cross border activities along the highway to Uganda and Sudan open up avenues for sex work which increase HIV infection risks. While the mushrooming of private health clinics offers an opportunity to increase access to services it also poses a threat if the quality of HIV services provided remains substandard and unchecked.

# 03.

# RATIONALE AND STRATEGIC PLAN DEVELOPMENT PROCESS

## 3.1 Rationale

The policy environment of HIV response is defined by the Constitution of Kenya 2010 which establishes a right, "to the highest attainable standard of health" and the resulting devolution of the responsibility for the implementation of most health services including the HIV response to county level. We also have vision 2030 which underscores the importance of health as a key building block transforming Kenya into a successful middle income country; the HIV policy of 1999 which defines HIV and AIDS as a disaster and provides a framework for a multi -sectoral response and the Kenya Health Policy that prioritizes the elimination of communicable diseases.

Trans Nzoia CASP defines the results to be achieved in the next five years and offers broad strategic guidance to the County on the coordination and implementation of the HIV response.

## 3.2 Process of Developing Trans Nzoia County HIV and AIDS Strategic Plan

This plan was developed through an in-depth analysis of available data. It was a highly participatory process involving a wide range of stakeholders from the county, civil society organisations, networks of people living with HIV and key populations.

The process manifested in the following stages:

- The dissemination of Kenya AIDS Strategic Framework (KASF) to the key actors in the county on August 2015 and subsequent development of zero draft of TNZCASP.
- Development of the Terms of References and formation of Technical Working Group on February 2015 (NACC Regional Office).
- De-briefing and consultation with County Health Management and the County Commissioner was done in March 2015.
- The zero draft was compiled and reviewed in April 2015 followed by a consultative meeting with stakeholders.
- First draft was reviewed by the County Technical Working Group from 7th -10th December 2015 (Sky nest Hotel) and second draft reviewed on 22nd -23nd June 2016 (Sky nest Hotel).
- Validation by the county teams happened on 24th June 2016 (Sky nest Hotel).

## 3.3 The TNZCASP Guiding Principles

1. **Multi-faceted HIV and AIDS response approach:** The HIV program shall take cognizance of the fact that Trans Nzoia County plays host to a population with different cultural behaviours and thus no single approach may suit all the groups. The county has also two distinct populations; the urban and rural.
2. **Prioritisation of the rural areas:** The bulk of the population of the county is at the rural areas where there is low ANC uptake and few facility deliveries for pregnant mothers. The program shall concentrate its effort in the rural areas where there is inadequate access to health facilities and few people know their low knowledge on HIV status. The rural community continues to practice various cultural activities like early marriages, wife inheritance, and polygamy that put them at risk of contracting HIV.
3. **Cross-country and Inter-county HIV response:** There is a lot of mobility

within the county given that three major highways traverse the County (to Uganda , to Lodwar and to Sudan). The HIV program will lay emphasis on implementing highway HIV response programs targeting truckers and sex workers in collaboration with other neighbouring counties of Bungoma, Uasin Gishu, and Turkana County.

4. **Evidence-based programming:** The HIV program recognizes that there is a gap of information for effective programming and will undertake operational research in given areas to inform innovation and interventions such as:

    - Understanding the influence and contribution of new infections by key populations in Trans Nzoia County.

    - Determining reasons for low HTC/S uptake within the population.

5. Integrated HIV response. The strategy will aim to Integrate HIV programming in all sectors of the County. It will also strategize to reach the "under reached" using outreach mobile program that includes the Beyond Zero Mobile Programs to improve maternal and child health outcomes in relation to HIV and AIDS.

6. Best practices of HIV and AIDS response the HIV program will scale up the implementation of best practices in HIV and AIDS intervention.

7. **Multi-sector HIV and AIDS response;** The HIV program shall engage as many sectors in the county as possible to reach various target groups.

8. **County ownership and leadership;** The Governor's office shall take the lead in HIV response.

# 04.

# VISION,MISSION, GOAL, OBJECTIVES AND COUNTY STRATEGIC DIRECTIONS

## 4.1 Vision

A County free from New HIV Infections, Stigma, Discrimination and AIDS Related Deaths.

## 4.2 Goal

To Provide Direction for HIV and AIDS Prevention, Care, Treatment and Mitigation of Socio-Economic Impact in Trans Nzoia County.

## 4.3 Mission

A leading County in HIV prevention and management.

## 4.4 Objectives

1. Reduce new HIV infections by 75% in the County.
2. Reduce AIDS related mortality by 50%.
3. Reduce HIV related stigma and discrimination by50%.
4. Advocate for increased Financing for HIV response by 50% of the current allocation.

| These objectives will be delivered through the following strategic directions | | |
|---|---|---|
| **Strategic Direction 01** Reducing new HIV infections | **Strategic Direction 02** Improving health outcomes and wellness of all people living with HIV | **Strategic Direction 03** Using a human right approach to facilitate access to services for PLHIV, key populations and other priority groups in all sectors |
| **Strategic Direction 04** Strengthening integration of health and community systems | **Strategic Direction 05** Strengthening research and innovation to inform the TNZCASP goals | **Strategic Direction 06** Promoting utilization of strategic information for research and monitoring and evaluation (M&E) to enhance programming |
| **Strategic Direction 07** Increasing domestic financing for a sustainable HIV and AIDS response | **Strategic Direction 08** Promoting accountable leadership for delivery of the TNZCASP results by all sectors and actors | |

## 4.5 Strategic Direction 1: Reducing new HIV infections

According to the Kenya HIV estimates (2014), Trans Nzoia County has an overall adult HIV prevalence of 5.1%. The total number of people living with HIV is 27,874 with 24,300 being adults and the remaining 3,574 being children. Annually, the new HIV infections among adults in the county are estimated to be 1867. With the implementation of the TNZCASP, the intention is to reduce new HIV infections by 75% through activities elucidated in the table below.

**Table 4: Strategic Direction 1: Reducing New HIV Infections by 75%**

| KASF OBJECTIVE | TNZCASP RESULTS | TARGET POPULATION | KEY ACTIVITY | SUB ACTIVITY/INTERVENTION | |
|---|---|---|---|---|---|
| | | | | **Biomedical** | |
| Reduce new HIV infections by 75% | Reduce new HIV infections by 75% | General Population | Offer innovative and evidence based HIV prevention and care activities | Innovative HIV testing and counselling models | |
| | | | | Linkage for those testing HIV positive to care and early ART initiation | |
| | | | | Prevention and management of co-infections and co-morbidities | |
| | | | | Sustain VMMC among traditionally non-circumcising communities | |
| | | | | Support and ensure safe circumcision practices among traditionally circumcising communities | |
| | | | | Offer SGBV care services including PEP | |
| | | Key Population and Vulnerable groups | Roll out package of care for Key Populations and Vulnerable groups | Provision of key commodities including condoms | |
| | | | | Initiate medically assisted therapy for opioid dependents | |
| | | | | Screening and management of HPV, Hepatitis B and C among FSW/MSM. | |
| | | | | Alcohol screening and addiction support | |
| | | Adolescents and young women | | Establish youth friendly clinical services. | |
| | | | | Offer age appropriate contraceptives and microbicides | |
| | | | | Increase access to sexual and reproductive health services | |

| | Behavioural | Structural | GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY | RESPONSIBILITY |
|---|---|---|---|---|
| | Stigma reduction campaigns | Implement SGBV prevention and response programme. | Trans-Nzoia County (5 Sub counties) | TWG, CHAC |
| | Risk reduction counselling and skill building | Implement stigma reduction campaigns | | CASCO, COAC |
| | Male and female condom demonstration and skill building | Utilize community health volunteers to strengthen linkages between community and facilities | | County MoH, Partners |
| | | Strengthen workplace protection policies | | County MoH |
| | Promote post- test HIV clubs and psychosocial support groups | Offer gender based violence care services including post exposure prophylaxis (PEP) for survivors | | County MoH |
| | | | | County MoH |
| | | | | County MoH |
| | Behaviour change intervention using specific interpersonal tools and techniques. | Address the issue of violence against key population through appropriate crisis response mechanism | Trans Nzoia County | County MOH and Partners |
| | Regular outreach and contact with Key Population through peer based education, treatment and support | Sensitize and engage community and religious leaders and elders to reduce stigma and increase service intake among key population. | Trans-Nzoia County (5 Sub Counties) | County MOH and Partners |
| | Advocacy for increased uptake of services | Strengthen protection of rights and empower key and vulnerable population. | Trans-Nzoia County (5 Sub Counties) | COAC, CASCO, AMPATH, Neighbours in action, KRC |
| | Advocacy for increased uptake for service | Scale up screening centres | Trans-Nzoia County (5 Sub Counties) | County MoH, NACADA |
| | Offer peer to peer outreach to school and outside school. | Implement stigma reduction campaigns in schools | Trans Nzoia(5 sub counties) | CASCO, MOH, CHAC, County Government, Implementing partners |
| | Implement evident based interventions (EPI) sister to sister healthy choices for better future. | Establish youth friendly sites. | | CASCO, MOH, CHAC, County Government, Implementing partners |
| | HIV and RCH related education in schools and in the community. | Implement cash transfer programmes to keep girls in schools and social protection of vulnerable families. | | County government |

| KASF OBJECTIVE | TNZCASP RESULTS | TARGET POPULATION | KEY ACTIVITY | SUB ACTIVITY/INTERVENTION | |
|---|---|---|---|---|---|
| | | | | **Biomedical** | |
| Reduce new HIV infections by 75% | Reduce new HIV infections by 75% | PLHIV and Sero Discordant Couples | Adolescents and young women | Offer HTC to partners and families of all HIV positive clients. | |
| | | | | Provide ART to the infected partner and adherence support. | |
| | | | | Provide Post Exposure Prophylaxis | |
| | | Children and Pregnant women living with HIV | | Integrate early infant diagnosis of HIV with immunization services. | |
| | | | | Deliver all 4 prongs of eMTCT in all health facilities in the county (Comprehensive intervention to prevent HIV among young women) | |

| | Behavioural | Structural | GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY | RESPONSIBILITY |
|---|---|---|---|---|
| | Offer peer outreach and support services to create treatment and rights awareness. | Implement stigma reduction campaigns. | Trans Nzoia County( 5 Sub Counties) | MOH, Partners |
| | Implement positive health dignity and prevention | Engage men on their role in HIV prevention and eMTCT | | |
| | Implement appropriate evident-based behavioural interventions and offer supported disclosure and support groups | | | |
| | Support groups of pregnant women | Full Integration of HIV services in the MCH | Trans Nzoia County (5 Sub Counties | MOH, Partners |
| | Psychosocial support services | | | |

