

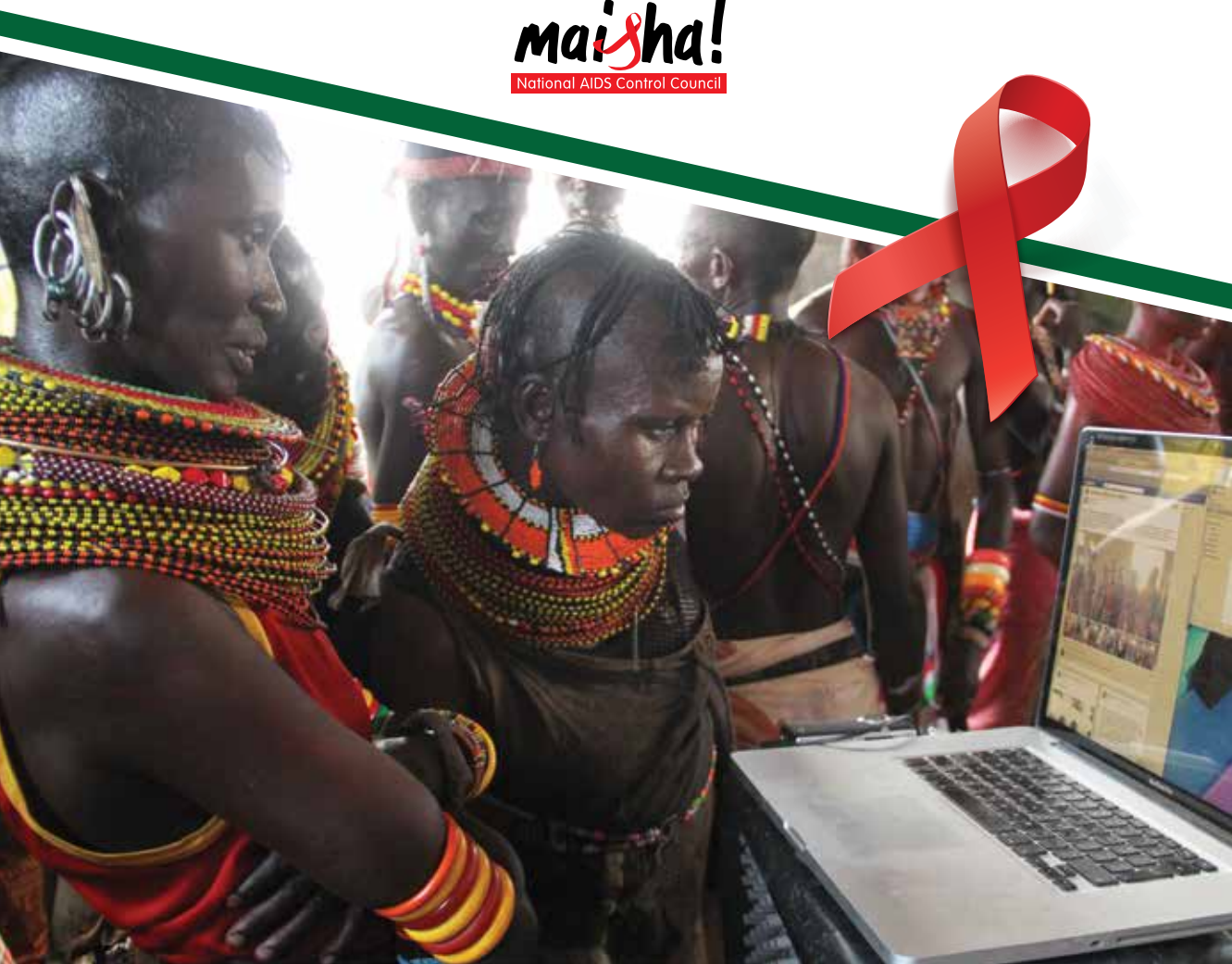


TURKANA COUNTY MULTI-SECTORAL HIV & AIDS STRATEGIC PLAN

2015/2016 - 2018/2019

"Sustaining Efforts Towards Ending HIV and AIDS "

maisha!
National AIDS Control Council





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Acronyms and abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Anti-retroviral Drugs
BCC	Behaviour Change Communication
CCC	Comprehensive Care Clinic
CE	County Executive
CG	County Government
CHBC	Community Home Based Care
CHC	County HIV Committee
CHEWs	Community Health Extension Workers
CHIS	County Health Information System
CHTC	Couple HIV Testing and Counselling
CHW	Community Health worker
CMPCU	County Multi-Sectoral Plan Coordination Unit
CSO	Civil Society Organisation
CU	Community Unit
EC	Emergency Contraception
EHPT	Environmental Health Public Tracking
eMTCT	Elimination of mother –to- Child transmission
ETR	End Term Review
FBOs	Faith Based Organization
FGM	Female Genital Mutilation
FP	Family Planning
GBV	Gender Based Violence
GOK	Government of Kenya
TCMASP	Turkana County Multi-sectoral AIDS Strategic Plan
HC	Hepatitis C
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IGA	Income Generating Activity
IT	Information Technology
KASF	Kenya AIDS Strategic Framework
KEMSA	Kenya Medical Supplies Agency
KEPH	Kenya Essential Package for Health
KHQIF	Kenya HIV Quality Improvement Framework
KHSSP	Kenya Health Sector Strategic and investment Plan
KNASP	Kenya National AIDS Strategic Plan
KP	Key Population
LMIS	Logistics Management Information Systems
M&E	Monitoring and Evaluation
MCA	Members of County Assembly

MCH	Maternal and Child Health
MDAs	Ministries, Departments and Agencies
MOEST	Ministry of Education, Science and Technology
MoH	Ministry of Health
MSM	Men who have Sex with Men
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NCDs,	Non-Communicable Diseases
NGOs	Non-governmental Organization
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PHDP	Positive Health, Dignity and Prevention
PITC	Provider Initiated HIV Testing and Counselling
PLHIV	People Living with HIV and AIDS
PMS	Post Marketing Surveillance
PMTCT	Prevention of Mother to Child Transmission of HIV
PNC	Postnatal Care
PPP	Public Private Partnership
PrEP	Pre-Exposure Prophylaxis
PwD	Persons with Disability
PWID	People Who Inject Drugs
QA	Quality Assurance
SGBV	Sexual and Gender Based Violence
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
TTI	Transfusion Transmissible Infection
VMMC	Voluntary Medical Male Circumcision
WHC	Ward HIV Committee
WHO	World Health Organization
PSSG	
EID	Early Infant Diagnosis
FSW	Female Sex Worker
MARPS	Most at Risk Population
ACSM	Advocacy, Communication and Social Mobilisation
CEC	County Executive Committee
CDH	
SCACC	Sub-County AIDS Control Committee
SCASCO	Sub -County HIV/STI Coordinator
SHMT	

Foreword

The Turkana County Multi-sectoral HIV and AIDS strategic Plan (TCMASP) for 2014/15 -2018/19 is a product of a highly consultative process involving stakeholders in response to HIV and AIDS . This highly interactive process ensured that the TCMASP addresses current needs and epidemic trends in the county. Turkana County's approach is to mainstream all interventions at all levels, and indeed, to mainstream our HIV and AIDS response into our county development agenda. TCMASP uses a results based approach and evidence based programming.

Turkana County Multi-sectoral has moved away from the service delivery only approach to a combination prevention based approach. In this strategy, we have mainstreamed biomedical, Structural and behavioural strategies to fight HIV and AIDS within the county.

H.E. Josephat Nanok

Governor, Turkana County

The County government has made significant progress in the fight against HIV. As observed from the HIV estimates in 2013, we still face major challenges ahead. Turkana County Multi-sectoral is among the high HIV prevalence counties and the new HIV infections have been estimated at 2,997 annually. As a county we must completely close the tap of new infections thus the premise of this document that is drawn from the eight strategic directions as provided by the Kenya AIDS Strategic Framework (KASF).

TCMASP provides a comprehensive strategy for the effective management and control of the HIV and AIDS epidemic and its direct consequences in the County. Stakeholders in the county should refer to this document as they program for the response to HIV and AIDS in the county.

Acknowledgements

The development of the First Turkana County Multi-sectoral HIV and AIDS Strategic Plan (2014/15–2018/19) involved a long consultative process with stakeholders. First, the County government wishes to acknowledge the valuable contribution of a number of individuals as well as organizations who made the entire process a success. We wish to express special thanks and appreciation to the members of the drafting team for their dedication, hard work and availability especially during times when they were called at very short notice.

We would like also to thank all partners including UNICEF, EGPAF, AICHM, IRC, APHIA PLUS and Catholic Diocese of Lodwar for their financial support and technical assistance. The Turkana County Government, Civil Society

Organizations, networks (NEPHAK), Faith-Based Organizations and religious leaders for their valuable contributions towards completion of this document.

Special appreciation also go to the NACC staff for their coordination and working tirelessly for long hours which was crucial to the success of this process. We acknowledge the support from all county leaders under the guidance of His Excellency the Governor of Turkana County Mr Josphat Nanok towards the development of this fundamental document. It is our expectation that the same support/effort will be provided during the implementation of the first TCMASP.

Hon. Jane Auru Ajele

*Committee Executive for Health
Turkana County*

Executive Summary

The Turkana County Multi-sectoral HIV & AIDS Strategic Plan (TCMASP) was developed to provide a framework for the implementation, coordination and monitoring of HIV and AIDS response in the county.

The process of developing the TCMASP commenced after the National AIDS Control Council held a KASF dissemination meeting in Lodwar in August 2015 and subsequent formation of a 15-member team to spearhead the drafting of the strategic plan. This was followed by other technical team retreats to develop the document.

The purpose of this document is to outline the priorities for the County response to HIV and AIDS for the period 2014/15 to 2018/19. These priorities are based on the evidence and are augmented by international and local best practices. It is through collective and concentrated efforts around these priorities that we will be able to maximise the impact of the county response. The process to develop this document was highly consultative, generating an in-depth picture of the epidemic and its response.

The TCMASP is also cognizant of, and builds on national policies and frameworks including the Constitution of the Republic of Kenya of 2010, which provides for the right of every Kenyan to attain the highest possible levels of healthcare; Vision 2030 which describes HIV and AIDS as "one of the greatest hindrance to socio-economic development in Kenya; Kenya Health Policy 2012-2030 and County Integrated Development Plan.

The TCMASP has outlined the Turkana County Multi-sectoral HIV profile where the HIV

prevalence rate is at 3.6%. It is estimated that 22,136 people are living with HIV in the county of which 2,536 are children. The HIV prevalence in women is higher (10.8%) than that of men (6.5%). Annual new HIV infections stand at 2,997 (DHIS; Kenya HIV County Profile 2014)

The TCMASP drivers to the HIV epidemic in the county include: Casual heterosexual sex, Key populations (SW, fisher folks), some retrogressive cultural practices, adolescents and young women (cross generational sex) and Stigma and discrimination of People Living with HIV.

Despite some modest gains in the HIV response in the county, significant gaps and challenges remain to be addressed or overcome. These main gaps and challenges include inadequate funding of prevention strategies; limited capacities for prevention as well as implementation and management; weak community and health linkages, ownership of the HIV response and participation; insufficient targeted interventions; weak strategic information management and insufficient scale up of treatment, care and support.

The TCMASP has adopted the 8 KASF strategic directions and looks forward to achieving the following come the financial year 2018/2019:

1. Improved utilisation of healthcare services for HIV prevention.
2. Communities empowered to effectively respond to HIV and AIDS .
3. Improved access to quality HIV and AIDS services.