## Strategic Direction 2: Improving Health Outcomes and Wellness of all people living with HIV

Kenya has embraced the UNAIDS 90-90-90 ambitious treatment target to help end the AIDS epidemic. By 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained ART and 90% of all people receiving ART will have viral suppression. A total of 24,100 adults and 2,526 of children living with HIV in Trans Nzoia County are in need of antiretroviral therapy (ART) but are not under treatment. Trans Nzoia County will prioritize the following to substantially reduce AIDS-related deaths, lower viral load and prevent onward transmission of HIV:

**Table 5: Strategic Direction 2: improving health outcomes and wellness of people living with HIV**

| KASF OBJECTIVE | TNZCASP RESULTS | TARGET POPULATION | KEY ACTIVITY | |
|---|---|---|---|---|
| To increase linkage to Care within 3 months | Increase HIV diagnosis to 90% for children, adolescents and adults | General population | Improve linkage and retention | |
| | | Children living with HIV | Provide HTS | |
| | | Adolescents and Youth | Scale up uptake of services | |
| | | Key and vulnerable population | Scale up provision of targeted key population services | |

1) Put in place mechanisms to track referrals.

2) Improve on access to and equal distribution of services and human resources so as to cascade care.

3) Increase advocacy on ART uptake and adherence.

4) Scale up interventions to improve quality of care and improve health outcomes.

| | SUB ACTIVITY/INTERVENTION | GEOGRAPHICAL AREAS BY COUNTY/ SUB- COUNTY | RESPONSIBILITY |
|---|---|---|---|
| | Improve referral, linkages and patient management system and infrastructure<br>Establish standardized national patient unique identifier, defaulter tracking tool and mechanisms<br>Public education and treatment literacy ( age and population specific)<br>Strengthen facility and community linkage with inter and intra facility referral protocols and linkage strategies<br>Ensure the identified gaps in HIV prevention and treatment cascade are addressed immediately<br>Promote meaningful involvement of people living with HIV and AIDS in care, treatment through linkage and partnership | Trans Nzoia county (5 sub counties) | MOH, AMPATH and other partners. |
| | Integrate HIV testing, care and treatment services into maternal, neonatal and child health setting and services<br>Public education and education of care givers | Trans Nzoia (5 Sub Counties) | MOH, Partners, NEPHAK |
| | Establish and scale up youth friendly services<br>Utilize peer support and networks of adolescents living with HIV<br>Utilize technology including social media for education, recruitment, retention and care<br>Promote access to justice to address stigma and discrimination among adolescents<br>Utilize community dialogue days to address issues of HIV and AIDS for response | Trans Nzoia ( 5 Sub Counties) | MOH, MOEST, Partners |
| | Recruitment of key and vulnerable population for purposes of enrolment in care, treatment and retention<br>Organize special clinics in terms of time and place<br>Integrate care services in drop – off centres<br>Integrate alcohol, drug and substance abuse services | Trans Nzoia County (5 Sub Counties) | MOH, Partners, |

| KASF OBJECTIVE | TNZCASP RESULTS | TARGET POPULATION | KEY ACTIVITY | |
|---|---|---|---|---|
| **INCREASE COVERAGE TO CARE AND TREATMENT** | | | | |
| Increase initiation of ART treatment to 90% | Increased Uptake of ART services to 90% | General population | Care and Treatment | |
| | | Children Adolescents and youths | Scale up service provision. | |
| | | Children Adolescents and youths | Scale up service provision | |
| | | Key populations | Scale up service provision | |
| **IMPROVE QUALITY OF CARE AND TREATMENT OUTCOMES** | | | | |
| Improve quality of care and Treatment | 90% in children, adolescents and adults | Quality of care and monitoring treatment outcomes | Improve quality of care and health outcomes | |
| | | Laboratory Capacity | Provide adequate supplies, equipment and build staff capacity | |
| | | Community based adherence support | Scale up service provision | |

| | SUB ACTIVITY/INTERVENTION | GEOGRAPHICAL AREAS BY COUNTY/ SUB- COUNTY | RESPONSIBILITY |
|---|---|---|---|
| | | | |
| | Provide screening and diagnostic equipment for communicable and non- communicable diseases<br>Scale up prevention interventions for TB, OIs and other co-morbidities, water and sanitation related diseases, vaccinations for preventable diseases ( Cervical cancer, hepatitis and pneumonia)<br>Capacity build a competent health workforce to provide quality care and treatment services through innovative methods and technologies | Trans Nzoia (5 Sub Counties) | County Government, MOH |
| | Use integrated and innovative methods to provide pre-ART services in the community<br>Enhance and empower treatment literacy, adherence, disclosure and support interventions with full involvement of civil society and community especially PLHIV | Trans Nzoia (5 Sub Counties) | County Government, MOH |
| | Capacity build care givers with HIV education, literacy and empowerment<br>Integrate HIV care treatment into youth friendly services.<br>Scale up the Ministry of Education programme for HIV education and treatment literacy, adherence and retention<br>Use of technology and social media to facilitate retention and adherence<br>Capacity builds and imparts skills to the community on disclosure for children and adolescents | Trans Nzoia (5 Sub Counties) | MOH, MOEST, Partners |
| | • Scale up key population friendly HIV care and treatment services with peer mobilization and support<br>• Reduce HIV stigma and discrimination to increase access to care and treatment | Trans Nzoia (5 Sub Counties) | County Government, MOH |
| | | | |
| | • Strengthen capacity of county staff to monitor quality of care and utilize care data for decision making<br>• Continuous quality improvement (CQI) initiatives through health worker training and use of (EMR.<br>• Develop and implement surveillance plans, protocols and periodic surveys and cohort analysis<br>• Strengthen supply systems and ensure continuous availability of quality HIV commodities at the point of service delivery.<br>• Implement periodic monitoring for adherence and disclosure | Trans Nzoia (5 Sub Counties) | MOH, County Government |
| | • Strengthen laboratory system to support care and treatment.<br>• Put in place systems to assure quality and monitor adherence to laboratory protocols<br>• Reduce turnaround time for results and feedback<br>• Screening the liver and toxicity of drugs for PLHIV | Trans Nzoia (5Sub Counties) | MOH, County Government |
| | • Promote age and population specific treatment education in community and other non-health facilities based settings<br>• Use innovative mobile and web based technology to increase adherence and follow up options<br>• Scale up use of people living with HIV peer support strategies | Trans Nzoia (5 Sub Counties) | MOH, Partners |

## Strategic Direction 3: Using a human rights approach to facilitate access to services

Article 27 of the Constitution of Kenya 2010 out-laws discrimination on the basis of one's health status. The Kenya Stigma Index Survey (2013) reported stigma and discrimination at over 45%. An estimated 15% of PLHIV reported discrimination by a health professional through disclosure of their Sero-status without their consent. Kenya expects to reduce self-reported stigma and discrimination related to HIV and AIDS by 50%.

It also expects to reduce sexual and gender-based violence for PLHIV, key populations, women, men, adolescents and girls by 50% by 2020. Trans Nzoia County will contribute to the achievement of this target by prioritizing the following interventions

**Table 6: Strategic Direction 3: Using a human rights approach to facilitate access to services for PLHIV, Key populations and other priority groups in all sectors**

**Table 4.9: Using a Human Rights approach to facilitate access to services for PLHIV, Key populations and other priority groups in all sectors**

| KASF OBJECTIVE | TNZCASP RESULTS | KEY ACTIVITY | SUB-ACTIVITY/ INTERVENTION | |
|---|---|---|---|---|
| An enabling legal and policy environment necessary for a robust HIV response at the national and county level to ensure access to services by persons living with HIV | Reduced reported stigma by 50 % | Remove barriers to access HIV, SRH, and rights information and services in public and private entities | Promote use of key population peer groups and support groups to enhance uptake of PMTCT, ART, STI treatment services | |
| | | | Develop and disseminate population specific and user friendly information including for persons with disability | |
| | | | Promote intake of Pre and Post Exposure Prophylaxis among survivors of sexual violence and priority population | |
| | | | Create functional links to social protection programmes for PLHIV, OVC, and key populations | |
| | | | Create structures to empower vulnerable populations | |
| | | | Promote understanding of integration of HIV information and service uptake in religious structures | |
| | | | Create awareness on legal issues, rights and gender in the framework of HIV and media | |
| | | Improve county legal and policy environment for protection and promotion of the rights of priority and key population and PLHIVs | Sensitize law and policy makers on the need to enforce laws | |
| | | | Create a working environment among HIV services providers, clients and law enforcers | |
| | | | Mainstream human rights approach in health care | |
| | | Reduce and monitor stigma and discrimination social exclusion and gender-based violence | Sensitize health care workers and support staff to reduce stigmatizing attitude in health care settings | |
| | | | Promote social inclusion of priority populations | |
| | | | Invest in community programmes to change harmful gender norms | |

- Removing barriers to access of HIV, SRH and rights information and services in public and private entities.
- Improving County legal and policy environment for protection and promotion of the rights of priority populations including PLHIV and key populations.
- Reducing and monitoring stigma and discrimination, social exclusion and gender-based violence.
- Improving access to legal and social justice and protection from stigma and discrimination in the public and private sector.

| | TARGET POPULATION | GEOGRAPHIC AREAS BY COUNTY/ SUB COUNTY | RESPONSIBILITY |
|---|---|---|---|
| | Peer groups ,support groups | Trans-Nzoia County | CHEWS , CO, Nurses , PHO, CDOH, CO Health, NEPHAK |
| | Persons with disability | Trans-Nzoia County | PHO, social workers, Health workers. |
| | Survivors of SGBVs | Trans-Nzoia County | MOH-RH coordinator, CASCO |
| | PLHIV, OVC, | Trans-Nzoia County | AMPATH, HI, Catholic Diocese , GOK-Children department |
| | Vulnerable population | Trans-Nzoia County | CASCO, Gender coordinator. NEPHAK |
| | Religious structures | Trans-Nzoia County | Religious leaders, PHOs |
| | Survivors , general population | Trans-Nzoia County | Health promotion officer |
| | PLHIV, sex workers , survivors | Trans-Nzoia County | CJPC, Police gender desk, HI |
| | PLHIV, Key Population , survivors | Trans-Nzoia County | CJPC, Police gender desk, HI |
| | Key and vulnerable populations | Trans-Nzoia County | CJPC, Police gender desk, HI |
| | Health care workers and support staff | Trans-Nzoia County | CASCO |
| | Priority population | Trans-Nzoia County | CACCs, CASCO, Partners |
| | General population | Trans-Nzoia County | Community units |

## Strategic Direction 4: Strengthening Integration of Community and Health System

The Trans Nzoia County AIDS Strategic Plan intends to build strong, robust, and sustainable systems for HIV service delivery in the County, through promotion of specific health and community system approaches, actions and recommended interventions that greatly support HIV response.

The Trans Nzoia County AIDS Strategic Plan aims to improve the health service delivery work force to stabilize HIV response at County and health facility levels by the following interventions:

**Table 7: Strategic Direction 4: Strengthening integration of health and community systems**

| KASF OBJECTIVE | TNZCASP RESULTS | INTERVENTION | |
|---|---|---|---|
| Build a strong and sustainable system for HIV service delivery through specific health community systems approaches, actions and interventions to support the HIV response | Improved health workforce for HIV response at county and sub-county levels | Provision of competent motivated & adequately staffed workforce at County to deliver integrated in the essential health package | |
| | Increased number of health facilities ready to provide KEPH-defined HIV and AIDS services | Strengthen health service delivery system at County and Sub-County levels to deliver integrated HIV services at different Tiers | |
| | Strengthened HIV commodity Management through effective and efficient management of medicine and medical product. | Improve access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services. | |
| | Strengthened Community-level AIDS competency | Strengthen community service delivery system at county and sub-county for the provision of HIV prevention ,treatment and care services | |

- Provide adequate and competent work force to deliver integrated HIV services in the county.
- Improve procurement and management of quality medical products and technologies that are accessible and affordable.
- Strengthen community service delivery systems at community level including community units, social mobilization, building community linkages, collaboration and coordination.

| | KEY ACTIVITY | GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY | RESPONSIBILITY |
|---|---|---|---|
| | Recruitment, distribution and retention of competent and skilled clinical personnel in specific sections in health facilities<br>Institute mechanism for mentorship and skills transfer to ensure delivery of essential health package including HIV prevention, treatment and care<br>Capacity building of in-service and pre-service staffs in HIV management and create incentives in terms of enumeration and other rewards<br>Develop and implement a system for caring of the care givers.<br>Revision of health human resource development plan to guide HR needs for staff providing HIV prevention, treatment and care | Trans-Nzoia County | CGTN, CO- Health, partners |
| | Integration of HIV services within all cadres in primary health care services<br>Adaption and implementation of the Kenya HIV quality improvement Framework (KHQIF)<br>Implement strategies to make comprehensive HIV care services accessible to key populations<br>Strengthen community linkages and integrate HIV referral in the health service networks<br>Upgrading of health facility infrastructure to be able to meet basic standards for HIV service provision | Trans-Nzoia County | CO Health, Implementing partners |
| | Strengthen HIV commodity management and supply chain management at county and facility level including pharmacovigilance (drug safety) and post marketing surveillance (PMS)<br>Promote financing and procurement efficiency for HIV commodities<br>Promote appropriate prescription practice and rational use of HIV commodities<br>Provision of adequate and functional HIV diagnostic equipment that are well maintained (service contracts) and adoption of new technologies<br>Link facility based IT systems to county MOH information system in managing and monitoring HPT supplies.<br>Decentralization of comprehensive HIV services including laboratory networks to all health facilities, especially tier 2 | Trans-Nzoia County | CO Health, CASCO Implementing Partners |
| | Strengthen governance and leadership for community and workplace health action at all levels | Trans-Nzioa County | CASCO, CO Health, Implementing partners |
| | Empower human resource in community and workplace for the implementation of health services at all levels | | |
| | Rolling out established guidelines within the community and workplace for health implementation and practice | | |
| | Ensure a comprehensive and quality community and workplace health package for HIV | | |

## Strategic Direction 5: Strengthening research, innovation and information to meet TNZCASP goals

There is need for a revised and unified research agenda for HIV to address emerging challenges and gaps that propel evidence-based policy and programming in Trans Nzoia County.

Different national surveillance studies (such as KAIS and MOT) provide valuable information for program and research on HIV and AIDS. However efficient translation of strong research findings

**Table 8: Strategic Direction 5: Strengthening research, innovation and information to meet TNZCASP goals**

| KASF OBJECTIVE | TNZCASP RESULTS | KEY ACTIVITY | |
|---|---|---|---|
| Resource and implement an HIV research agenda. | Increased evidence based planning, programming and policy changes by 50% | Increased community research engagement | |
| | Increased capacity to conduct HIV research priorities by 50% | Invest in capacity development in HIV research | |

into policies and practices remains a challenge in the county due to the fact that most of these surveys' results are analysed up to the regional level.

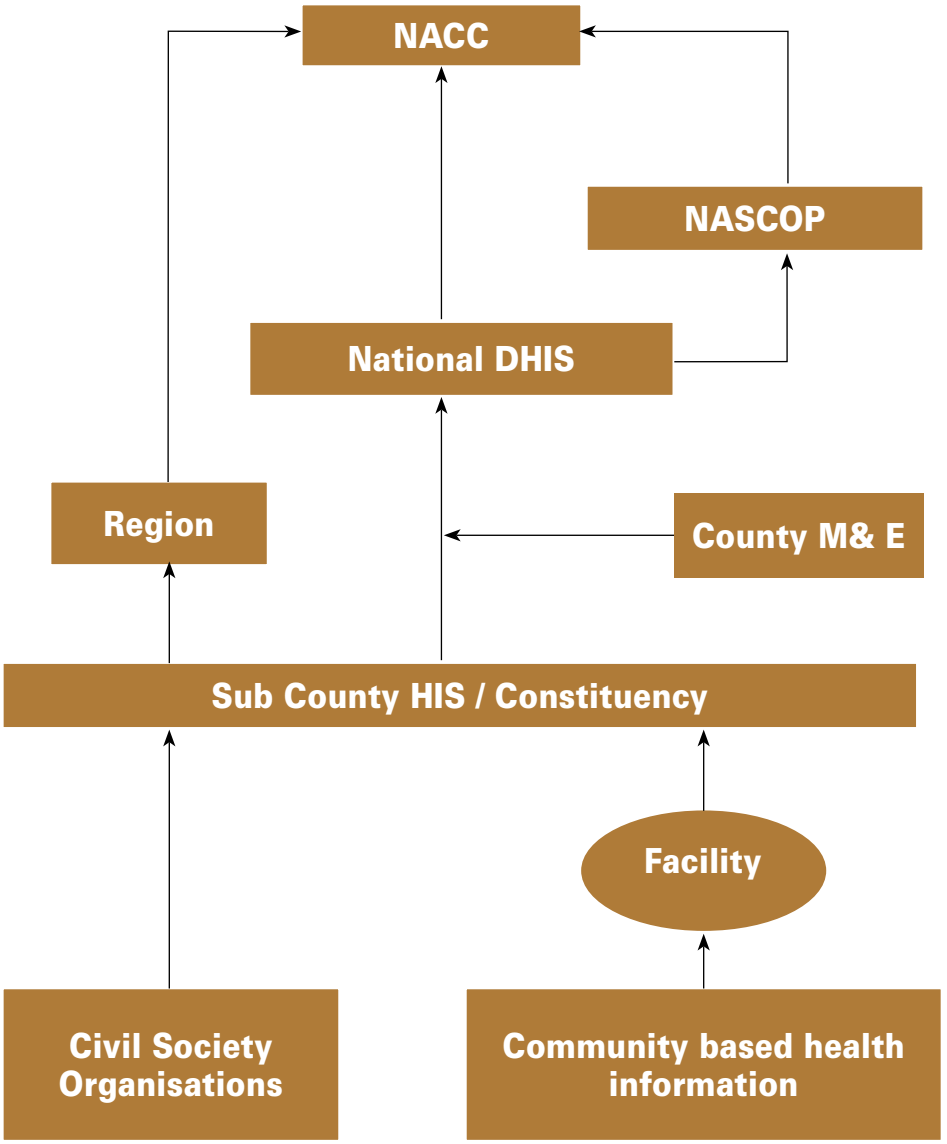
This strategic plan aims at realizing the following key interventions:

- Resource and implement a HIV research agenda.
- Increase evidence based planning, programming and policy changes.

| | SUB-ACTIVITY/ INTERVENTION | TARGET POPULATION | GEOGRAPHIC AREAS BY COUNTY/SUB-COUNTY | RESPONSIBILITY |
|---|---|---|---|---|
| | Establishment of a County ad hoc research committee to identify research priorities, determine policy changes from existing research and disseminate findings<br>Invest in capacity development within responsible agencies for research reviews and collation/ comparison<br>Establish Communities of Practice on Trans Nzoia CASP priorities to review evidence and propose policy recommendations<br>Develop and disseminate regular review of papers on key research findings, local innovations, systematic reviews and their policy, funding and practice implications. | County planners and implementers of HIV agenda | All the 5 Sub Counties of Trans Nzoia | NACC<br>National and County Government |
| | Finance HIV research trainings to enhance capacity.<br>Develop county HIV research agenda through a consultative process to complement the Health Research agenda<br>Strengthen synergies between HIV research and other health research areas such as TB and SRH<br>Advocate for County allocation of 20 % for HIV research budget through a sound investment case<br>Implement research on TNZCASP related priorities Implement a bio –behavioural survey framework for key and vulnerable populations<br>Invest in county capacity for sound research, improve quality of care and peer reviewed publication<br>Create and maintain a HIV research and best practice data base<br>Integrate research funding priorities and develop resource mobilization plans | County MoH staff | All the 5 Sub Counties of Trans Nzoia | NACC<br>National and County Government |

## Strategic Direction 6: Promote Utilization of Strategic Information for Research and M&E

A functional, integrated monitoring and evaluation system for HIV is vital for effective evidence-informed decision making at national, county and sub county levels. The Constitution also demands for transparency, accountability, participation of people in order to assure good governance and stewardship in the HIV response process. Trans Nzoia HIV Strategic Plan seeks to strengthen and integrate information systems together with building capacity of health workers and community health volunteers in data collation and use.



Over the past decade, the country has relied on quality national surveys (KAIS and KDHS), facility based HIV Sero-prevalence surveys as well as bio-behavioural surveys to provide trends in HIV prevalence and incidence as well as HIV-related risk behaviours. Majority of these data sources are supported and maintained by various stakeholders. Both routine and non-routine M&E subsystems are in place with reasonable infrastructure and personnel.

This plan aims at achieving the following key interventions:

- Strengthen M&E capacity to effectively track the TNZCASP performance and HIV epidemic dynamics at all levels.
- Ensure harmonized, timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data as per national, county and sector priority information needs.
- Establish multi-sectoral and integrated real time HIV platform to provide updates on HIV epidemic response accountability at county and national level.
- Increased availability of strategic information to inform HIV response at national and county level.
- Planned evaluations, reviews and surveys implemented and results disseminated in timely manner.
- M&E Information Hubs established at county levels and providing comprehensive information package on key TNZCASP Indicators for decision making.

## Data Flow

The County has identified the institutions and the various data sources that will facilitate the data and information management. This will facilitate tracking of progress towards TNZCASP results, for informed decision making by diverse stakeholders at County and strengthen M&E capacity to effectively track the CASP performance and HIV epidemic dynamics. Also it will ensure there is a harmonized, timely and comprehensive routine and non-routine monitoring system to provide quality HIV data as per county and sector priority information needs and establish multi-sectoral and integrated real time HIV platform to provide updates on HIV epidemic response accountability.

## Table 9: Strategic Direction 6: Promoting Utilisation of Strategic Information for Research and Monitoring and Evaluation (M&E) to Enhance Programming

This strategic direction focuses on developing routine monitoring and evaluation systems to be more accessible and renewed focus on improving data quality demand and use of data for decision making at county and health facility levels given priority.

| **Strategic Direction 6: Promoting utilization of strategic information for research and monitoring and evaluation (M&E) to enhance pro** | | | |
|---|---|---|---|
| **KASF OBJECTIVE** | **TNZCASP RESULTS** | **KEY ACTIVITY** | |
| Promote Utilization of Strategic information for Research and Monitoring and Evaluation to enhance programming | 1.Increased availability of strategic information to inform HIV response at county level | Establish multi-sectoral and integrated real-time HIV platform to provide updates on HIV epidemic response accountability at county and national level | |
| | 2.Planned evaluations, reviews and surveys implemented and results disseminated in timely manner | Ensure harmonized, timely and comprehensive routine and non–routine monitoring systems to provide quality HIV data | |
| | 3. M&E information hubs established at county level providing comprehensive information package on key KASF indicators for decision making. | Strengthen M&E capacity to effectively track the KASF performance and HIV epidemics at all levels | |

| gramming. | | | | |
|---|---|---|---|---|
| | **SUB-ACTIVITY/INTERVENTION** | **TARGET POPULATION** | **GEOGRAPHIC AREAS BY COUNTY/SUB-COUNTY** | **RESPONSIBILITY** |
| | • Establish a multi-sectoral HIV programming web-based data management system | County and National line ministries, implementing partners | Trans Nzoia County | NACC<br>MOH<br>CDH |
| | • Promote data demand and use of HIV strategic information to inform policy and programming | | | |
| | • Develop and implement TNZCASP evaluation agenda | | | |
| | Create and strengthen M&E information hubs at county and sub-county level | | | Implementing partners, NACC |
| | • Strengthen HIV M&E data management at county, sub county and community levels | County and National line ministries, implementing partners | Trans Nzoia County | Trans Nzoia County Government, Implementing partners, NACC |
| | • Harmonize and create linkages between data collection tools and databases | | | |
| | • Conduct periodic data quality audits and verification | | | |
| | • Conduct M&E supervision | | | |
| | • Scale up coverage of ongoing HIV programme surveillance and surveys | | | |
| | • Honour national and county HIV reporting obligations | | | |
| | • Strengthen routine and non-routine HIV information systems | | | |
| | • Establish County HIV M&E systems aligned to the National HIV M&E system | Trans Nzoia County, Government | Trans Nzoia County | Trans Nzoia County Government, Implementing partners, NACC |
| | • Conduct county and sub county M&E capacity assessment and capacity development | | | |
| | • Establish and strengthen functional multi-sectoral HIV M&E co-ordination structure and partnerships within the conduct national and county M&E engagements | | | |
| | • Ensure sustainable financing for HIV M&E planned activities | | | |

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

Due to the dwindling resources available for HIV programming from donors and multilateral partners, the county is expecting to Increase its domestic financing for HIV response to 50%.

This calls for smarter investments of every shilling where it will have the greatest impact and in the most efficient way. The shift towards a decentralized design of HIV policies and programs that are calibrated to county specific circumstances is essential and should be cascaded to the county level. An approach that targets interventions towards who needs them and where they are needed will reduce HIV incidence by over 10%

**Table 10: Strategic Direction 7: Increasing Domestic Financing for Sustainable HIV Response**

| KASF OBJECTIVE | TNZCASP RESULTS | KEY ACTIVITY | SUB- ACTIVITY |
|---|---|---|---|
| Increase Domestic Financing to 50% | Increased domestic financing by 50% | Increased domestic financing for HIV and AIDS response | Allocation of budget to support the continuation of HIV prevention, treatment and care programmes by the county government at community and facility level |
| | | | Allocate government resources to CACCs and SCASCOs |
| | | | Engage the commission on revenue allocation to consider HIV as an added parameter in resource allocation |
| | | Align HIV resources / investment to strategic plan priorities | Strengthen development partners HIV forum to facilitate alignment with KASF |
| | | | Facilitate quantification of county resource needs through the available county HIV evidence based data for county financial support |
| | | | Implement a partnership accountability framework to ensure alignment of resources to KASF priorities |
| | | Maximize efficiency of existing delivery options for increased value and results within existing resources | Facilitate planning by reporting contribution to KASF annually |

immediately, and this effect could grow to a 30% reduction in annual HIV incidence after a 15-year period, thereby setting the country on a path to ending the AIDS epidemic.