-
4. Partners aligned to county priorities and held accountable.
 5. County response adequately resourced.
 6. Ethical and legal environment for HIV and AIDS improved.
 7. Increased availability of quality, comprehensive and harmonised information on the response to the epidemic.
 8. Improved utilisation of information by partners for policy development, advocacy and programming.
 9. Improved basic and operational research, monitoring and evaluation of the HIV and AIDS response.
 10. Improved access to comprehensive quality treatment, care and support services

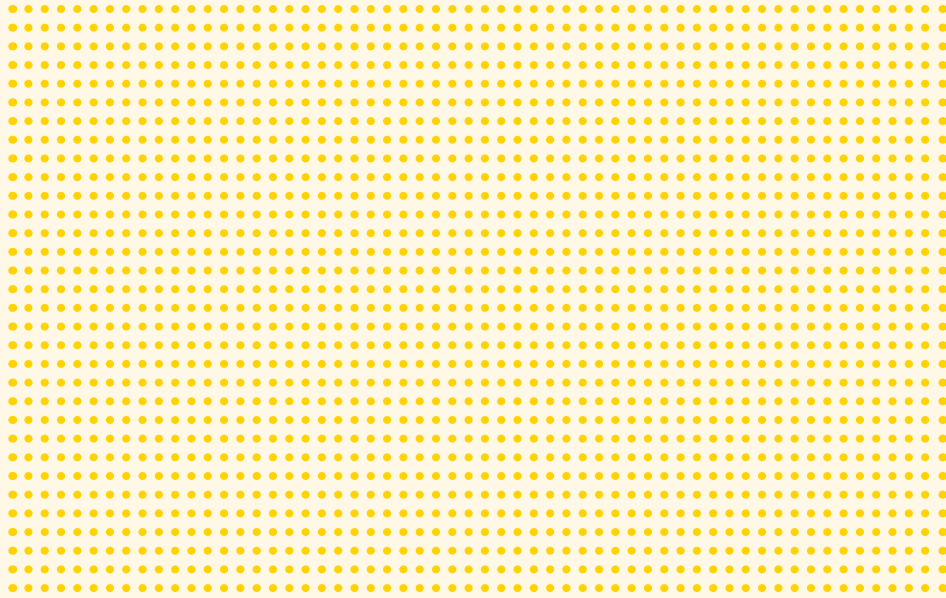
Joseph Epem

County Director of Health - Turkana County

01



BACKGROUND ON TURKANA COUNTY



Turkana County is situated in the North West part of Kenya. It borders West Pokot and Baringo Counties to the South, Samburu County to the South East, Marsabit County to the East, Sudan to the North, Uganda to the West and Ethiopia to the North East. The county shares Lake Turkana with Marsabit County. The total area of the county is approximately 77,000 km².

The County is administratively divided into 7 sub counties 17 divisions, 56 locations and 156 sub-locations. Figure 1 below shows the administrative boundaries. Lodwar town is the County headquarters which hosts most of the administrative offices.

According to the Kenya Population and Housing Census (KPHC) 2009 results, the County's population stood at 855,399 and was projected to increase to 1,036,589 in 2012 with a population density of 6.9 people per square kilometre. The population is projected to rise to 1,427,808 in 2017. The male population comprised of 52 per cent while the female population was 48 per cent. Age distribution was; 0-14 years at 46.0%, 15-64 years at 51.6% and 65+ years at 2.4%.

The county is classified as an arid and semi-arid land (ASAL). December to March is the hottest period with scorching sun, June and July the coolest months while there are very strong winds between May and September. Rainfall is unreliable and ranges between 300mm and 400mm per annum. The main agricultural activities practiced in the county are livestock farming, fishing and food crop farming through irrigation but mainly for subsistence.

The discovery of water aquifers in the North and Central parts of the county means that reliance on rain-fed agriculture may soon be a thing of the past. This will address the food insecurity that has plagued the Turkana community and provide the local residents with alternative livelihoods through adopting crop farming and reducing over reliance on livestock keeping. Agriculture also assists in creating linkages between farmers, service providers and markets through the various institutions which interact in the sector. The irrigation schemes in the county include Turkwel (Kekarongole), Katilu, Morulem (Lokori), Nakwamoru, Lokwii and Kabulokor. The main crops cultivated are maize, sorghum, millet, cowpeas, oranges, mangoes, tomatoes and capsicum. Other economic activities in the county are; trade (fishing and livestock), weaving, tourism and mining.

Insecurity remains a major challenge to service delivery. It is driven by conflict with neighbouring nomadic pastoralist tribes over pastures and water. The migratory lifestyles and generalised poverty adversely affects the provision of health services in the county. HIV and AIDS programs are not exempt. In the semi-urban and rural areas, the few roads that exist are in extremely poor condition. The distance to health facilities is often long, leading to poor utilisation of healthcare services and high HIV care and treatment default rates.

Food insecurity and poor nutrition is a challenge. A common complaint among HIV and AIDS patients is that they have the medicines but no food.

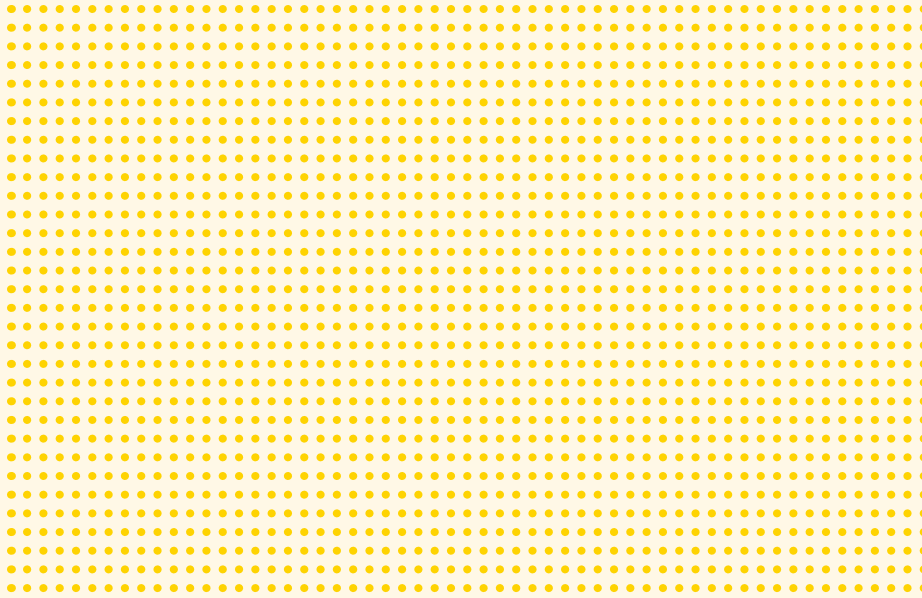
Figure 1: Map of Turkana



02



SITUATION
ANALYSIS



2.0 Situational Analysis

Turkana is in the high incidence clusters - 9 of the 47 counties that contribute 57% of all the new infections in Kenya - (County HIV Profile Report, 2014). The county's population during the Kenya Population and Housing Census of 2009 stood at 855,399. The county population average growth rate is 6.4 percent per annum. This puts the total county population in 2012 at 1,036,586 and the figure is projected to increase to 1,427,797 by 2017 assuming constant mortality and fertility rates. According to the current County HIV estimate, the overall adult HIV prevalence stands at 3.6% compared to the national average of 6.0%.

2.1 HIV Incidence and Prevalence

The estimated number of people living with HIV is 22,136. The new HIV infection among adults in the county annually is estimated to be 1,482.

Table 2.1 Selected HIV data for Turkana County

INDICATOR	VALUE
Total Population (2015)	1,256,152
HIV Adult prevalence (Overall)	3.6 %
Number of adults living with HIV	19,600
Number of children living with HIV	2,536
Total number of people living with HIV	22,136
Estimated number of Adults in need of ART	19,600
Estimated Number of pregnant mothers living with HIV	1,115
Percentage of pregnant women who attend the recommended four antenatal visits	37%
Percentage of HIV positive pregnant women who do not deliver in a health facility	78%
New adult HIV infections annually	1,482

Source: Kenya County HIV Profiles 2014: NACC&NAS COP

2.2 HIV care and treatment access annually

According to the county profiles, Turkana County Multi-sectoral ART coverage is at 30% as compared to the national coverage of 79%. Of the total adult population (15,876) in need of ART, only 4,657 are receiving ART. The ART coverage is even lower in children. Out of the 2,054 children in need of ART, only 633 were receiving ART in 2014 translating to a coverage of 31% compared to the national average of 42%.

In the county, there were approximately 17,901 households with an orphan; 877 poor households with an orphan and 1468 households that had benefited from cash transfer in 2012. Despite these numbers, only 17% of poor households with orphans are beneficiaries of the cash transfer programme. Cash transfer programmes have been shown to reduce HIV risk by delaying sexual debut, pregnancy and early marriage among beneficiaries aged between 15 and 25. (UNICEF, 2012; National Census, 2009)

2.3 Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the HIV Response in Turkana County.

The county has continued to address the HIV response through a multi stakeholder approach. Due to the existing political goodwill, there continues to be improvements in the infrastructure that leads to improved access and uptake of health services including HIV prevention, treatment, care and support services. There are a number of weaknesses and threats that continue to face the county in her HIV response efforts. Table 2.2 is a synopsis of the strengths, weaknesses, opportunities and threats of the HIV response in the county.

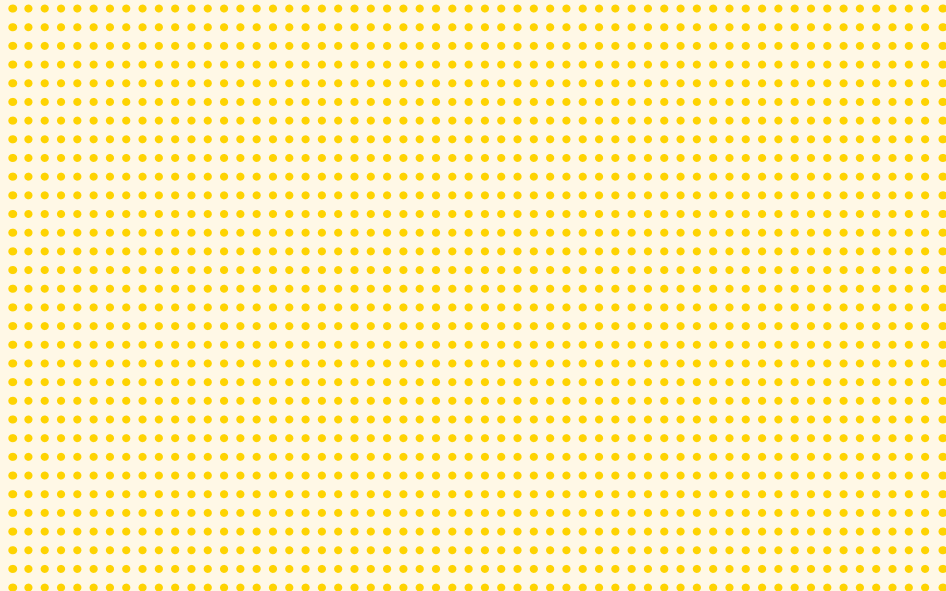
Table 2.2 Strengths, Weaknesses, Opportunities and Threats

STRENGTHS	WEAKNESSES
<ol style="list-style-type: none"> 1. Political goodwill and leadership. 2. Expanded health infrastructure including human resource and facilities. 3. Partner mapping (in the HIV field) has been undertaken. 4. Turkana as a pilot county for HIV combination prevention. 	<ol style="list-style-type: none"> 1. Geographical vastness and remoteness that affects healthcare access and uptake. 2. High HIV stigma. 3. Low literacy Levels. 4. High poverty levels. 5. Retrogressive cultural practices e.g. early childhood marriage; inheritance, non-circumcision among men; Sexual and Gender Based Violence. 6. Low condom uptake and use. 7. Lack of adequate HIV related information among the semi-settled and nomadic communities.
OPPORTUNITIES	THREATS
<ol style="list-style-type: none"> 1. The presence of multi sectoral stakeholders in the county e.g. social services, ministries of education and agriculture, interior etc. 2. Domestic resource mobilisation for the HIV response using the TCMASP. 3. Alignment of the HIV coordination structure across the county as per the TCMASP. 4. Implementation of the 90: 90: 90 targets. 	<ol style="list-style-type: none"> 1. Alcohol and Substance use and abuse. 2. High operational costs due to the vastness and terrain of the county. 3. Partners concentrating efforts in high burden areas only. 4. Transactional sex and high sexual activity among the fisher folk community. 5. High economic activity in the county (mining and oil extraction industries, fishing industry etc) leads to an emergence of immigrants and key populations such as FSWs, MSMs, truck drivers, IDUs etc. 6. Presence of displaced populations in the county (e.g. refugees) is a risk factor for the spread of HIV as it can lead to an increase in sex workers and IDUs among other HIV drivers. 7. Turkana as a transport corridor. 8. Emerging livestock traders in the county that may have high ignorance levels around HIV prevention and treatment and likely to spread HIV among rural community. 9. Low literacy levels. 10. High poverty levels. 11. Peer to peer influence among the adolescent and youth.