This plan if implemented shall realize the following interventions:

- Maximize efficiency of existing delivery options for increased value and results within existing resources.
- Promote innovative and sustainable domestic HIV financing options.
- Align HIV resources/investment to strategic framework priorities.
- Increase domestic financing for HIV response to 50%.

| TARGET POPULATION | GEOGRAPHIC AREAS BY COUNTY/ SUB- COUNTY | RESPONSIBILITY |
|---|---|---|
| MCAs | Trans Nzoia County | CHC |
| County Government | Trans Nzoia County | CEC Health |
| County Government | Trans Nzoia County | CEC Health |
| County Government | Trans Nzoia County | CHC |
| County Government | Trans Nzoia County | CHC |
| County MoH staff | Trans Nzoia County | CHC |

## Strategic Direction 8: Promoting Accountable Leadership for Delivery of the TNZCASP Results by all Sectors and Actors

The County Government will continue promoting responsive leadership, ensure mainstreaming of HIV and AIDs across all sectors through multi sectoral approach, involvement of Persons living with HIV and AIDS, civil Society and other key stakeholders. The existing community, religious, social and cultural structures will provide a leverage in the leadership on the war on HIV. In the context of shrinking HIV and AIDS resource basket, Trans Nzoia County Government will

**Table 11: Strategic Direction 8: Promoting Accountable Leadership for Delivery of the TNZCASP**

| As a county, we wish to promote Accountable Leadership for delivery of TNZCASP results by all Sectors and Actors | | | | |
|---|---|---|---|---|
| **KASF OBJECTIVE** | **TNZCASP RESULTS** | **KEY ACTIVITY** | **SUB- ACTIVITY** | |
| Promote good governance practices | Good governance practices and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels | Build and sustain high-level political commitment for strengthened county ownership of the HIV response | Provide effective leadership and support for the county level multi-sectoral HIV response. | |
| | Effective and well-functioning stakeholder co-ordination and accountability mechanisms in place and fully operational at county and sub-county levels | | • Ensure high level political support and commitment to county HIV and Aids response | |
| | An enabling policy, legal and regulatory framework for the multi-sectoral HIV and AIDS response strengthened and fully aligned to the Constitution of Kenya 2010. | | • Report on the measures taken and progress achieved in implementation of county IADs strategic plan | |
| | | | • Design a county HIV and Aids response performance management plan to evaluate performance of the county HIV and AIDS control programme | |
| | | | • Establish and oversee the HIV and AIDS control programmes | |
| | | | • Lobby and Ensure equitable access to HIV and AIDS services | |
| | | | • Coordinate stakeholders in implementing CASP and programmes | |
| | | | • Mobilize local communities to participate in HIV and AIDS campaigns | |
| | | | • Develop enabling county level policies, legislation or guidelines for HIV and AIDS response | |
| | | | • Mobilize and allocate adequate resources for HIV and AIDS response. | |
| | | | • Entrench good governance and strengthen multi-sector and multi-partner accountability to delivery of TNZCASP results | |
| | | | • Establish functional HIV co-ordination mechanism at county and sub-county levels | |

strengthen accountability within all systems and units responding to HIV and AIDS and also encourage public Private Partnerships (PPP) investments on the entire health sector.

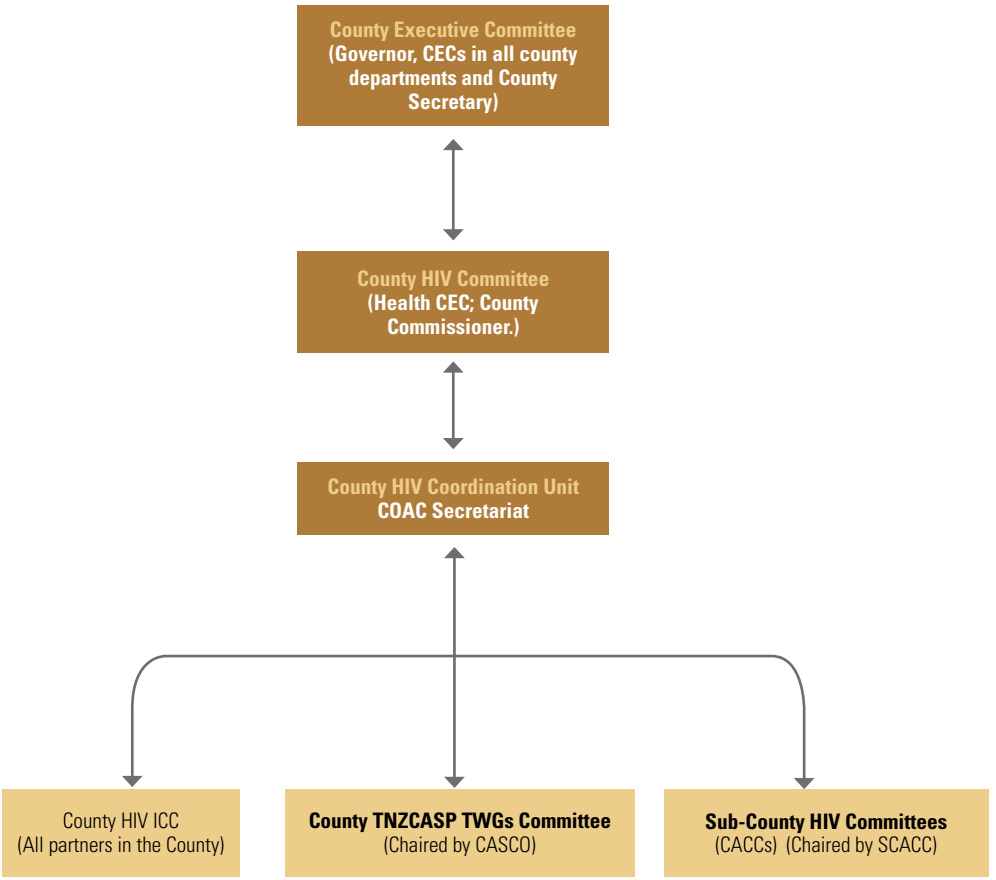
| | TARGET POPULATION | GEOGRAPHIC AREAS BY COUNTY/ SUB- COUNTY | RESPONSIBILITY |
|---|---|---|---|
| | County leadership | Trans-Nzoia County | The County government (County Executive and Legislative assemblies) |
| | County leadership | County to please input Trans-Nzoia County | The County government (County Executive and Legislative assemblies) |
| | CASP monitoring Committee | Trans-Nzoia County | CASP monitoring Committee |
| | CASP monitoring Committee | Trans-Nzoia County | CASP monitoring Committee |
| | CASP monitoring Committee | Trans-Nzoia County | CHC |
| | MCAs | Trans-Nzoia County | CHC |
| | MOH and Partners | County | CHC |
| | Community | Trans-Nzoia County | MoH and partners |
| | County Government | Trans | CHC |
| | MCAs | Trans-Nzoia County | CHC |
| | County Government and partners | Trans-Nzoia County | County Government-county health services |
| | CHC members | Trans-Nzoia County | CGTN, NACC, NASCOP |

# 05.

# IMPLEMENTATION ARRANGEMENTS

The KASF recognizes that counties are responsible for implementation of HIV services and programmes across different sectors. County Governments provide the link to the sub counties, HIV committees, implementers, PLHIV and special interest groups hence the need to provide a strategic communication framework to coordinate the efforts of all stakeholders.

The HIV Coordination Organogram for delivery of the TNZCASP



The various stakeholders in the organogram shall have the following roles:

# Roles and responsibilities

## Governor

The Governor shall play a pivotal role linking the national and county government in terms of delivery of a range of services, planning and prioritization of resource allocation to address HIV in the County.

## CEC Health Services

Chairs County Executives meetings, will provide strategic leadership during TNZCASP implementation period and is responsible for budgeting and resource allocation to specific annual plans for HIV interventions. He/she will be accountable to the Governor in all HIV matters including performance and updating of the situation room.

## County HIV Committee

It shall be accountable to the Governor of Trans-Nzoia County for the performance of their functions and the exercise of their powers on matters relating to HIV. The committee shall be co-chaired by the CEC health services and the County Commissioner and the sub-counties shall be represented in this committee. It shall create and strengthen partnership for an expanded response to HIV & AIDS in Trans-Nzoia County and Formulate HIV agenda for the county

## 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 framework at county level, working closely with the County Health Management Team and the various line ministries department at the county level with a direct link with the NACC secretariat at the national level.

## Roles

- Ensure Quarterly County ICC HIV meetings are held and follow through on County ICC HIV actions.
- Ensure HIV agenda is active in the CHMT.
- Regular engagement of all state and non-state actors within the county in planning, prioritization, implementation, monitoring, and evaluation of HIV and AIDS programmes.
- Strengthening linkages and networking among stakeholders and providing technical assistance.

## Sub-county/constituency committees (SCACCs)

- Coordination of HIV at the sub-county or constituency level.
- The coordinator shall be a member of the SCHMT.
- Receive and disseminate TNZCASP to the community.

The partners, CBOs, FBOs and the private sector forms part of the structure for management of the HIV in communities not leaving out the PLHIV and other vulnerable population such as PWDs and the youth.

At the lowest level, the sub-county/ constituency HIV coordinating committee is constituted and operates within the structures of ensuring devolved structures are functional.

## HIV ICC

This committee shall annually review county achievements, document emerging issues, best practices and lessons learnt during the implementation period.

## Membership

The committee shall be co-chaired by the County Chief officer Health and the County Director of Health with membership from the sub county HIV committee, HIV partners, implementers, PLHIV and other special interest groups in Trans Nzoia County.

## Roles:

The county HIV committee shall be:

- The custodian of the TNZCASP.
- Holding meeting on a quarterly basis to review implementation plan.
- Responsible for the effective delivery of the HIV response at the county level through periodic review and monitoring of the TNZCASP.
- Approving the county HIV targets and plans.
- Reviewing and presenting County HIV Budget.
- Setting the County HIV agenda.
- Receiving reports on TNZCASP progress from the monitoring committee.
- Forming sub TWG to review and advice on emerging issues on HIV.
- Receive reports from County routine Monitoring Committee.