03



RATIONALE,
STRATEGIC PLAN
DEVELOPMENT
PROCESS AND THE
GUIDING PRINCIPLES



3.1 The Rationale for the TCMASP

The current system of governance devolved the health service delivery to the county governments while the National Government retained the policy, regulation and training functions. The HIV and AIDS response is one of the major health sector functions that were devolved. Turkana County Government is responsible for the delivery of HIV services, leadership and mobilisation of resources for the multi-sectoral response to HIV and AIDS. There are other stakeholders (FBOs, NGOs, CSOs, and CBOs) in the county who have continued to provide and support healthcare services delivery and are instrumental in supporting the implementation of the TCMASP. The HIV response in the county will be aligned to other legal, technical and policy frameworks on HIV provided by the National Government.

The National AIDS Control Council (NACC), as the national HIV response coordinating institution, has developed the Kenya AIDS Strategic Framework 2014/15 -2018/19 (KASF) that will guide the delivery of HIV and AIDS services in the country for the period 2014/15-2018/19. The framework defines the interventions and expected results in the next 5 years and offers a broad guidance for the National and County governments on coordination, implementation, monitoring and evaluation of the HIV response. Turkana County Government has aligned this TCMASP to the KASF 2014/15-2018/19 and has identified the interventions and results that are relevant to the county HIV epidemic.

This TCMASP has been well harmonised to the letter and spirit of the KASF. It has adopted the “*know your epidemic approach*” to characterise sources of new infections, coverage of services and identify optimal combination of interventions, services and cost requirements to end new HIV infections by 2030. The Plan defines evidence-based bio-medical, behavioural and health systems

interventions that are targeted to specific populations and geographic zones, thus giving guidance on targeted investments that are costed for maximum impact.

3.2 The process of developing the TCMASP

To ensure ownership of this strategic plan, Turkana County Government embraced a participatory process in the development of this plan. Various sources of information and stakeholders were consulted and involved including:

1. Desktop review of relevant literature and existing data¹.
2. Multi sector stakeholders’ consultative meetings including the youth.
3. Peer review and validation of the TCMASP.

3.3 The Guiding Principles for the TCMASP

3.3.1 Contribution to the overall national HIV response targets and goals

The Turkana County Multi-sectoral HIV programming shall be aligned to the spirit of the KASF and contribute to achieving universal access to HIV prevention, treatment, care and support in accordance with the county and national goals and targets.

1 Documents referred to include: Turkana HIV profile; County Integrated Development Plan; County Health Strategic Plan; End term review Report of Kenya National AIDS Strategic Plan 2009 – 2014; Kenya AIDS Strategic Framework 2014/15-2018/19. This enabled the identification of the achievements, strengths and weaknesses of the current county HIV response and the pragmatic gaps relevant to the HIV epidemic that need to be addressed under the TCMASP (2014/15-2018/19)

3.3.2 County ownership and participation

The TCMASP has adopted a people-centered approach in HIV planning and implementation through public participation and contribution. All HIV stakeholders in the county will be fully consulted and involved at all stages of the HIV response.

3.3.3 Focus and priority on evidence-based, high impact and scalable interventions

Cognizant of the limited resources and the urgency to eliminate HIV in the county, resources will be directed towards high-value, high-impact and scalable initiatives.

3.3.4 Multi-sectoral accountability

HIV being a disease with a wider socio-economic ramification, interventions proposed in this document to fight HIV demands well-coordinated and concerted efforts from all actors in the county and at the national level. The TCMASP provides guidance for implementation; with interventions and results for which multiple sectors are responsible. The County Government will establish the coordination and accountability mechanism.

3.3.5 Rights-based, culturally sensitive and gender transformative approaches

The interventions proposed in this TCMASP take into consideration the protection and promotion of the rights and ensures access to services for those who are socially excluded, marginalised and vulnerable. At the same time, the interventions will be operationalized to be culturally acceptable and practical to the communities in the county.

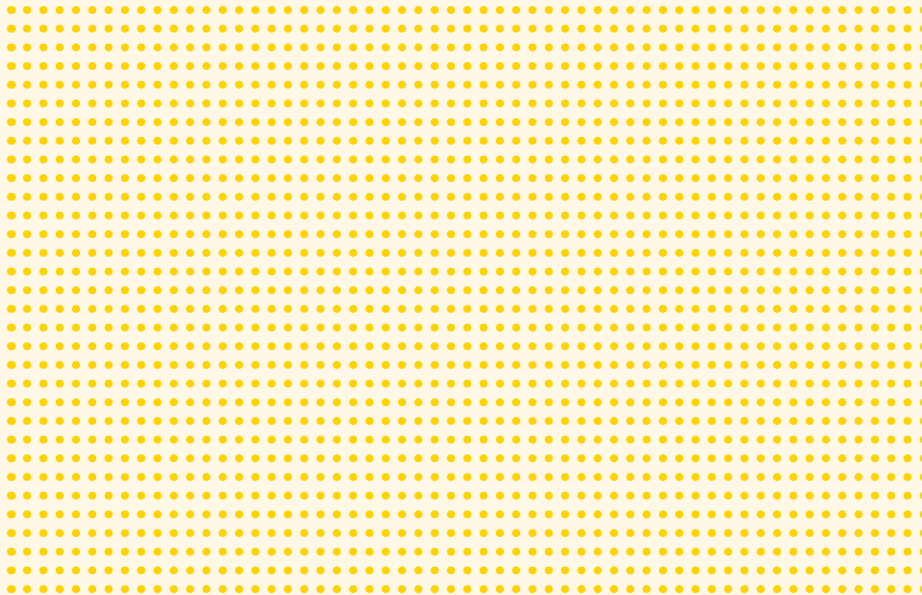
3.3.6 Sustainable financing, efficiency and effectiveness

Aware of the increasing donor fatigue in HIV financing, coupled with competing priorities and health system constraints, the county government will develop a comprehensive resource mobilisation strategy to explore sustainable domestic funding options. The county will also explore efficiency improvement in service delivery and innovative approaches aimed at achieving more at reduced costs without compromising on quality.

04



VISION, MISSION,
GOALS, OBJECTIVES
& COUNTY STRATEGIC
DIRECTIONS



The vision, mission, goals, objectives and the county strategic direction have been derived from the national framework but customised to reflect the desires and aspirations of the people of Turkana County.

4.1 Vision:

A county with a healthy population free from new HIV infections, stigma, discrimination and HIV related deaths.

4.2 Mission

To develop local capacity and resources to formulate and provide a responsive, evidence-based and cost-effective HIV response in Turkana County.

4.3 Goal

To provide quality HIV prevention, treatment, care and support services to all residents of Turkana County.

4.4 Strategic objectives

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

4.5 Strategic Directions

The county government of Turkana has adopted and adapted the following strategic directions as provided in the KASF.

1. Reducing new HIV infections.
2. Improving health outcomes and wellness of all people living with HIV.

3. Using a human rights approach to facilitate access to services for PLHIV, Key Populations and other priority groups in all sectors.
4. Strengthening integration of health and community systems.
5. Strengthening research and innovation to inform the TCMASP goals.
6. Promoting utilisation of strategic information for research and monitoring and evaluation (M&E) to enhance programming.
7. Increasing domestic financing for a sustainable HIV response.
8. Promoting accountable leadership for delivery of the TCMASP results by all sectors and actors.

4.6 Key approaches in the implementation of the strategic directions

1. Strong county political leadership and community participation for a multi-sectoral HIV response.
2. Mobilising and committing additional local resources to increase and sustain the HIV response.
3. Expanding and strengthening HIV prevention and treatment programmes and increase community involvement in driving demand for increased uptake and adherence among both adults and children.
4. Increasing social welfare services to HIV-positive persons and other highly vulnerable groups.

4.7 County Strategic Directions

Strategic Direction1: Reducing New HIV Infections

The prevalence of HIV in the county is presently at 3.6%. There are disparities in new infections in regard to geographical locations and population categories in the county. New infections are mainly concentrated in urban centres and trading centres such as lake shores. They are driven by vulnerable and key population as well as from multiple partnerships among heterosexual relations. Low knowledge of HIV status among those who are HIV infected and the growing transactional sex arising from the high poverty levels especially among women are also key drivers. As in the national scene, a concentrated epidemic in Turkana County is seen in populations of men who have sex with men (MSM) and sex workers and their clients. Similarly, there is evidence of heightened HIV risk among other vulnerable populations such as fishing communities, drivers, street

children, persons with disabilities, transient populations. Early sexual debut arising mainly due to prevalence of child marriages and retrogressive cultural practices remain a challenge in the county.

Key Intervention approaches

1. Unpack the HIV epidemic in the county to focus HIV prevention efforts to priority geographies and populations germinating and driving HIV infections respectively.
2. Adapt and scale up effective evidence-based combination prevention embracing biomedical, behavioural and structural interventions.
3. Maximise efficiency in service delivery through integration in the existing health services and programs.
4. Working closely with related sectors like education, agriculture, social services to leverage more multi sectoral intervention opportunities and synergies.

STRATEGIC DIRECTION 1 : REDUCING NEW HIV INFECTIONS

KASF OBJECTIVE	TCMASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/INTERVENTION	
			Biomedical	
Reduce new HIV infections by 75%	Reduce MTCT rates to below 5%	Create community awareness on ANC attendance Advocacy for skilled delivery Promoting PSSG among pregnant women	<ol style="list-style-type: none"> 1. Increased HIV Testing and Counselling especially couple testing 2. Strengthened ANC uptake and referrals 3. Strengthen RH services in the community 4. Strengthen Early Infant diagnosis (EID) 5. Promote HIV testing uptake for pregnant and lactating mothers 6. Prevention of unintended pregnancies among HIV-positive women 	
	Reduce new HIV infections by 75%	Implement targeted Evidence Based interventions	<ol style="list-style-type: none"> 1. Promote uptake of PrEP/PEP 2. Promote VMMC 3. Targeted HIV testing 	
	90% of PLHIV identified	Scale up targeted testing across the county	<ol style="list-style-type: none"> 1. Targeted testing among KPs and priority populations; (fisher folks, Drug users and female sex workers, MSM, discordant couples, adolescents and young people) 2. Home Based Testing and Counselling in targeted populations in identified high prevalence areas 3. Scale up PITC (OPD, IPD, nutrition clinics, CWCs, MCH, TB clinics,) 4. Testing of family members of index clients 5. Employ additional skilled HTC providers 6. Improve diagnostic infrastructure and commodity security for optimal testing 7. Targeted know your HIV status campaign in priority areas. 	

			TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY	RESPONSIBILITY
	Behavioural	Structural			
	<p>Prevention of unintended pregnancies among HIV-positive women</p> <p>Strengthen PSSGs to improve retention of the mother- baby pair</p> <p>Use of peer mothers to enhance retention and adherence</p>	<p>Strengthening Integration of Reproductive, Child and HIV Services</p> <p>Support community initiatives to create demand for PMTCT interventions(including skilled delivery and ANC attendance)</p> <p>Provide essential commodities and equipment for EMTCT and strengthen their management system</p> <p>Build the capacity of all MCH service providers to include PMTCT</p>	HIV Positive pregnant women	County wide	MoH, implementing partners and other actors
	<ol style="list-style-type: none"> 1. Support advocacy, communication and social mobilisation (ACSM) HIV prevention activities at the sub-county 2. Develop county specific IEC materials 3. Actively engage cultural and religious leaders to advocate for societal changes towards HIV prevention 4. Scale up age appropriate life skills education in schools 5. Create awareness on HIV Prevention as well as promote PrEP/PEP 6. Promote testing among the general population 	<ol style="list-style-type: none"> 1. Customise the national HIV prevention communication guidelines for the county 	General population	Across the county	MoH, All Stakeholders
			<p>Key population</p> <p>Patients to health facilities</p> <p>General population</p>	County-wide	MoH, implementing partners and other actors

STRATEGIC DIRECTION 1 : REDUCING NEW HIV INFECTIONS

KASF OBJECTIVE	TCMASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/INTERVENTION	
			Biomedical	
Reduce new HIV infections by 75%	Reduced stigma towards PLHIV by 50%	Enhance stigma reduction activities in the communities	<ol style="list-style-type: none"> 1. Peer Education including among the youth and adolescents 2. Household dialogue by CHWs 3. Magnet Theatre to facilitate community discussion on stigma 4. Religious leaders and cultural leaders sensitisation to advocate against stigma 5. Community Prevention With Positives 6. Discordant couples as champions against stigma and promote prevention 7. Adopting the stepping stones intervention 8. Meaningful involvement of PLHIVs (expert clients, ambassadors, champions) 9. Community advocacy on demystification of HIV 10. Anti-stigma road shows 11. Facilitated/assisted disclosure and education for the paediatrics, adolescents, young people and discordant partners 12. Build the capacity of HCWs in patient customer care to address negative attitude towards patients 13. Develop and implement policies around HIV stigma and discrimination in the county 	
	Reduced sexual and gender based violence	Advocacy, communication and social mobilisation around prevention, protection and response of SGBV	<ol style="list-style-type: none"> 1. Advocate for policy reinforcement to support GBV prevention and legal action for offenders, 2. Raise community awareness on SGBV in collaboration with relevant departments including the police, the Judiciary and local authorities 3. Set up, equip and staff GBV centres in health facilities 4. Strengthen referral mechanism around SGBV 5. Build capacity of HCWs to deal with GBV issues 6. Sensitise and educate law enforcement arm on GBV issues and establish and strengthen GBV desks 7. Enhance couple and family dialogue 8. Initiate Families Matter Program 9. Enforcement of the life skills education in all schools 10. Engage with cultural leaders to address early marriages and other retrogressive cultural practices 11. Work with relevant departments to set up and utilise rescue centres 12. Promote girls empowerment activities such as beauty show, talent festivals etc 	
	Reduced new HIV infections by 75%	Promote supportive cultural and religious practices towards HIV prevention	<p>Identify retrogressive cultural and religious practices that promote HIV transmission</p> <p>Continuous and meaningful engagement with the religious and cultural leaders as agents of change</p> <p>Performance based incentives to the positive deviants (branded caps, Shukas)</p> <p>Adakar evening cinemas (audio-visual education)</p> <p>Community murals and banners</p> <p>Inter-Kraal music and cultural dance competitions, using sporting events to discuss the practices and identify solutions</p> <p>Elite-Raia regular engagement to demystify culture</p> <p>Chiefs community education barazas</p> <p>Tailored advocacy meetings with dominant and indigenous churches (Catholic, Legions of Mary etc.)</p>	

			TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY	RESPONSIBILITY
	Behavioural	Structural			
			General population	County-wide	MoH, Implementing partners and other actors
			General population	County wide	MoH, Implementing partners and other actors
			Cultural leaders General population	County wide	MoH, implementing partners and other actors

STRATEGIC DIRECTION 1 : REDUCING NEW HIV INFECTIONS

KASF OBJECTIVE	TCMASP RESULTS	KEY ACTIVITY	SUB-ACTIVITY/INTERVENTION
Reduce new HIV infections by 75%	Reduce new HIV infections by 75%	Increased correct and consistent condom use among the sexually active sub-population	<p>Biomedical</p> <p>Peer Education among Youth, Boda boda operators, FSW, Fisher folks</p> <p>County-wide condom social marketing</p> <p>Installation of condom dispensers and continuous supply of condoms in hot spots (Lodgings, Lagga) etc.</p> <p>Rollout of EBIs that promote condom use</p>
		Reduced number of sexual partners and enhanced faithfulness among spouses	<p>Peer Family intervention</p> <p>Mentor/Married adolescents intervention (Targeting young couples and the mothers in law)</p> <p>Men's dialogue at the ekitoe a ngi'kiliok (tree of men)</p> <p>Promote couple counselling and testing</p> <p>Age appropriate Life skills education in all schools and colleges including effects of alcohol, drug and substance use and abuse</p> <p>Peer Education (adolescents and Young people, formal work places, FSW, Fisher Folks, Boda boda, men and women at house hold)</p> <p>Strengthen SRH education</p>
		Delayed sexual debut among girls	<p>Enforce age appropriate life skills education in all schools including sensitisation on the effects of alcohol, drug and substance use and abuse</p> <p>Peer families intervention</p> <p>Promote family matters program</p> <p>Advocacy and campaign against intergenerational sex</p> <p>Integrating SRH in peace caravan campaigns</p>
		Prioritise HIV prevention, treatment, care and support among Key Population	<p>Stakeholders sensitisation and continuous involvement in MARPS planning and implementation</p> <p>Map out and disseminate all the MARPS hot spots in the county</p> <p>Rollout MARPS EBIs (Respect K, Peer Education)</p> <p>Scale up social marketing for condoms</p> <p>Understand vulnerability factors leading to the practices</p> <p>ACSM through chiefs' barazas, religious institutions, media, schools, youth groups, etc.</p> <p>Implement alternative livelihood programs (economic empowerment)</p> <p>Expand the Drop In Centres (DICEs) that offer comprehensive services</p>
	Promote uptake of HIV services in health facilities	<p>HCW positive attitude in all health facilities</p>	<p>Establish HCWs wellness programs</p> <p>Train HCW on client management/customer care</p> <p>Motivate HCW (capacity building, resources, infrastructure, housing and good working environment)</p> <p>Provide adequate resources including those for outreaches.</p>

			TARGET POPULATION	GEOGRAPHIC AREAS BY COUNTY/SUB- COUNTY	RESPONSIBILITY
	Behavioural	Structural			
			Youth (in and out of school) Boda boda operators Key population General population	Along the lake Turkana region County wide	All actors
			Youth in and out of school Key population General population	County wide	All actors
			Youth (in and out of school) Adolescents Young people	County wide	All actors
			Key populations	Hot spot locations in the county	All actors
			Health care service providers	County wide	MoH, implementing partners and other actors

Strategic Direction 2: Improving Health Outcomes and Wellness of all People Living with HIV

Health systems related barriers in Turkana County exacerbate the gaps in the cascade of care from identification, linkage, retention and viral suppression. These include limited access and unequal geographical distribution of services, human resource inadequacies, poor referral and tracking mechanisms, commodity and supply related challenges and limited infrastructure for information management systems. Retention in care and treatment in the short and long-term will need clear identification of points of loss of patients within the cascade of care and addressing these at service delivery points and county levels.

4.7.2.1 Key Intervention approaches

1. Improve timely linkage to care for persons diagnosed with HIV.
2. Increase coverage of care and treatment to current poorly served areas and reduce loss in the cascade of care.
3. Scale up interventions to improve quality of care and improve health outcomes.

STRATEGIC DIRECTION2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF ALL PEOPLE LIVING WITH HIV				
KASF Objective	TCMASP Results	Key Activity		
Reduce AIDS Related mortality by 25%	90% of PLHIV are enrolled into care and treatment 90% of PLHIV with sustained viral load suppression	Promote uptake of care and treatment services among PLHIV		
		Retention of PLHIV on care and treatment		
		Greater and meaningful involvement of PLHIV in HIV prevention and management		
		High quality and comprehensive HIV service delivery for PLHIV		
		Universal access to health services for PLHIV	Medical cover for PLHIV	
		Improved quality of life for PLHIV and improved retention rate	Promote social protection programs for PLHIV in the county	

	Sub-Activity/Intervention	Target Population	Geographic areas by County/sub- county	Responsibility
	<p>Training of service providers on HIV care & treatment</p> <p>Provision of mobile outreach services</p> <p>Task shifting and sharing</p> <p>Recruitment of additional health workers</p> <p>Supply of ART commodities</p> <p>Construction & upgrading of health facilities</p> <p>Decentralisation of HIV services</p> <p>Tailor service delivery models to different populations (pastoralists, students, working groups, key and priority populations)</p> <p>Demand creation through ACSM approach.</p> <p>Strengthen adherence counselling</p> <p>Stigma reduction activities in the community</p> <p>Establish and strengthen psychosocial support groups</p>	PLHIV	County wide	MoH, implementing partners and other actors
	<p>Concurrent education of patients on adherence and general HIV management</p> <p>Integrate HIV training into community strategy.</p> <p>Strengthen and operationalize the community strategy</p> <p>Capacity build and utilise peer educators & index clients in defaulter tracing.</p> <p>Formation, support & strengthening of psychosocial groups</p> <p>Link PLHIV to available community support services</p> <p>Advocate for Health insurance scheme for PLHIV</p>	PLHIV	County wide	MoH, Implementing partners and other actors
	<p>Involving PLHIV in the development of HIV and AIDS policies, planning and decision making forums</p> <p>Building the capacity of PLHIV through formation & strengthening of PSS and trainings (Community PWP, Treatment literacy, peer education etc.)</p>	PLHIV	County wide	MoH, Implementing partners and other actors
	<p>Expansion and Decentralisation of ART sites and laboratory Services</p> <p>Support lab monitoring for HIV patients at all ART sites</p> <p>Provision of diagnostic equipment, commodities & reagents.</p> <p>Longitudinal monitoring of PLHIV</p>	PLHIV	County wide	MoH, Implementing partners and other actors
	<p>Waiver system to all patients with HIV</p> <p>Advocate for Health insurance scheme for PLHIV</p>	PLHIV	County wide	MoH, Implementing partners and all other actors
	<p>Advocate for poor and vulnerable households including households with PLHIV to receive cash transfers and other social protection mechanisms</p> <p>Build the capacity of PLHIV on business management skills and skills on group dynamism</p> <p>Alternative Livelihood support for PLHIV</p> <p>Inter-sectoral collaboration with the ministry of agriculture, water & irrigation services, world food, CSOs, NGO's</p>	PLHIV	County wide	Social Services, MoH, Implementing partners and all other actors/ sectors

Strategic Direction 3: Using a Human Rights Approach to Facilitate Access to Services for PLHIV, Key Populations and other Priority Groups

Article 27 of the Constitution of Kenya 2010, outlaws discrimination on the basis of one’s health status. It provides for equality between men and women and allows the use of affirmative action to redress past discrimination. Kenya HIV and AIDS Prevention and Control Act, 2006, provides the legal framework to address HIV. It provides for protection and promotion of public health, the appropriate treatment, counselling, support and care of persons infected or at risk of HIV infection. Access to justice is embedded in the establishment of the HIV & AIDS Tribunal. Stigma and discrimination have been identified as a barrier to HIV prevention and uptake of care and treatment services. The socially excluded, poor and vulnerable people who are living with HIV are unlikely to take up services, therefore, negatively impacting on the ability to reach our goals.