## 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 framework at the county level, working closely with the County Health Management Team and the various line ministries departments at the county level with a direct link with the NACC secretariat at the national level.

## Roles

- Ensure quarterly County HIV ICC meetings are held and follow through on County HIV ICC actions.
- Ensure HIV agenda is active in the CHMT.
- Regular engagement of all state and non-state actors within the county in planning, prioritization, implementation, monitoring, and evaluation of HIV and AIDS programmes.
- Strengthening linkages and networking among stakeholders and providing technical assistance, facilitation, support for TNZCASP delivery.
- Monitor County legislation to ensure all Bills do not discriminate PLHIV.

# 06.

# MONITORING AND EVALUATION PLAN

Plans are underway to create a Monitoring and Evaluation department that will:

- Ensure all the pre-requisite tools and materials for data collection are available at the point of collection at all times.
- Build the capacity of health workers on data collection and transmission.
- Ensure proper collection, quality control, consolidation, interpretation and dissemination of data.
- Ensure the preparation and publication of County Department of Health newsletter on a bi-annual basis for dissemination of data and human interest health stories.

**Table 12: M&E Plan**

| OBJECTIVE | INDICATOR | DATA SOURCE | RESPONSIBLE INSTITUTION |
|---|---|---|---|
| Reduce new infections by 75% | Number of new adult HIV infections desegregated by gender and age. | DHIS,KAIS,KDHIS and HIV estimates modelling | MOH,NASCOP,NACC |
| | Percentage of young women and men aged 15-24 who are HIV infected | DHIS,KAIS,KDHS | MOH,NACC,NASCOP |
| | Percentage of child infections from HIV- infected women delivering in the past 12 month | DHIS,KAIS,KDHS | NASCOP,NACC |
| | Number of new child HIV infections | DHIS, HIV Estimates | NASCOP |
| | Estimated annual number of new infections KPs ( sex worker, men with men (MSM) prison populations PWDs | DHIS/Partners, NACC and NASCOP KMOT | NACC,NASCOP |
| Reduce HIV-related mortality by 25% | Number of HIV –related deaths aggregated by gender and age | HIV estimates (Spectrum modelling),DHIS | MOH,NACC |
| Reduction of stigma and discrimination by 50% | Percentage of women and men aged 15-49 who report discrimination attitudes towards ( PLHIV) | KDHS,KAIS | NACC,MOH |
| | Percentage of PLHIV who report having experienced discriminatory attitudes | Stigma index survey | NACC,MOH |
| Increase domestic funding for the HIV response | Percentage of funding of the HIV response coming from the government | KNASA, Annual multi-sector expenditure report | NACC,NASCOP, |

# 07.

# RISKS, ASSUMPTIONS AND MITIGATION PLAN

An assumption has been made that implementation of this plan will proceed without challenges. However, anticipated risks will be assessed and mitigated through continuous review of this plan, capacity building and financial support. The county HIV Coordinating Unit will be responsible for this and will be expected to report to the county department of health.

**Table 13: Risk Management Matrix**

| Risk Category | Risks | Status | Probability | Impact | Mitigation | Responsibility | When |
|---|---|---|---|---|---|---|---|
| Technological | Personnel lack Capacity and skills to use equipment Inadequate equipment | Inadequate | Medium | Medium | Training of the existing staff and recruitment of new staff<br>Procure more equipment | County government | Y1 |
| Political | Inconsistent and insufficient political good will | Inadequate information on political good will | Low | High | Provide adequate and correct information and lobby for political good will | County government | Y1 |
| Operational | Inconsistent and inadequate supply of HIV commodities | Erratic supplies of commodities | Medium | High | Consistent supply of HIV commodities | County HIV oversight committee | Y1 |
| Legislation | Inadequate legislation to support PLHIV, Key populations and vulnerable groups | Recent devolved functions | Low | High | Capacity build the county to develop legal framework and policy guidelines | Committee of Health and county Assembly | Y1 |
| Financial | Inadequate funding to support interventions in the CASP | There is inadequate funds and the resource need as projected have not been factored in the County Integrated Plan or Investment plan | Low | High | The county government to own and provide financial support<br>Lobby partners for funding | County HIV Coordination Unit | Y1 |
| Environmental | Change in weather patterns | Inconsistence weather patterns | Medium | Medium | Put in place disaster preparedness strategies | County Government | Y1 |
| Social | Stigma | High stigma and discrimination in some areas | Medium | Medium | Implement stigma reduction policy guideline | County Government, partners and MOH | Y1 |

| Risk Category | Risks | Status | Probability | Impact | Mitigation | Responsibility | When |
|---|---|---|---|---|---|---|---|
| Economical | Inflation<br>Competing priorities for resources | High inflation<br>High competing priorities | High | High | Sensitize the county to prioritise resources for HIV response | County Government | Y1 |
| Organizational / human factors | Limited Capacity<br>Human Resource Capital<br>Poor leadership<br>Lack of clarity over roles and responsibilities | Need for capacity building<br>Acute shortage of staff<br>Low ownership<br>Duplication of responsibilities | Medium<br>High<br>High<br>Medium | Medium<br>Medium<br>High<br>Medium | Capacity building of staff<br>Recruit competent workers<br>Engage county Government for more commitment and ownership<br>Provide clear roles and responsibilities to avoid duplication | County Government<br>County Government<br>County Government<br>County Government | Y1<br>Y1<br>Y1<br>Y1 |

# 08.

# ANNEXES

## Annex 1: Costing and Budgetary Allocation in Millions (Ksh)

| STRATEGIC DIRECTIONS | SPECIFIC TNZCASP INTERVENTION AREAS | % OF RESOURCE DEDICATED FOR THE STRATEGY | 2015/2016 |
|---|---|---|---|
| SD1 | HIV Prevention | 25.00% | 4.23 |
| SD2 | Treatment and Care | 40.00% | 8.68 |
| SD3 | Social inclusion, human rights and gender | 2.00% | 0.65 |
| SD4 | Health systems | 10.00% | 1.03 |
| | Community systems | 9.00% | 0.59 |
| SD5 | Research | 2.00% | 0.08 |
| SD6 | Monitoring and evaluation | 10.00% | 0.30 |
| SD7 & SD8 | Leadership, governance and Resource Allocation | 1.00% | 0.64 |
| | Supply chain management | 1.00% | 0.06 |
| | Grand Total | 100.00% | 16.27 |

| | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 | TOTAL |
|---|---|---|---|---|---|
| | 4.82 | 5.43 | 6.08 | 6.59 | 27.14 |
| | 9.49 | 9.92 | 10.10 | 9.97 | 48.16 |
| | 0.85 | 1.05 | 1.28 | 1.52 | 5.34 |
| | 0.93 | 0.77 | 0.69 | 0.36 | 3.78 |
| | 0.54 | 0.44 | 0.39 | 0.21 | 2.17 |
| | 0.09 | 0.10 | 0.11 | 0.11 | 0.49 |
| | 0.30 | 0.30 | 0.28 | 0.25 | 1.43 |
| | 0.65 | 0.63 | 0.60 | 0.54 | 3.06 |
| | 0.07 | 0.07 | 0.08 | 0.08 | 0.37 |
| | 17.74 | 18.71 | 19.61 | 19.63 | 91.94 |

## Annex 2: Results Framework

| STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS | | | | |
|---|---|---|---|---|
| **KASF OBJECTIVE** | **TNZCASP RESULTS** | **KEY ACTIVITY** | **INDICATORS** | |
| Reduce new HIV infections by 75% | Reduced new infections among adults by 75% | Adolescent programme | Percentage of young women and men between the age of 15-24 who have had sexual intercourse before the age of 15 years | |
| | | VMMC Programme | Percentage of males circumcised as part of the minimal package for male circumcision for HIV prevention services. | |
| | | HTS | Percentage of people tested for HIV and received test results | |
| | | PEP | Number of sexual and GBV survivors provided with PEP | |
| | | Behavioural Intervention | Percentage of women and men aged 15-49 years who had sexual intercourse with more than one partner in the last 12 months | |
| | | | Percentage of women and men aged 15-49 who had sexual intercourse with more than one partner in the last 12 months and report use of a condom during the last sexual encounters | |
| | | Key Population programme | Percentage of male and female sex workers who report the use of a condom during penetrative sex with their most recent client | |
| | | | Percentage of key populations reached with HIV prevention programmes | |
| | | Health system strengthening | Percentage of health facilities providing early infant diagnosis | |

| STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF PEOPLE LIVING WITH HIV | | | | |
|---|---|---|---|---|
| **KASF OBJECTIVE** | **TNZCASP RESULTS** | **KEY ACTIVITY** | **INDICATORS** | |
| Improving health outcomes and wellness of people living with HIV | Increased linkage to care within 3 months of HIV diagnosis to 90% for children, adolescents, KP and adults | ART programme | % of people diagnosed with HIV linked to care within 3 months | |
| | | | Percentage of PLHIV receiving HIV care services | |
| | Increased ART coverage to 90% for children, adolescent, KP and adults | PMTCT programmes | Number of eligible clients newly initiated on highly active ART in the last 12months | |
| | | ART programme | Percentage of adults and children currently receiving ART among all eligible people PLHIV using national criteria | |
| | | HIV/TB , co-morbidity | % of TB/HIV co-infected clients who are receiving ARTs | |
| | | | % of HIV patients screened for TB | |

| | BASELINE & SOURCE | MID TERM TARGET | END TERM TARGET | RESPONSIBILITY |
|---|---|---|---|---|
| | KDHIS,KAIS | 50% | 75% | NACC,NASCOP |
| | Programme records, DHIS | TBD | 100% | MOH |
| | DHIS | 70% | 90% | MOH |
| | DHIS | 75% | 100% | MOH |
| | DHIS.KAIS | 70% | 100% | MOH |
| | DHIS.KAIS | 70% | 100% | MOH |
| | DHIS/KAIS | 50% | 70% | MOH |
| | DHIS | 50% | 90% | NASCOP,MOH |
| | DHIS | 50% | 80% | DHIS |

| | BASELINE & SOURCE | MID TERM TARGET | END TERM TARGET | RESPONSIBILITY |
|---|---|---|---|---|
| | DHIS | 50% | 90% | DHIS |
| | DHIS | 75% | 100% | MOH |
| | DHIS | 70% | 90% | MOH |
| | DHIS | 70% | 90% | MOH |
| | DHIS | - | - | MOH |
| | DHIS | 80% | 100% | MOH |

| KASF OBJECTIVE | TNZCASP RESULTS | KEY ACTIVITY | INDICATORS | |
|---|---|---|---|---|
| Improving health outcomes and wellness of people living with HIV | Increased Retention on ART at 12 months to 90% in children, adolescents KP and adults | ART programme | Percentage of adults and children with HIV known to be on treatment 12 months after initiation of ART (24,36 and 60) months | |
| | Increased viral suppression to 90% 12 months after initiation of ART for children, adolescents, KP and adults | ART programme | Percentage of people on ART tested for viral load who have suppressed viral load in the reporting period | |
| | Improved quality of care and treatment outcomes | Capacity building | Percentage of health facilities providing HIV care and treatment | |
| | | ART Programme | Percentage of health facilities dispensing ART that have experienced a stock out of at least one required antiretroviral drug in the last 12 months | |
| | | | Percentage of health facilities providing care and treatment according to MOH standardized protocols | |
| | Improved community based adherence support | HIV treatment literacy | Percentage of PLHIV organizations reporting on treatment education programmes | |

| STRATEGIC DIRECTION 3 USING A HUMAN RIGHTS BASED APPROACH TO FACILITATE SERVICES FOR PLHIV, KEY POPULATIONS AND OTHER PRIORITY GROUPS IN ALL SECTORS | | | | |
|---|---|---|---|---|
| **KASF OBJECTIVE** | **TNZCASP RESULTS** | **KEY ACTIVITY** | **INDICATORS** | |
| Using Human Rights Approach to facilitate access to services | Reduced self-reported stigma and discrimination related to HIV and AIDS by 50% | Stigma and discrimination | Percentage of PLHIV who self- reported that they experience discrimination / stigma due to their HIV status | |
| | Reduced levels of sexual and GBV against PLHIV, KP, women, men, boys and girls by 50% | General population | Percentage of ever married or partnered women and men ages 15-49 who experienced sexual and GBV. | |
| | | | % OF YOUNG PEOPLE AGE 15-24 who experience sexual and GBV. | |
| | | PLHIV | % of PLHIV who experience SGBV | |
| | | Key population | % of sex workers who experience SGBV | |
| | | | % of children 18 years and below who experience SGBV | |
| | Reduced social exclusion for PLHIV, KP, women, men ,boys and girls by 50% | Key population | % of PLHIV and KP reached with targeted HIV prevention, treatment and social protection programmes | |
| | | Remove barriers to access of HIV,SRH and rights information and services in public and private entities | Number of PLHIV and KP reached with information on HIV, SRH, and rights | |
| | Increased protection of human rights and improved access to justice for PLHIV, KP, women, boys and girls | Human rights and improved access to justice | Number of cases filed by PLHIV at HIV tribunal | |
| | | | Number of PLHIV and KP accessing legal services at HIV tribunal | |
| | | Improve national and county legal and policy environment for protection for PLHIV, KP, women, boy and girls | Number of laws, regulations and policies reviewed or enacted at county level that embark on the HIV response positively | |
| | Reduced self-reported stigma and discrimination related to HID/AIDS by 50% | Stigma, discrimination | Percentage of Sub counties implementing anti-stigma and anti-discrimination measures recommended in CASP | |

| | BASELINE & SOURCE | MID TERM TARGET | END TERM TARGET | RESPONSIBILITY |
|---|---|---|---|---|
| | DHIS | 70% | 90% | MOH |
| | DHIS | 70% | 90% | MOH |
| | DHIS | 80% | 100% | MOH |
| | LMIS,DHIS | 80% | 100% | MOH |
| | DHIS | 80% | 100% | MOH |
| | COBPAR | 80% | 100% | NACC |

| | BASELINE & SOURCE | MID TERM TARGET | END TERM TARGET | RESPONSIBILITY |
|---|---|---|---|---|
| | Stigma and discrimination index survey report | TBD | 50% | NACC,MOH |
| | KDHS,KAIS | TBD | TBD | MOH |
| | KDHS | TBD | TBD | MOH |
| | KDHS,KAIS | TBD | TBD | MOH |
| | IBBS, survey | TBD | TBD | MOH, partner |
| | Survey, VAC | | | Children's dept. |
| | IBBS | 50% | 100% | MOH, partner & social services |
| | DHIS, partners | 50% | 100% | MOH, Partners |
| | HIV tribunal records | TBD | TBD | HIV Tribunal |
| | HIV tribunal records | 100% | 100% | HIV Tribunal |
| | County HIV reporting | 1 | 1 | Judiciary |
| | County HIV reporting | 80% | 100% | MOH |

| STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS | | | | |
|---|---|---|---|---|
| **KASF OBJECTIVE** | **TNZCASP RESULTS** | **KEY ACTIVITY** | **INDICATORS** | |
| Increased health workforce for the HIV response at both county and national levels by 40% | Health Care Workforce | Ratio of health care staff to population in alignment with staffing norms | SARAM | |
| | Health Facilities | Increased number of health facilities ready to provide KEPH defined HIV and AIDS services from 67% to 90% | % of health facilities providing KEPH-defined HIV/ | |
| | Commodity management | Strengthen HIV commodity management through effective and efficient management of medicine and medical products | % of health facilities dispensing ART that experience a stock out of ARVs at least once in the last 12 months | |
| | Community units | Strengthen community level AIDS competence | Percentage of community units implementing AIDS competency guidelines | |
| | | Community based organizations | Percentage and % of community based organizations that submit timely, complete and accurate reports according to guidelines | |
| | | Health systems strengthening | Percentage of health facilities providing integrated HIV services | |
| | | Implement a partnership accountability framework to ensure alignment of resources to County plan priorities | Number of partners that have aligned their plans to County priorities | |
| | | Facilitate planning by reporting contribution to KASF annually | Number of reports generated | |

| Strategic Direction 5: Strengthening Research, Innovation And Information Management | | | | |
|---|---|---|---|---|
| **KASF objective** | **TZCASP Results** | **Key Activity** | **Indicator** | |
| Resource and implement a County HIV research Agenda | Increased evidence based planning, programming and policy changes by 50% | Annual research activities | Number researches conducted | |
| | | Invest in capacity development within responsible agencies for research reviews and collation/ comparison | Number of agencies/Partners involved in research in the county. | |
| | | Develop and disseminate regular review of papers on key research findings, local innovations, systematic reviews and their policy, funding and practice implications. | Numbers of research papers presented in review and policy forums | |
| | Increased capacity to conduct HIV research priorities by 50% | Train Health care staff on research and use of research findings to influence their decision making | Number of staff trained | |
| | | Strengthen synergies between HIV research and other health research areas such as TB and SRH | Number of targeted surveys | |

| | BASELINE & SOURCE | MID TERM TARGET | END TERM TARGET | RESPONSIBILITY |
|---|---|---|---|---|
| | SARAM | - | - | MOH |
| | SARAM | 80% | 90% | MOH |
| | SARAM | 20% | 0% | MOH |
| | HMIS | 80% | 100% | MOH |
| | COBPAR | 80% | 100% | NACC |
| | DHIS | 80% | 100% | MOH |
| | NA | NA | 100% | CHC |
| | NA | 90% | 100% | CASPMC |

| | Baseline | Mid-term Targets | End -term Targets | Responsibility |
|---|---|---|---|---|
| | 0 | 2 | 4 | County MOH, and Partners |
| | 0 | TBD | TBD | County MOH, and Partners |
| | 0 | TBD | TBD | County MOH, and Partners |
| | 0 | TBD | TBD | County MOH, and Partners |
| | 0 | TBD | TBD | County MOH, and Partners |

| KASF objective | TZCASP Results | Key Activity | Indicator | |
|---|---|---|---|---|
| Resource and implement a County HIV research Agenda | Increase funding and resources for HIV-relevant research and evidence generation | Advocate for County allocation of 20 % for HIV research budget through a sound investment case | Proportion of HIV funds utilized on county research. | |
| | Increase capacity to monitor and regulate research in the county | Establish research approval procedures and structures in the county | Percentage of research topics/ themes approved by County approval Authority. | |
| | Strengthen usage of research findings and evidence in service delivery | Increase evidence-based programming/interventions and activities | Number or percentage of Programs/interventions informed by the county own research | |
| | Increase capacity for data demand and information use in HIV-related programming | Strengthen data analysis and management capacity | Number or percentage of programs informed by the county data. | |