Key Intervention approaches.

1. Remove barriers to access of HIV, SRH and rights information and services in public and private entities.
2. Improve National and County legal and policy environment for protection and promotion of the rights of priority and key populations and people living with HIV.
3. Reduce and monitor stigma and discrimination, social exclusion and gender-based violence.
4. Improve access to legal and social justice and protection from stigma and discrimination in the public and private sector.

STRATEGIC DIRECTION3: USING A HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KEY POPULATIONS AND OTHER PRIORITY GROUPS		
KASF Objective	TCMASP Results	
Reduce HIV related stigma and discrimination by 50%	Reduced stigma towards the PLHIV by 50%	
	Reduced HIV vulnerability among PLHIV and their families	
	Reduced HIV vulnerability in the community	

	Key Activity	Sub-Activity/Intervention	Target Population	Geographic areas by County/sub- county	Responsibility
	<p>Remove barriers to access of HIV, SRH and rights information and services in public and private entities</p> <p>Reduce and monitor stigma and discrimination, social exclusion and gender-based violence</p>	<p>Peer Education</p> <p>Household dialogue by CHVs</p> <p>Magnet Theatre to facilitate community discussion on stigma</p> <p>Religious leaders and cultural leaders sensitisation to advocate against stigma</p> <p>Community PWP</p> <p>Stepping stones intervention</p> <p>Meaningful involvement of PLHIVs (expert clients)</p> <p>Community advocacy on demystification of HIV</p> <p>Anti-stigma road shows</p>	<p>PLHIV</p> <p>General population</p>	County wide	MoH, Partners and other actors
	Promote social protection activities in the county for PLHIV and their families	<p>Cash Transfer to PLHIV and OVCs-affirmative action-legislation (county GVT)</p> <p>Alternative livelihood options like business activities (Micro-financing)</p> <p>Mainstreaming nutrition rations for all people living with HIV and AIDS in all interventions by humanitarian organisations and county government</p> <p>Promote agricultural practices among the population to address food insecurity</p>	<p>PLHIV</p> <p>OVCs</p> <p>Key populations</p> <p>General population</p>	County wide	Social Services, MoH, Implementing partners and all other actors
	Reduce drug, substance and alcohol use and abuse among the community members	<p>Rehabilitation of alcohol dependents (addicts)</p> <p>Age – appropriate life skills education focusing on alcohol, drugs and substance abuse</p> <p>Arrest and punishment of drug peddlers and illicit brew makers</p> <p>Reactivate and strengthen community policing in all villages</p> <p>Magnet theatre to educate community on effects of kaada (traditional brew) and other illicit brew</p> <p>Mass education through local FM radios on alcohol and its effects</p> <p>Reward positive deviants (those who stop selling kaada) with alternative source of livelihood</p> <p>Regulate the uptake of licensed beers</p> <p>Peer Education (Youth, FSW, Boda boda operators, NGO workers and county civil servants)</p>	<p>Youth and adolescents in and out of school</p> <p>General population</p>	County wide	MoH, County Commissioner, Judiciary, Mass Media, Implementing partners and all other actors

Strategic Direction 4: Strengthening Integration of Health and Community Systems

Provision of universal health coverage to citizens by 2030, as articulated in the Vision 2030 and further reaffirmed in Sessional Paper No. 7 of 2012 on Universal Health Care, is a developmental commitment by the National Government. Major strides have been made in scaling up HIV prevention, treatment and care. To sustain the gains made to date and further scale up the response, the country needs to strengthen and integrate health and community systems.

There is inadequate integration of HIV services in primary healthcare in Turkana County, including mother and child health and sexual and reproductive health services. Inadequate investments have been made in health and community systems, especially human resources, pharmaceutical and Laboratory infrastructure and systems. In addition, prevention and treatment programmes and policies have not been very sensitive to the special needs of the poor and vulnerable populations, including key populations. Despite the presence of many HIV implementers in the county, the HIV response has lacked, coordination, stability and predictable funding.

4.7.4.1 Key Intervention approaches

1. Provide a competent, motivated and adequately staffed workforce at national and county levels to deliver HIV services integrated in the essential health package.
2. Strengthen health service delivery system at national and county levels for the delivery of HIV services integrated in the essential health package.
3. Improve access to and rational use of quality essential products and technologies for HIV prevention, treatment and care services.
4. Strengthen community service delivery system at national and county levels for the provision of HIV prevention, treatment and care services.

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS

KASF objective	TCMASP Results	
<ol style="list-style-type: none"> 1. Reduce new HIV infection by 75% 2. Reduce AIDS related mortality by 25% 3. Reduce HIV related stigma and discrimination by 50% 	<p>All operational community units integrating the HIV response in all programs</p> <p>Integration of HIV interventions in all health service delivery points</p>	

Key Activity	Sub-Activity/Intervention	Target Population	Geographic areas by County/sub- county	Responsibility
<p>Effective quality service delivery at the community level</p> <p>Improved retention and adherence to HIV services</p> <p>Stigma reduction</p> <p>Improved community involvement, increased HIV awareness</p>	<p>Increase the number of health facilities providing comprehensive health services</p> <p>Put in place an innovative human resource management systems</p> <p>Develop an effective referral and linkage system with a comprehensive directorate of service delivery points</p> <p>Build the capacity of CHVs and PLHIV to provide comprehensive HIV prevention and care at the community level</p> <p>Prioritise the interest of special groups such as the PLHIVs, PWD, Key Populations in the recruitment and selection of CHVs</p> <p>Work with existing community structures such as the FBOs, MOE, provincial administration, CORPs (village elders, ng'imurok, kraal leaders)</p>	<p>General population</p>	<p>County wide</p>	<p>MoE, MoH, Implementing partners and all other actors</p>

Strategic Direction 5: Strengthening Research and Innovation to Inform the TCMASP Goals

Turkana County has been identified as one of the three counties to pilot the combination HIV prevention strategy. This has provided an opportunity for the county to undertake and strengthen its research agenda that will inform the county HIV response. The research findings will be used to inform and evaluate the effectiveness and efficiency of various interventions.

Therefore, to achieve the TCMASP goals, greater emphasis will be given to identification and implementation of high-impact research priorities, innovative programming and capacity strengthening to conduct research within the county government.

4.7.5.1 Key Intervention approaches

1. Resource and implement a HIV research agenda informed by TCMASP.
2. Increase evidence-based planning, programming and policy changes.

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH AND INNOVATION TO INFORM THE TCMASP GOALS

KASF Objective	TCMASP Results
1. Reduce new HIV infection by 75%	Increased evidence based planning, programming and policy changes Increased implementation of research on identified county priority areas Increased capacity to conduct HIV research at county level Increased budgetary allocation for research and innovation
2. Reduce AIDS related mortality by 25%	
3. Reduce HIV related stigma and discrimination by 50%	
4. Increase domestic financing of the HIV response to 50%	

Key Activity	Sub-Activity/Intervention	Target Population	Geographic areas by County/sub-county	Responsibility
<p>Advocating for, strengthen and promote research on the HIV response in the county</p>	<p>Constitute a county research committee with clear TOR with a budget line</p> <p>Allocate resources for research and innovation</p> <p>RDOAs and use quality data to inform development of county dashboards, allocate resources, develop policies and guidelines to inform HIV programming</p> <p>Strengthen data review forums to identify best practices and innovations for adaptation and replication</p> <p>Build the capacity of the county to conduct research and translate the findings into implementation</p>	<p>All Actors</p>	<p>County wide</p>	<p>MoH, Implementing partners and all other actors</p>

Strategic Direction 6: Promoting utilisation of strategic information for research and M&E to enhance programming

Quality data in a timely manner for effective evidence-informed decision making is key and critical for effective response to an evolving HIV epidemic. This underpins the need to strengthen M&E capacity at all levels to generate and use evidence for decision making. Presently, monitoring and evaluation of HIV and AIDS response continues to rely on a variety of systems, data sources, routine periodic collection and collation systems, which are supported and maintained disjointedly by various stakeholders. The routine monitoring systems, if well established and maintained, are a major source of strategic information for monitoring and evaluation of the HIV programme. To this effect the county will put an energised focus on improving data quality, demand and use of data for decision making at county and healthcare facility levels.

Key Intervention approaches

3. Strengthen M&E capacity to effectively track the TCMASP performance and HIV epidemic dynamics in the county.
4. Ensure harmonised, timely and comprehensive routine and non-routine monitoring systems to provide quality HIV data as per national, county and sector priority information needs.
5. Establish multi-sectoral and integrated real time HIV platform to provide updates on HIV epidemic response accountability at county and national level.

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

KASF Objective	TCMASP Results
<ol style="list-style-type: none"> 1. Reduce new HIV infection by 75% 2. Reduce AIDS related mortality by 25% 3. Reduce HIV related stigma and discrimination by 50% 4. Increase domestic financing of the HIV response to 50% 	<p>Increase availability of strategic information to inform HIV response</p> <p>Planned reviews, evaluation and surveys implemented in a timely manner.</p> <p>Results disseminated and used to inform decision making</p> <p>County HIV information hub established, providing comprehensive information package on high impact TCMASP indicators for decision making</p>

Key Activity	Sub-Activity/Intervention	Target Population	Geographic areas by County/sub- county	Responsibility
<p>Advocating for, strengthening and promoting collection, utilisation and dissemination of HIV information</p>	<p>To develop a comprehensive County M&E framework aligned to the national framework to monitor TCMASP</p> <p>To institutionalise county M&E TWGs, data inquiries RDQAs and data review meetings to improve data quality (completeness, accuracy, timeliness, reliability)</p> <p>To promote data and information demand and use for planning and decision making</p> <p>Build capacity of service providers to navigate the DHIS, EID website, ACT dash board, EMR etc.</p> <p>Regular updates of service providers on changes in guidelines, indicators and HMIS tools</p> <p>Advocate for development, dissemination and supply of relevant HMIS tools</p> <p>Commit to allocate resources for M&E in the county government</p> <p>Advocate for additional resources for M&E from development partners</p> <p>Build the capacity of service providers on HMIS tools and HIV indicators</p>	<p>All Actors</p> <p>General population</p>	<p>Countywide</p>	<p>County Government, MoH, Implementing partners and all other actors</p>

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

HIV response in Kenya, and indeed in Turkana County, has continued to receive unprecedented global financial support aimed towards universal access to HIV prevention and treatment. However, Turkana County being in the high incidence cluster counties (*9 of the 47 counties that contribute 57% of all the new infections*), the need for local and more stable resources base to expand prevention and treatment intervention cannot be overemphasized. Presently, over 90% of all resources used in HIV response in the county is external. This external financing reliance has, however, created situations of “wastage” and dependency and this is not sustainable. There is need to identify ways of increasing efficiency in the use of existing resources to expand coverage and productivity of existing service delivery options. More importantly, there is need for exploration of innovative and sustainable domestic and local HIV financing options. This calls for the determination of the resources available in the county, existing gaps and unit cost for the HIV response. This will be done by conducting Turkana County HIV response spending assessments and developing a costed county HIV strategic plan based on identified priority areas and targets set.

Key Intervention approaches

6. Maximise efficiency of existing delivery options for increased value and results within existing resources.
7. Promote innovative and sustainable domestic HIV financing options led and spearheaded by the county government.
8. Align HIV resources/investment to strategic priorities in this TCMASP.