**Strategic Direction 6: Promote Utilization Of Strategic Information For Research, Monitoring And Evaluation To Enhance Programming**

| KASF objective | TZCASP Results | Key Activity | Indicator | |
|---|---|---|---|---|
| Promote Utilization of Strategic information for Research and Monitoring and Evaluation to enhance programming | Increased availability of strategic information to inform HIV response at county level | Establish a multi sectoral and integrated real time HIV platform to provide update on HIV epidemic response accountability | Number M&E products generated at county/sub-county levels | |
| | Improved data use for decision making | Strengthening M&E capacity to effectively monitor the KASF performance and HIV epidemic | Percentage of M&E performance reports generated by the system. | |
| | Increased availability of quality and timely strategic information to inform HIV response at county level | Ensure harmonized, timely and comprehensive routine monitoring systems to provide quality HIV data as per national, county and sector priority information needs | Percentage of planned M&E products generated and disseminated at county/sub-county levels | |
| | | Establish a multi-sectoral HIV programming web-based data management system in subcounties | Number of web-based MIS in subcounties | |
| | | Promote data demand and use of HIV strategic information to inform policy and programming | Number of policy documents generated through use of county generated information | |
| | | Develop and implement TZCASP evaluation agenda | Number of evaluations conducted | |
| | | Create and strengthen M&E information hubs at county and sub-county level | Number of hubs | |
| | Planned evaluations, reviews and surveys implemented and results disseminated in timely manner | Strengthen HIV M&E data management at county, sub county and community levels | Number of staff trainrd on data management | |

| | Baseline | Mid-term Targets | End -term Targets | Responsibility |
|---|---|---|---|---|
| | 0 | TBD | TBD | County MOH, and Partners |
| | 0 | TBD | TBD | County MOH, and Partners |
| | 0 | TBD | TBD | County MOH, and Partners |
| | 0 | TBD | TBD | County MOH, and Partners |

| | Baseline | Mid-term Targets | End -term Targets | Responsibility |
|---|---|---|---|---|
| | 0 | 2 | 5 | County MOH |
| | 0 | TBD | TBD | County MOH |
| | 0 | TBD | TBD | County MOH |
| | 0 | 2 | 5 | County MOH |
| | 0 | 1 | 2 | County MOH |
| | 0 | 1 | 2 | County MOH |
| | 0 | 2 | 5 | County MOH |
| | 0 | TBD | TBD | County MOH |

| KASF objective | TZCASP Results | Key Activity | Indicator | |
|---|---|---|---|---|
| Promote Utilization of Strategic information for Research and Monitoring and Evaluation to enhance programming | Planned evaluations, reviews and surveys implemented and results disseminated in timely manner | Harmonize and create linkages between data collection tools and databases | One harmonized tool | |
| | | Conduct periodic data quality audits and verification | Number of audits per year | |
| | | Conduct M&E supervision | Number done by year | |
| | | Scale up coverage of ongoing HIV programme surveillance and surveys | Number of programme surveys | |
| | | Honor national and county HIV reporting obligations | Number of pertners reporting on county approved tools | |
| | | Strengthen routine and non-routine HIV information systems | Number per subcounty | |

| STRATEGIC DIRECTION 7: INCREASING DOMESTIC FINANCING FOR A SUSTAINABLE HIV AND AIDS RESPONSE | | | | |
|---|---|---|---|---|
| **KASF OBJECTIVE** | **TNZCASP RESULTS** | **KEY ACTIVITY** | **INDICATORS** | |
| Increased Domestic Financing to 50% | Increased domestic financing by 50%. | Allocation of budget to support the continuation of HIV prevention, treatment and care programmes by the county government at community and facility level | Percentage increase in the budgetary allocation for prevention, treatment and care programmes | |
| | | Allocate government resources to CACCs and SCASCOs | Percentage of CACCs and SCASCOs allocated with resources to coordinate HIV response | |
| | | Engage the county government to consider HIV as an added parameter in resource allocation | HIV and AIDS as an added parameter in resource allocation | |
| | | Strengthen development partners HIV forum to facilitate alignment with KASF | Percentage of meetings held with partners | |
| | | Facilitate quantification of county resource needs through the available county HIV evidence based data for county financial support. | Annual county HIV and AIDS Spending assessment study | |

| | Baseline | Mid-term Targets | End -term Targets | Responsibility |
|---|---|---|---|---|
| | 0 | 1 | 1 | County MOH |
| | 0 | 2 | 5 | County MOH |
| | 0 | 5 | 10 | County MOH |
| | 0 | 1 | 2 | County MOH |
| | 0 | TBD | TBD | County MOH |
| | 0 | 2 | 5 | County MOH |

| | BASELINE & SOURCE | MID TERM TARGET | END TERM TARGET | RESPONSIBILITY |
|---|---|---|---|---|
| | - | - | - | - |
| | 0 | 90% | 100% | CHC |
| | 0 | 90% | 100% | CHC |
| | NA | 90% | 100% | CHC |
| | NA | 90% | 100% | CHC |

| STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF THE TNZCASP RESULTS BY ALL SECTORS | | | | |
|---|---|---|---|---|
| **KASF OBJECTIVE** | **TNZCASP RESULTS** | **KEY ACTIVITY** | **INDICATORS** | |
| Promote good governance practices | Good governance practices and accountable leadership entrenched for the multi-sectoral HIV and AIDS response at all levels | Provide effective leadership and support for the county level multi-sectoral HIV response | Number of high level county meetings held | |
| | Effective and well-functioning stakeholder co-ordination and accountability mechanisms in place and fully operationalized at county and sub-county levels | Ensure high level political support and commitment to county HIV and AIDS response | | |
| | An enabling policy, legal and regulatory framework for the multi-sectoral HIV and AIDS response strengthened and fully aligned to the Constitution of Kenya 2010 | Report on the measures taken and progress achieved in implementation of county AIDs strategic plan. | Number of progress report on the implementation of plan generated | |
| | | · Design a county HIV and AIDS response performance management plan to evaluate performance of the county HIV and AIDS control programme. | A county HIV and AIDS response performance management plan in place | |
| | | · Establish and oversee the HIV and AIDS control programmes. | | |
| | | · Lobby and Ensure equitable access to HIV and AID services. | Number of meetings held with stakeholders/county leaders on equitable access to HIV and AIDS services | |
| | | · Coordinate stakeholders in implementing TNZCASP and programmes. | Number of stakeholder meetings held | |
| | | · Mobilize local communities to participate in HIV and AIDS campaigns. | Number of meetings held targeting communities | |
| | | · Develop enabling county level policies, legislation or guidelines for HIV and AIDS response. | Number of policies/ legislations/guidelines developed or reviewed | |
| | | · Mobilise and allocate adequate resources for HIV and AIDS response. | Percentage increase in the resources earmarked for HIV and AIDS response | |
| | | Entrench good governance and strengthen multi-sector and multi-partner accountability to delivery of TNZCASP results | Percentage of partners reporting through the established County M&E System | |
| | | Establish functional HIV co-ordination mechanism at county and sub-county levels | Proposed TNZCASP committees in place | |

| | BASELINE | MID TERM TARGET | END TERM TARGET | RESPONSIBILITY |
|---|---|---|---|---|
| | 2015 | 2017 | 2019 | |
| | NA | TBD | 100% | CHC |
| | NA | TBD | TBD | CHC |
| | NA | 2 | 4 | CASPMC |
| | NA | TBD | TBD | CASPMC |
| | NA | TBD | TBD | CHC |
| | NA | 1 | 2 | CHC |
| | NA | 2 | 4 | CHC |
| | NA | 2 | 4 | Sub-County CASP Committee |
| | NA | TBD | 1 | CHC |
| | NA | 25% | 50% | CHC |
| | NA | 80% | 100% | CASPMC |
| | - | - | - | - |

## Annex 3: Operational Documents

- Kenya AIDS Strategic framework
- Trans Nzoia Health Strategic Plan
- Trans Nzoia CIDP
- Trans Nzoia County committee, County ICC and sub County/constituency committee guidelines
- Trans Nzoia HIV Capacity development plan
- Annual county budgets
- HIV and AIDS prevention and control act 14 of 2006
- County governor manifesto

## Annex 4: References


1. Kenya AIDS Strategic Framework
2. Trans Nzoia County Health and Investment Plan
3. The Kenya HIV Prevention Roadmap
4. Strategic Framework towards Elimination of Mother to Child Transmission of HIV and keeping Mothers Alive 2012-2015
5. County HIV estimates 2014
6. The constitution of Kenya 2010
7. Trans Nzoia County integrated development plan
8. Kenya AIDs Indicator survey 2012
9. Kenya Demographic health survey 2013
10. Vision 2030

## Annex 5: List of County Drafting and Technical Review Team

### County drafting Team

| | |
|---|---|
| Simon Kimani | CACC |
| Theresa Magomere | CASCO |
| Agnes Imbosa | SCCSFP |
| Edna Nato | MOI UNIVERSITY |
| Carolyn Nalyanya | CDK |
| Kendagor Wesley | SCACC |
| James Onsongo | NEPHAK |
| Job Mabonga | COUNTY M&E |
| Daniel Ingati | SCACC |

### List of Technical Review Team

| | |
|---|---|
| Dorcas Wachira | Kenya Medical Research Institute |
| Dennis Maosa | Regional Data Officer (NACC) |
| Moses Yatich | Regional HIV Coordinator (NACC) |


HARAMBEE


maisha!
National AIDS Control Council


The Global Fund
To Fight AIDS, Tuberculosis and Malaria