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

KASF Objective	TCMASP Results	
Increase domestic financing of the HIV response to 50%	Increased domestic funding to support HIV and AIDS programming	
	Efficient and prudent utilisation of HIV funds (accountability)	
	Results based implementation of HIV interventions	

	Key Activity	Sub-Activity/Intervention	Target Population	Geographic areas by County/sub- county	Responsibility
	Scaling up domestic resource mobilisation efforts	<p>Increased county government ownership of HIV programming and advocate for increased budgetary allocation for HIV programmes</p> <p>Advocate for donor funding through implementing partners</p> <p>Advocate to local institutions (corporate and social responsibility) for support to HIV programs e.g. banks, Tullow</p> <p>Utilisation of Grants from individuals, business communities towards HIV programs</p> <p>Fundraising through social events e.g. luncheons</p> <p>Setting a foundation for PLHIV and OVCs</p> <p>Affirmative action to allocate education funds to OVCs from government bursaries, CDF, wards</p>	All actors	County wide	All actors
	Develop a system to coordinate and oversee available HIV resources	<p>Vetting of recipients of HIV funding by independent and credible organs</p> <p>Pooling together HIV resources in one kitty</p> <p>Joint planning between recipients of HIV funds and beneficiaries</p> <p>Oversight role by the county government through relevant ministries and line departments</p>			
	Undertake results based HIV program implementation	<p>Program based budgeting and financing</p> <p>Strategic information management unit</p> <p>Capacity build recipients of HIV funding</p> <p>Build the capacity of the leadership and program managers to supervise utilisation of funds</p> <p>Monitor and evaluate implementation progress</p>			

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

The Constitution of Kenya 2010 provides a new legal and policy environment upon which the HIV response will be implemented. Articles 10(2) and 73 outline key defining elements of good governance and leadership while Article 21 (3) bestows on all state organs and all public officers the duty to address the needs of vulnerable groups within society. County planning, prioritisation, implementation, monitoring, resource allocation and budgeting of programmes and interventions in counties are functions under the devolved government. Thus, counties are responsible for implementation of HIV services and programmes across different sectors.

Key Intervention approaches

1. Build and sustain a high level political and technical commitment for strengthened country and county's ownership of the HIV response.
2. Entrench good governance and strengthen multi-sector and multi-partner accountability for delivery of TCMASP results.
3. Establish and strengthen functional and competent HIV co-ordination mechanism at the national and county level.

STRATEGIC DIRECTION 8: PROMOTING ACCOUNTABLE LEADERSHIP FOR DELIVERY OF TCMASP RESULTS BY ALL SECTORS AND ACTORS

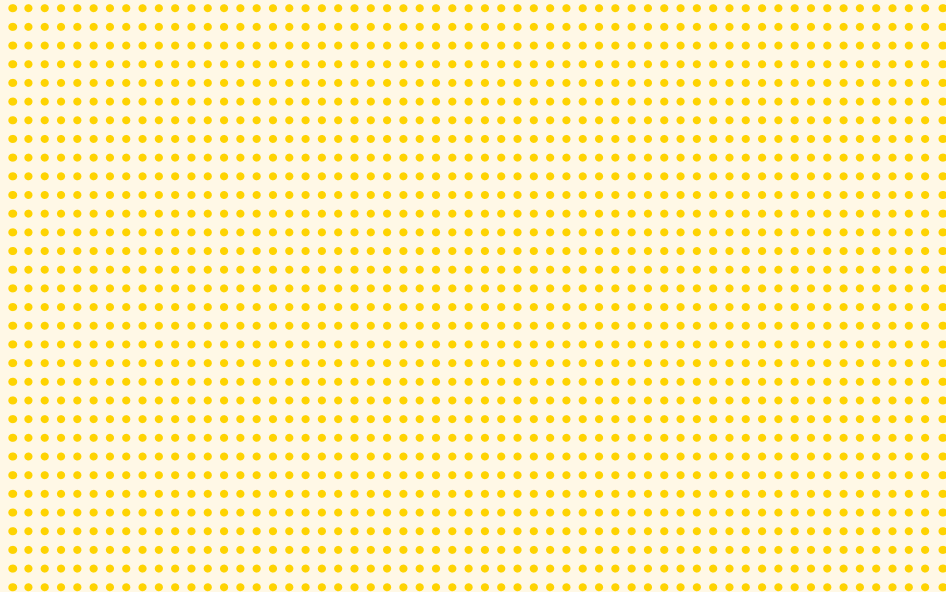
KASF Objective	TCMASP Results	
<ol style="list-style-type: none"> 1. Reduce new HIV infection by 75% 2. Reduce AIDS related mortality by 25% 3. Reduce HIV related stigma and discrimination by 50% 4. Increase domestic financing of the HIV response to 50% 	Ownership and prioritisation of HIV programming	
	Coordinated and harmonised HIV implementation by partners	
	Proper HIV coordination and leadership structures	

	Key Activity	Sub-Activity/Intervention	Target Population	Geographic areas by County/sub-county	Responsibility
	Advocate for high level ownership in the HIV response	<p>Advocacy and civic education for leadership and communities during the dissemination</p> <p>Formulate an inclusive county task force on HIV and AIDS pandemic</p> <p>Support the County HIV Stakeholders forums</p> <p>Strengthen existing service delivery</p> <p>Monitoring systems, and make information available for progress monitoring</p>	Government authorities	County wide	All actors
	Strengthened HIV coordination structures across the county	<p>Formulate policy frameworks guiding engagement between implementing partners and relevant ministries/ departments in the county government</p> <p>Improved consultations and coordination of HIV and AIDS activities</p> <p>Increased involvement of all stakeholders in HIV and AIDS planning and implementation</p> <p>Enhanced joint planning and budgeting meetings, with partners</p> <p>Strengthen monitoring, assessment and evaluation of program activities to enhance efficiency</p> <p>Exchange learning visits with counties that have realised reduction on HIV and AIDS</p> <p>Enforcement of an affirmative action by the county government</p>	Government authorities	County wide	All actors
	Strengthen coordination and leadership structures in the county	<p>Strengthen the County HIV Committee that will be accountable to the County Governor for the performance of their functions and the exercise of their powers on matters relating to HIV</p> <p>Set up and strengthen the County HIV Coordination Unit, which will be the responsibility of the NACC Secretariat at the county level</p> <p>Set up and strengthen the County HIV – ICC which shall comprise of the various stakeholder working groups representing the various constituencies e.g. CSO, FBOs, Youth, PwD, PLHIV</p>	Government authorities	County wide	All actors

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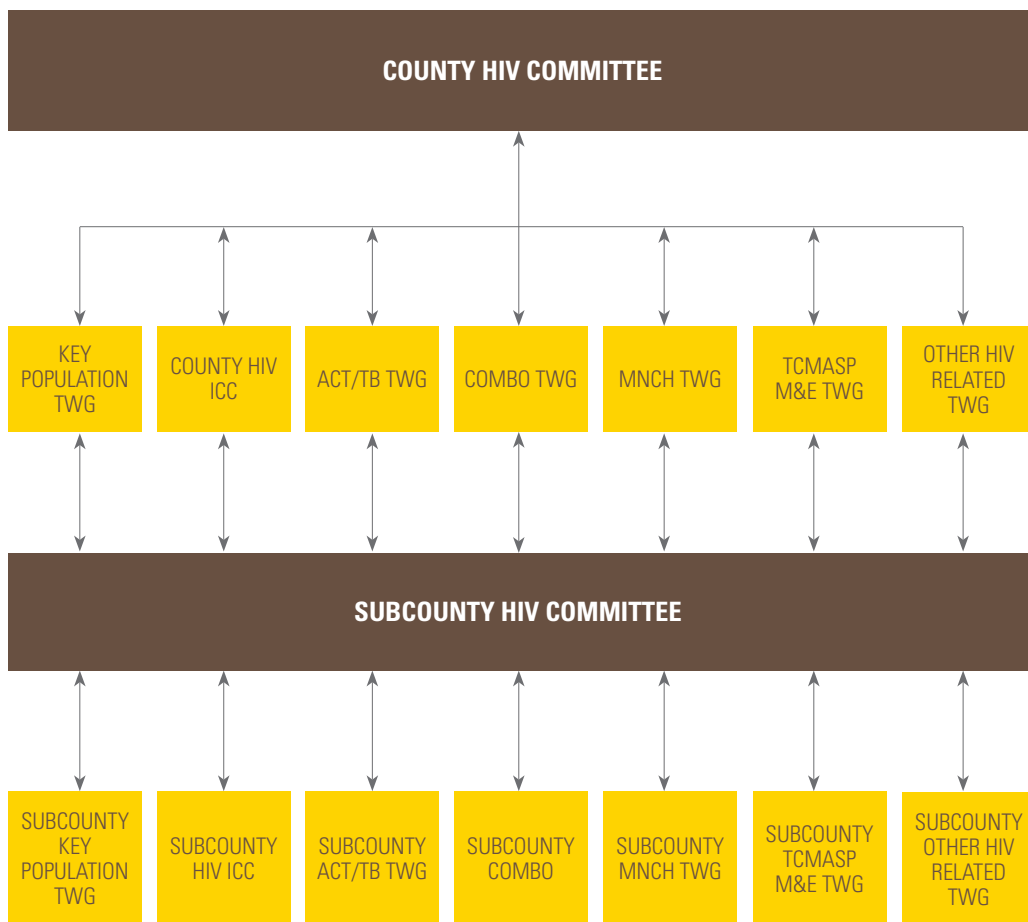


IMPLEMENTATION
ARRANGEMENTS



HIV Coordination structure for TCMASP Delivery – County level

The multisectoral county response will be managed by various structures at different levels. Each level will be mandated with different tasks and roles in the delivery of the strategic plan. The coordination infrastructure of the TCMASP will be an all-inclusive one. This infrastructure will be coordinated at different levels as shown in the organogram below.



The various stakeholders in the organogram shall have the following (but not limited) roles:

Governor

1. Political leadership in the HIV response.

CEC Health Services

1. Budgeting and advocating for resource allocation for the HIV response.
2. Provide strategic leadership during TCMASP implementation period.
3. Accountable to the governor on all health and HIV related matters.

County HIV Committee

1. Accountable to the CEC Health Services on performance of its functions.
2. The committee shall be chaired by the CEC Health services and co-chaired by either the Director of Medical Services or the CDH and the sub-counties shall be represented in this committee.
3. The Regional HIV Coordinator will be the secretary to this committee.
4. Create and strengthen partnership for an expanded response to HIV and AIDS in the county.
5. Formulate HIV agenda for the county.
6. Approve County HIV Targets.
7. Approve County HIV plans/strategy.
8. Receive and approve reports on TCMASP performance and routine M&E from TCMASP monitoring committee.

9. Receive and approve work plans and reports of the sub county HIV committees.

Sub-County HIV committees

1. It will be chaired by the Sub county medical officer of health.
2. The SCACC / SCASCO will be the secretary of the committee.
3. Coordination of HIV at the sub-county level.
4. The coordinator shall be a member of the SHMT.
5. Create and strengthen partnership for an expanded response to HIV and AIDS in the sub-county.
6. Formulate HIV agenda for the sub-county.
7. Approve sub county HIV Targets.
8. Approve sub county HIV plans/strategy.
9. Receive and approve reports on TCMASP performance and routine M&E from TCMASP monitoring committee.
10. Receive and approve work plans and reports of the sub county Technical Working Groups.

County HIV Forum

1. Offer technical support in the implementation of the TCMASP.
2. Ensure coordination in information sharing within and across partners in the county.
3. Annual review of county achievements of the plan.

4. Documenting of the emerging issues during the implementation period.
5. Documenting of the best practices and lessons learnt during the implementation of the TCMASP.

Stakeholder Management and Accountability

Successful implementation of the TCMASP will heavily rely on the strength and effectiveness of stakeholder coordination. The stakeholders include the county government, development partners, CBOs, FBOs, NGOs, CSOs, PLHIV, PWD and other vulnerable populations. The process will entail joint planning, strategic partnerships, implementation, monitoring and evaluation for purposes of improving effectiveness and efficiency in HIV response. This will promote accountability and synergy among all actors to ensure optimal utilisation of the scarce resources. Proper stakeholder mapping will be done. Sharing of mandates, roles and responsibilities is clearly defined in this TCMASP. As a result, there will be improved harmony to avoid duplication of efforts and conflict between stakeholders.

As it is clearly stipulated in the objectives of this plan, targets shall be discussed and agreed upon with all the stakeholders at

all levels of service delivery. Performance management will be assessed through strengthened data management, quarterly TWG meetings and quarterly county health stakeholders' meetings.

Sustainability

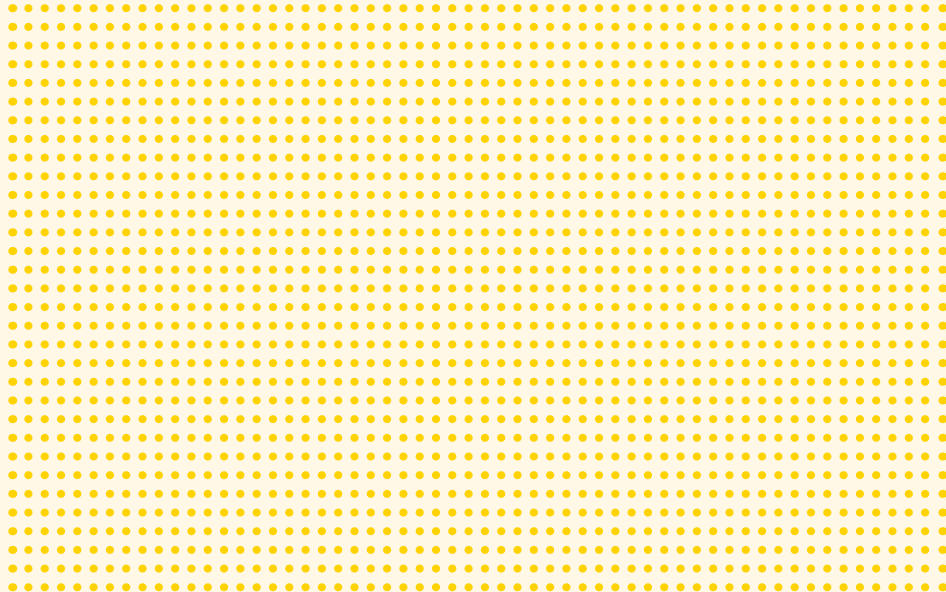
Turkana County is classified as a high HIV prevalence County. This requires rapid scale up of high impact HIV investment under TCMASP and a changing HIV funding landscape. This TCMASP provides a good platform to advocate for budget allocation towards the HIV response by the county government.

The program will be sustained by setting up a HIV investment unit within Ministry of Health and allocation of a percentage of the county revenues for HIV activities. The county government should also increase the vote head for HIV activities in all budgetary allocation to the various sectors in their annual plans. The county is also advantaged to have celebrities who can be engaged as HIV champions and ambassadors to help in fund raising. The Ministry of Health will lobby for funds from other alternative sources such as corporate social responsibility kitties from other sectors.

06



RESEARCH, MONITORING AND EVALUATION

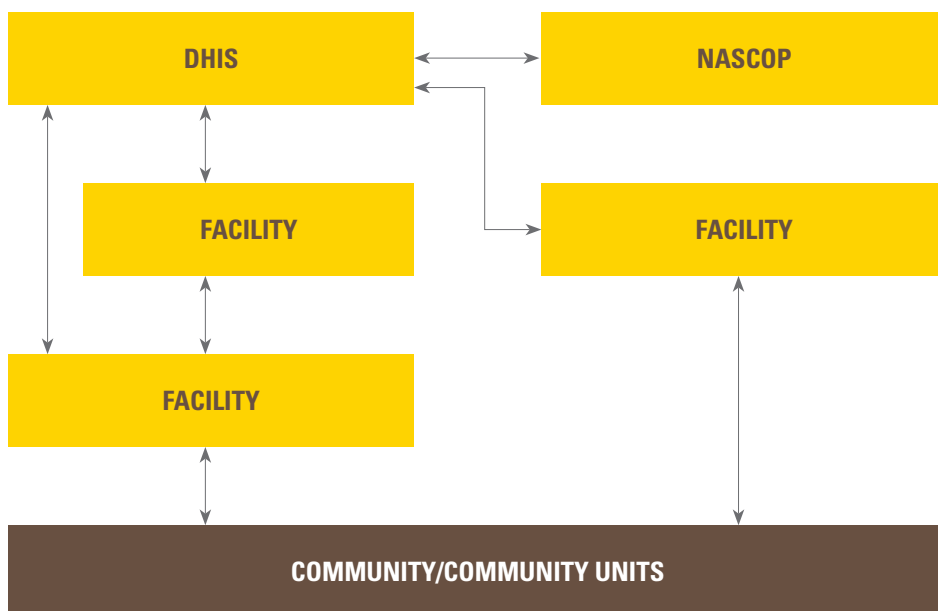


A multi-sectoral response monitoring and evaluation plan will be developed and implemented in line with the principle of “three ones”. NACC, is responsible for the coordination of the multi-sectoral monitoring and evaluation, and will convene quarterly through the county HIV committee and annual joint review meetings. It will conduct semi-annual and annual joint support supervision at county level.

Ministry of Health data collection tools and reporting formats will be adopted/ strengthened to facilitate data analysis and report generation.

A multi-sectoral response database will be established at the county level to enhance data storage and retrieval. Information dissemination will be strengthened through the established web based data hub, report publications and review meetings. The county data hub will be linked to the national M&E hub.

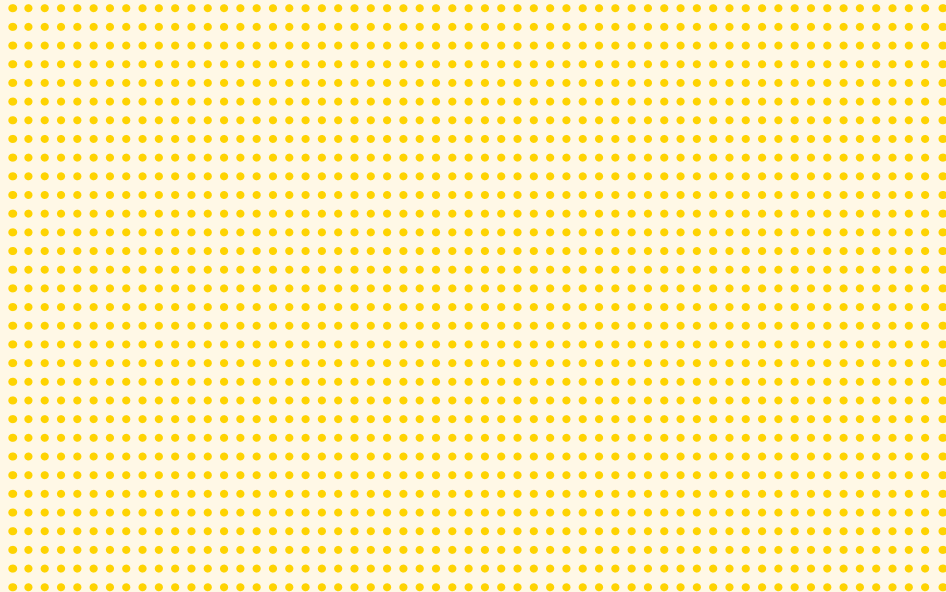
Health Facilities	Health facilities will provide the routine service delivery data through the DHIS. This information will be fed to the county HIV hub.
Community Units	The community health workers will provide the routine service delivery & programming data through the CBHIS. This information will be fed to the county HIV hub.
Civil Society Organisations/ Private Sector	The civil society organisations/private sector will provide the routine service delivery & programming data to their respective sub counties, who will in turn feed this information to the county HIV hub.
Non-Routine Data(Surveys, Surveillances, Studies & Estimates)	



07



RISK AND
MITIGATION PLAN

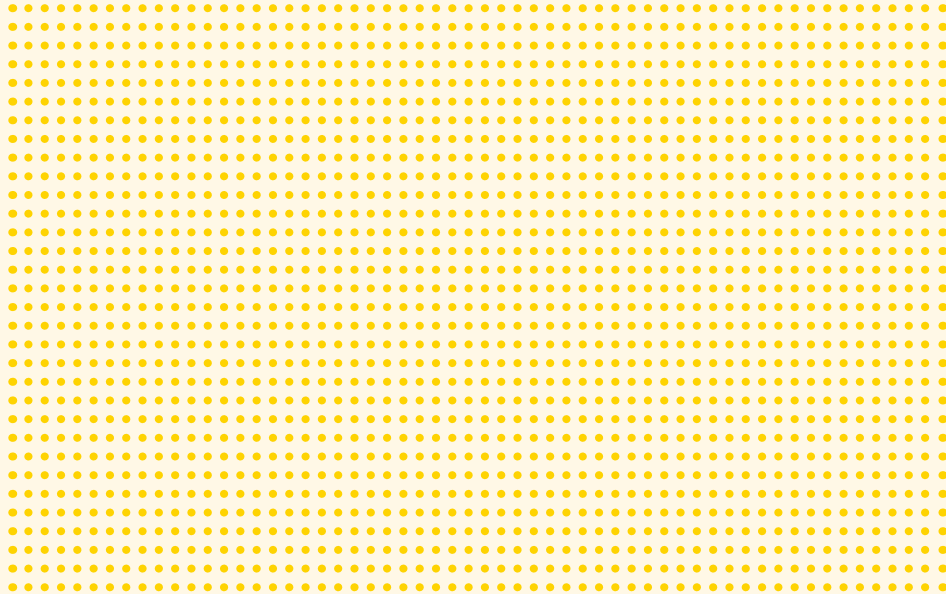


Risk Description	Likelihood	Severity	Mitigating Actions
<p>Insufficient resources and funding to sustain project activities:</p> <p>County government does not adequately plan or allocate sufficient resources to continue delivery of equitable, accessible, and high-quality health services and sustain gains made. Even if funds are allocated, they may not be readily available due to delayed cash flow from the national treasury or because funds were redirected to other areas by the county treasury.</p>	High	High	<p>Continue engaging the county governments through participation in various planning forums and review meetings, in order to ensure that the health agenda remains a top priority.</p> <ol style="list-style-type: none"> 1. Advocate for inclusion of priority activities in the county strategic and investment plans, with accompanying budgetary allocations. 2. Maintain an active county situation room and up to date dashboard to inform resource allocation. 3. Partner coordination and resource mapping
<p>Security challenges:</p> <p>Implementation of project activities is delayed due to political instability, civil unrest or bandit attacks.</p>	High	High	<ol style="list-style-type: none"> 1. Engage relevant parties and local influencers including government, community leaders and non-governmental organisations to continually assess impact of contextual and political factors on project design and implementation to ensure that the project does not contribute to tensions. 2. Engage with national- and county-level stakeholders and local partners to ensure continuity of services during times of unrest. 3. Closely monitor tensions and plan travel and field activities to minimise risk to project staff and beneficiaries. 4. Develop a detailed risk mitigation that includes specific measures to ensure the safety and security of staff, employees, facilities, records, sub-awardees, and recipients. 5. Develop contingency plans with clear triggers and modifications in case risk level increases.
<p>Inadequate staffing that has low technical capacity:</p> <p>The county already struggles with a low HCW to population ratio, leading to excessive workloads and high rates of burnout among existing personnel. These challenges are exacerbated by low skilled staffs and high staff turnover</p>	Medium	Medium	<ol style="list-style-type: none"> 1. Advocating with county governments for increased budgetary allocations for human resources. 2. Supporting retention of skilled staff through provision of professional development opportunities, training for health system managers on human resources management and retention strategies. 3. Support task shifting through use of mentor mothers, peer educators, HIV testing and counselling lay counsellors and advocating for recognition of these staff in county job establishments and for their absorption at project close out. 4. Continued capacity building for all HCWs with focus on pre-service training.
<p>Lack of legislation governing HTS and condom promotion in schools: There is a higher risk of HIV infection among adolescents and young people as a result of early sexual debut.</p>	Medium	Medium	<ol style="list-style-type: none"> 1. Continue working with the national government, NACC, NASCOP, MOE, FSW, MSM, IDUs to update guidance on HIV in schools to allow testing and discussions on sexual and reproductive health including use of condoms in schools
<p>Continued Stigma and discrimination</p>	Medium	Medium	<ol style="list-style-type: none"> 1. Continued advocacy, communication and community engagement

08



ANNEXES



8.1 Results Framework

STRATEGIC DIRECTION 1: REDUCING NEW HIV INFECTIONS

TCMASP Results	Key Activity	Indicators	Baseline& Source	Mid Term Target	End Term Target	Responsibility
Reduce MTCT rates to below 5%	Create community awareness on ANC attendance	Proportion of HIV positive pregnant women delivering in health facilities	22% 11.7%	40% 8%	75% <4%	MOH, PARTNERS, Other actors
	Advocacy for skilled delivery	Proportion of HIV infected infants from HIV positive mothers	40% 58%	60% 80%	80% 95%	
	Promoting PSS among pregnant women	% of health facilities providing EID services Proportion of HIV infected mothers receiving preventive ARV				
Reduce new HIV infections by 75%	Implement targeted evidence based interventions	No of new HIV infections in the county	1544	772	386	MOH, PARTNERS, Other actors
	Promote uptake of VMMC services	No of VMMC clients	49,522	94,500	139,155	
90% of PLHIV identified	Scale up targeted testing across the county	Number of PLHIV identified	6213	13,500	19922	MOH, PARTNERS, other actors
Reduce stigma towards PLHIV by 50%	Enhance stigma reduction activities in the community	Stigma index	TBD	25%	50%	NEPHAK MOH, PARTNERS, CORPS, county leadership religious leaders, other actors,
	Promote supportive cultural and religious practices towards HIV prevention					
	Increased correct and consistent condom use among the sexually active sub-population	Percentage of men and women 15 – 49 years who had sexual intercourse with more than one partner in the last 12 months reporting use of a condom during last sexual intercourse (KDHS 2014)	50.5%	60%	75%	
	Reduced number of sexual partners and enhanced faithfulness among spouses					
	Delayed sexual debut among adolescent girls	Percentage of schools that provide age appropriate life skills based HIV education including SRH, SGBV	13%	30%	50%	MOEST, MOH, partners, other actors
	Prioritize HIV prevention, treatment, care and support among Key population	The number of key populations drop in centres established Percentage of key populations accessing the comprehensive package	1	2	3	MOH, partners, other actors
Promote uptake of HIV services in health facilities	Health Care Workers positive attitude in all health facilities	% of facilities with service charter	20%	50%	100%	MOH
		% of facilities with client satisfaction assessment mechanisms (suggestion boxes, client exit forms)	10%	30%	50%	

STRATEGIC DIRECTION 2: IMPROVING HEALTH OUTCOMES AND WELLNESS OF ALL PLHIV

TCMASP Results	Key Activity	Indicators	
90% of PLHIV are enrolled into care and treatment 90% of PLHIV with sustained viral load suppression	Promote uptake of care and treatment services among PLHIV	No. of PLHIV enrolled on care and treatment	
	Retention of PLHIV on care and treatment	No of HIV related deaths	
	High quality and comprehensive HIV service delivery for PLHIV	No of PLHIV accessing the comprehensive HIV package No of health facilities offering comprehensive care services	
Universal access to health services for PLHIV	Medical cover for PLHIV	A bill in place with a clause on waiving fees for PLHIV in public health facilities	
Improved quality of life for PLHIV and improved retention rate.	Promote social protection programs for PLHIV in the county	No of households with OVC receiving cash transfers	

STRATEGIC DIRECTION 3: USING A HUMAN RIGHTS APPROACH TO FACILITATE ACCESS TO SERVICES FOR PLHIV, KEY POPULATIONS AND OTHER PRIORITY GROUPS IN ALL SECTORS

TCMASP Results	Key Activity	Indicators	
Reduced stigma towards the PLHIV by 50%	Remove barriers to access of HIV, SRH and rights information and services in public and private entities	% of SGBV clients accessing PEP services % of facilities with a PSSG	
	Reduce and monitor stigma and discrimination, social exclusion and gender-based violence	No of people tested in the last 12 months	
Reduced HIV vulnerability among PLHIV and their families	Promote social protection activities in the county for PLHIV and their families	No. of households benefiting from the cash transfer program	
Reduced HIV vulnerability in the community	Reduce drug, substance and alcohol use and abuse among the community members	Number of alcohol rehabilitation programs that have integrated HIV awareness	

STRATEGIC DIRECTION 4: STRENGTHENING INTEGRATION OF HEALTH AND COMMUNITY SYSTEMS

TCMASP Results	Key Activity	Indicators	
All operational community units integrating the HIV response in all programs Integration of HIV interventions in all health service delivery points	Effective quality service delivery at the community level	No. of community units integrating the HIV response in all their programs	
	Improved retention and adherence to HIV services Stigma reduction Improved community involvement Increased HIV awareness	% of CBOs, FBOs and NGOs reporting on the HIV indicators	

STRATEGIC DIRECTION 5: STRENGTHENING RESEARCH AND INNOVATION TO INFORM THE TCMASP GOALS

TCMASP Results	Key Activity	Indicators	
Increased evidence based planning, programming and policy changes Increased implementation of research on identified county priority areas Increased capacity to conduct HIV research at county level Increased budgetary allocation for research and innovation	Advocating, strengthening and promoting opportunities for research in the HIV response in the county	No of HIV related operational research conducted in the county % of funds allocated towards the research agenda in HIV	

	Baseline& Source	Mid Term Target	End Term Target	Responsibility
	6213	13500	19922	MOH, partners, other actors
	1293	1131	969	MOH, partners, other actors
	6213	13500	19922	MOH, partners, other actors
	53	65	80	
	0	N/A	1	
	4,606	17000		Ministry of Social Security and Services

	Baseline& Source	Mid Term Target	End Term Target	Responsibility
	63%	80%	100%	Interior ministry, MOH, Development partners, NGOs and CSOs, Public Administration
	50%	100%	100%	NGOs and CSOs, MOH
	151,000	175,000	200,000	
	4,606	17000	29,000	Ministry of Social Security and Services
	0	1	2	MOH

	Baseline& Source	Mid Term Target	End Term Target	Responsibility
	81	110	167	MOH, partners, other actors
	40%	50%	70%	MOH, partners, other actors

	Baseline& Source	Mid Term Target	End Term Target	Responsibility
	0	2	5	MOH, partners, other actors
	0%	0.005%	0.01	

STRATEGIC DIRECTION 6: PROMOTING UTILISATION OF STRATEGIC INFORMATION FOR RESEARCH AND MONITORING AND EVALUATION TO ENHANCE PROGRAMMING

TCMASP Results	Key Activity	Indicators	
<p>Increase availability of strategic information to inform HIV response</p> <p>Planned reviews, evaluation and surveys implemented in a timely manner.</p> <p>Results disseminated and used to inform decision making</p> <p>County HIV information hub established, providing comprehensive information package on high impact CASP indicators for decision making</p>	<p>Advocating, strengthening and promoting collection, utilisation and dissemination of HIV information</p>	<p>No of county HIV conferences held</p> <p>Established county HIV information hub</p>	

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

TCMASP Results	Key Activity	Indicators	
<p>Increased domestic funding to support HIV and AIDS programming</p>	<p>Scaling up domestic resource mobilisation efforts</p>	<p>% of county funding allocated to the HIV response</p>	
<p>Efficient and prudent utilisation of HIV funds (accountability)</p>	<p>Develop a system to coordinate and oversee available HIV resources</p>	<p>Coordination committee established to oversee utilisation of HIV resources – PPP representation</p>	
<p>Results based implementation of HIV interventions</p>	<p>Undertake results based HIV program implementation</p>	<p>Developed M & E framework</p>	

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

TCMASP Results	Key Activity	Indicators	
<p>Ownership and prioritisation of HIV programming</p>	<p>Advocate for high level ownership in the HIV response</p>	<p>No. of county leaders who are HIV champions</p> <p>% of county budget allocated to HIV programming</p>	
<p>Coordinated and harmonised HIV implementation by partners</p>	<p>Strengthened HIV coordination structures across the county</p>	<p>No. of functional county and sub-county HIV committees</p>	
<p>Proper HIV coordination and leadership structures</p>	<p>Strengthen HIV coordination and leadership structures in the county</p>	<p>No. of functional county and sub-county HIV committees</p>	

	Baseline& Source	Mid Term Target	End Term Target	Responsibility
	0	1	2	MOH
	0	1	1	

	Baseline& Source	Mid Term Target	End Term Target	Responsibility
	0.002%	0.5%	1%	MOH, partners, other actors
	0	1	1	MOH, partners, other actors
	0	1	1	MOH, partners, other actors

	Baseline& Source	Mid Term Target	End Term Target	Responsibility
	0 0.003%	2 0.013%	5 0.026%	MOH
	0	8	8	MOH
	0	8	8	MOH

8.2 Resource needs

The total gross Resource need is estimated at USD 75.95 million for the five-year period. The total cost will rise from USD 13.24 million in 2014/2015 to USD 16.48 million in the final year of the plan due to planned scaling up of key HIV Interventions.

Strategic Directions	Specific TCMASP Intervention Areas	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	Total
SD1	HIV Prevention	2.91	3.31	3.74	4.18	4.53	18.68
SD2	Treatment and Care	6.38	6.98	7.29	7.42	7.33	35.39
SD3	Social inclusion, human rights and gender	1.21	1.57	1.96	2.37	2.82	9.93
SD4	Health systems	0.84	0.76	0.62	0.56	0.29	3.07
	Community systems	0.42	0.38	0.31	0.28	0.15	1.53
SD5	Research	0.11	0.12	0.14	0.15	0.15	0.67
	Supply chain management	0.11	0.12	0.14	0.15	0.15	0.67
SD6	Monitoring and evaluation	0.21	0.21	0.21	0.19	0.18	1.00
SD7 & SD8	Leadership, governance and resource allocation	1.05	1.07	1.04	0.98	0.88	5.01
Grand Total		13.24	14.53	15.44	16.28	16.48	75.97

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1. Kenya AIDS Strategic Framework 2014/15-2018/19
2. Kenya HIV County Profile 2014
3. Kenya HIV Prevention Revolution Road Map 2014
4. Kenya Health Policy
5. Kenya HIV and AIDS Research Agenda 2014/15-2018/19
6. Kenya Demographic Health Survey 2014
7. Kenya People Living with HIV Stigma Index Report 2009
8. Kenya National AIDS Spending Assessment 2009/10-2011/12
9. Kenya Behavioural Assessment for Key Populations in Kenya Polling-booth report 2014
10. Kenya's Fast-Track Plan to End HIV and AIDS among the Adolescents and Young People 2015
11. Rapid Situation Assessment of the status of Drug and Substance Abuse in Kenya 2012
12. Monitoring and Evaluation Framework for Kenya AIDS Strategic Framework 2014/15-2018/19
13. Turkana County integrated development plan 2013/2014 to 2017/2018
14. County Health Strategic and Investment Plan 2013/14 to 2017/2018

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